



**FDV One Stop Hubs
Mirrabooka**

CO-DESIGN WORKSHOP 2

COMMUNIQUE

6 February 2020



FDV ONE STOP HUBS MIRRABOOKA CO-DESIGN WORKSHOP TWO

ABOUT THE WORKSHOP

This workshop brought together stakeholders from across government, community, service providers, police and people with lived experience. This workshop was focused on reflecting on last week's workshop and collectively designing the future hub, including a deep dive into particular elements.

The participants engaged in activities that encouraged them to work in small groups and in thought-provoking group discussions. During this workshop we came closer to a shared understanding of the model of the Hub that would work in Mirrabooka.

The workshop was facilitated by the Centre for Social Impact UWA on behalf of the Department of Communities.

ACTIVITIES

The workshop included:

- a Welcome to Country by Aunty Liz Hayden and a cleansing ceremony by Bel Cox
- reflection from last week's workshop
- an introduction from Department of Communities Family and Domestic Violence Unit Manager Nigel Van Santen
- imagining the Future Hub canvas
- deep dive activity stations.

WALK-THROUGH SESSION

From 1.30pm to 3.00pm there was an opportunity for people to 'walk through' activities and workshop artefacts. This gave an informal opportunity to see what insights have emerged from the workshop and to complete the exercises at the Activity Stations. The co-design facilitators and representatives from the Department of Communities were available to answer any questions.



During the workshop, participants were asked if they had any further reflections from the previous co-design workshop

	NOTES
<i>Telling the story once</i>	<ul style="list-style-type: none"> • It was emphasised how important telling the story only 'once' is • The Not For Profit (NFP) sector has built their capacity to do this over the last years, however there was concern in the room that the multiple telling of their story was due to having to tell it across government departments and agencies (e.g. police, housing, etc.) • If this is a critical design principle then a model that includes advocates that act as system navigators will be crucial • Must ensure that government pathways also only requires a victim telling their story once • This also includes with forms (there are currently too many forms that need to be filled in with similar information)
<i>Advocate Model</i>	<ul style="list-style-type: none"> • Focus of the Hub needs to be person-centred • It needs someone who knows you and guides you through the system • Choice of advocate - who walks alongside you - was also emphasised
<i>Cultural Healing Centre</i>	<ul style="list-style-type: none"> • Need places of healing • Everyone feels welcome • Arts, crafts and yarnning are important • Elders should be able to meet at the Hub • It was suggested a mural on the wall: welcome in every language. This removes the 'shame' of walking into the centre • Need everyone building relationships through 'soft' (informal) activities
<i>Too many Hubs no spokes</i>	<ul style="list-style-type: none"> • There are many Hubs in Mirrabooka and there are many services in Mirrabooka • The difficulty is that the places being referred to are not funded for the extra load so it feels like lots of closed doors for people • It's important that the Hub model strengthens existing local activity • The Hub model needs to enhance the current services
<i>Virtual Hub</i>	<ul style="list-style-type: none"> • Strong message that there are already a lot of Hubs, buildings and services in the area • An emphasis on a virtual hub would mean that the focus is on strengthening existing services, Hubs and the links in between • The Hub model that will work in Mirrabooka is much more than 'bricks and mortar'
<i>24/7 experience</i>	<ul style="list-style-type: none"> • FDV needs 24/7 support services • And needs to have an after-hours touch point
<i>Safety</i>	<ul style="list-style-type: none"> • Concern raised at having police co-located in the Hub especially for the multi-cultural community. One idea was to have plain-clothed police. However contrasting perspectives believe that victims will feel safe with a strong visible police presence • It's important to look at the role of people who are mandated reporters
<i>Continuous development</i>	<ul style="list-style-type: none"> • Trauma-informed training is critical but it also needs to be supported by a community of practice • There must be opportunities for learning and improvements to happen during the implementation of the Hub. A good example of this is the Partners in Recovery Collective Impact Project that had Change Facilitators
<i>Network of organisations</i>	<ul style="list-style-type: none"> • Public places such as hairdressers, GPs, etc. could signify with a symbol that they are a signpost towards safety. These places act as a 'door' to the Hub
<i>Institutional racism</i>	<ul style="list-style-type: none"> • It's really hard for Aboriginal women to get help • We need to stop Aboriginal children getting removed otherwise there is no trust in the system • There is deep fear of being connected or involved with the Department of Communities (child protection) - this needs to be acknowledged and worked through

During the workshop, participants were asked if they had any further reflections from the previous co-design workshop (cont'd)

	NOTES
<i>Everyone is effected</i>	<ul style="list-style-type: none"> • Many more people than we realise are impacted by FDV • We need to build trust and relationships for people to feel safe to take action • We need to remember that each person is a human being in the system, and treat them that way • And recognise the strength and resilience in each person
<i>"We are a collective force"</i>	<ul style="list-style-type: none"> • Addressing FDV in the community will take a collective and integrated effort • There are a lot of people and services but due to a lack of coordination and different funding streams they are often not connected, and are stretched • There is the potential to be a collective force through the FDV Hub
<i>Services are stretched</i>	<ul style="list-style-type: none"> • There are several Hubs that are funded in Mirrabooka but the places they need to refer to are often at capacity • There is not often the ability to collaborate due to services being at capacity • There are many burnt-out staff in the Mirrabooka area
<i>Trust is everything</i>	<ul style="list-style-type: none"> • The Hub model will rely on strong relationships with the police and others • The Hub and whole system needs to earn the trust of the victims • Structures that increase trust and build relationships need to be put in place so that it is not reliant on the 'good people' that always go above and beyond to make things work
<i>Community Language</i>	<ul style="list-style-type: none"> • All signs, paper work, how you are greeted etc. need to be in the languages of the local community (not the language of service provision).

During the workshop participants were asked to reflect on the current proposed model (Version 1.0)

	NOTES	
<i>Important elements of the Hub</i>	<ul style="list-style-type: none"> • Triage and assessment skills • A crisis response • A creche • Family friendly spaces • Shared case management system • Many different 'signposts' in the community (symbol on windows etc.) • Clear links and pathways to many external services, e.g. GP, hairdresser, Ishar, daycare centres, Police, CRS, schools, youth services, FSN, perpetrator response, Aboriginal services, refugees, CaLD services, financial counselling • Funding and resources for the 'public and professional relations' side of the Hub 	<ul style="list-style-type: none"> • Community choir (a soft entry point) • Warm lighting (not clinical) • Strong support for staff is important • Tea and coffee is welcoming • Friendship and support groups • Rigorous workforce development • Native trees and plants (healing ones) • A mural with Walbreninge (Noongar for healing) in the centre and Welcome in every other language
<i>What do you see when you walk into the Hub?</i>	<ul style="list-style-type: none"> • An authentic welcoming • A roaming welcome • Gender inclusivity and diversity of people who are employed • Lived-experience mentors • There's many different reasons for why you would go into the reception • Signage is trauma informed 	<ul style="list-style-type: none"> • Information in different languages is available • An outside seating area • Ticketing area (you choose who you want to work with) • Homely and comfortable features • A creche and/or a children's play area
<i>How do people feel when they come to the Hub?</i>	<ul style="list-style-type: none"> • A sense of belonging • That they are safe and their children will be helped 	<ul style="list-style-type: none"> • Safe • Seen • Equal • Included
<i>What's important in the service user journey</i>	<ul style="list-style-type: none"> • Soft entry points (prevention, crisis and therapeutic) • Culturally-safe workers on site • Advocate able to accompany peers • FDV-informed staff 	<ul style="list-style-type: none"> • 24/7 support • A fluid and non-linear process, to accommodate for complex journeys • Culturally inclusive

WALBRANINGE HEALING

LARGE WELCOME MURAL



- WHINDJUK
- EDMUND RICE
- SUBBURY HOUSE
- THE LIBRARY
- YOUTH CENTRES



DEEP-DIVE ACTIVITY STATIONS OVERVIEW:

The Activity Stations focused on the following design questions:

How might we....

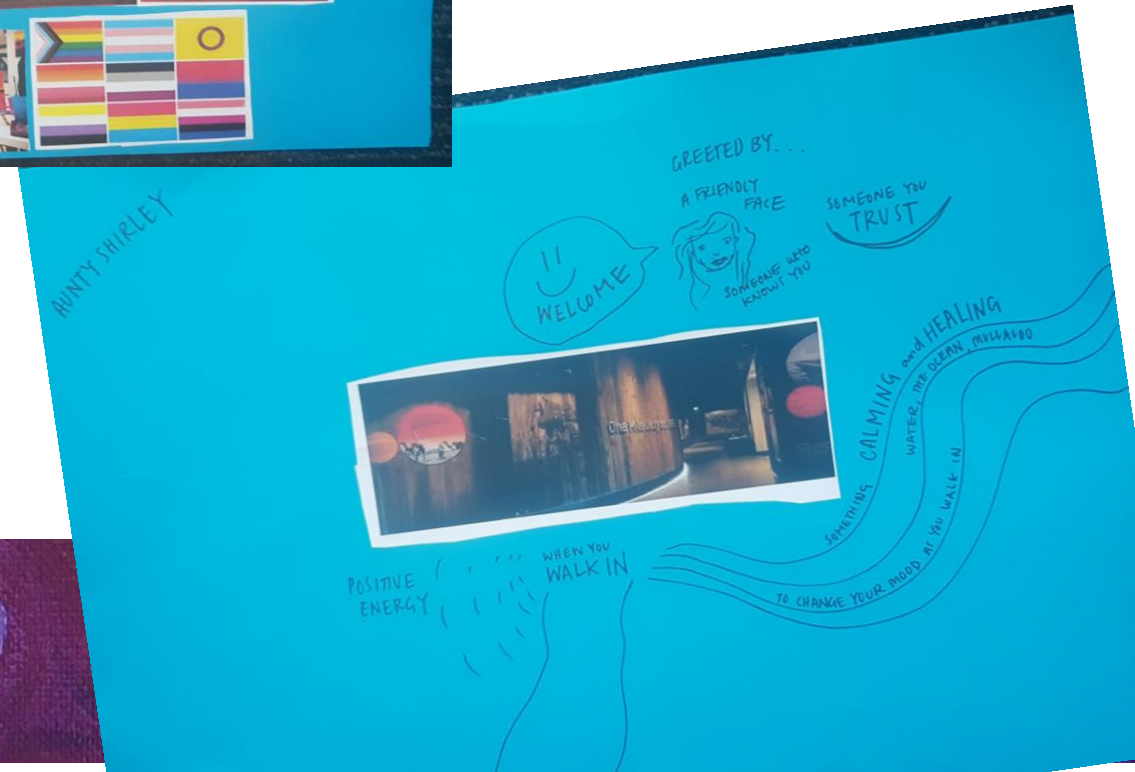
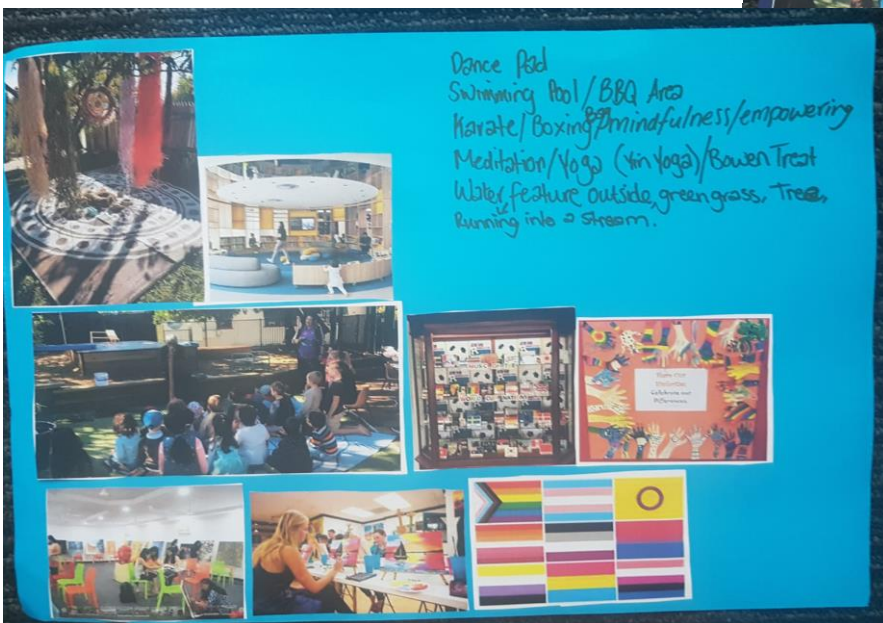
1. *Design the inside of the hub so it feels inclusive and welcoming? (First seven steps? Other aspects?)*
1. *Shift the service journey so that people are supported throughout the process?*
1. *Plan the weekly schedule so that it creates many reasons for people to visit the Hub?*
1. *Understand which services need to be where? What positions the hub needs to have?*
1. *Name and brand the Hubs so they are safe and inclusive?*
1. *Understand the referral process?*
1. *Design the data collection so people only tell their story once and it can be shared as needed in a safe and confidential way?*

Each station focused on a different exercise. You can see some examples and notes on the following pages.



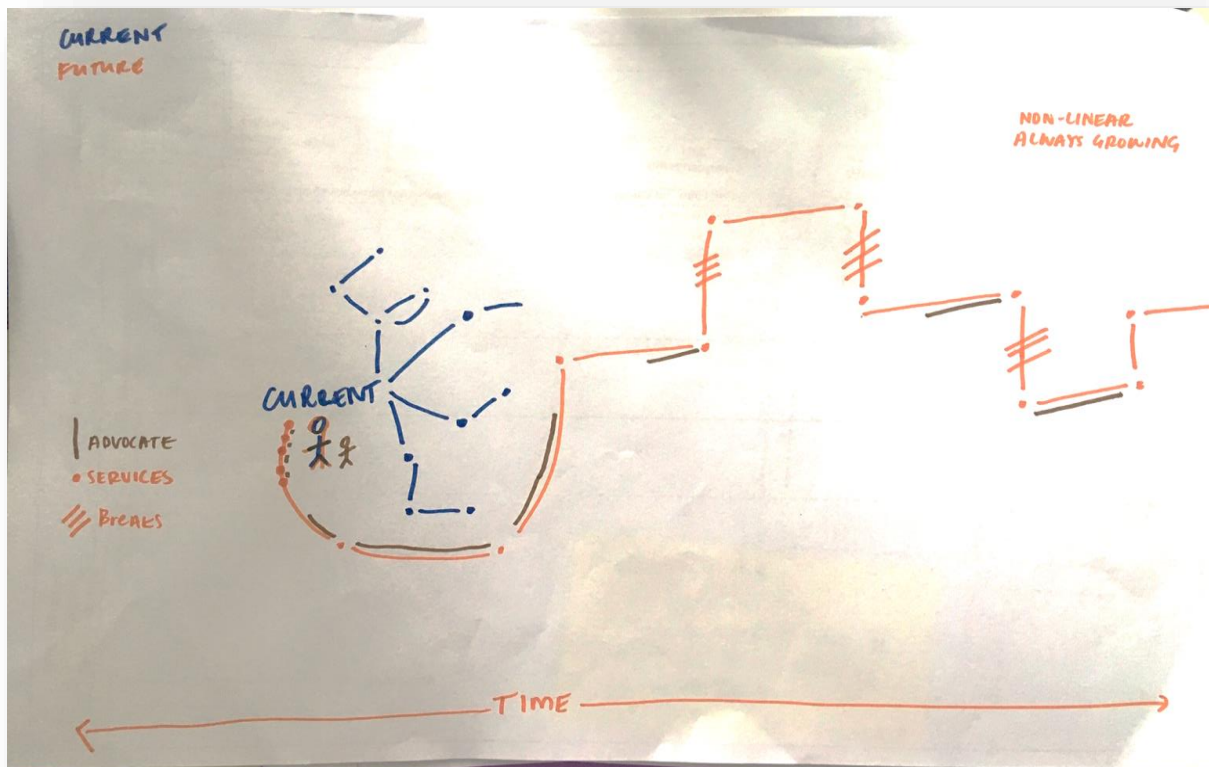
ACTIVITY STATION ONE:

People collaged or drew what they would like the Hub to look like



ACTIVITY STATION TWO:

People were invited to complete a current service user journey map and a preferred future user journey map



Key points

- Whatever the journey is it needs to cater to people at different stages of their journey, e.g. for people at the prevention stage, crisis, post (healing).
- Need a clear pathway guided by an advocate
- Need many pathways to awareness of the Hub e.g. Googling, hearing it from peers, being referred.


A good example of the current journey and preferred future journey can be seen in the drawing above.



ACTIVITY STATION THREE:

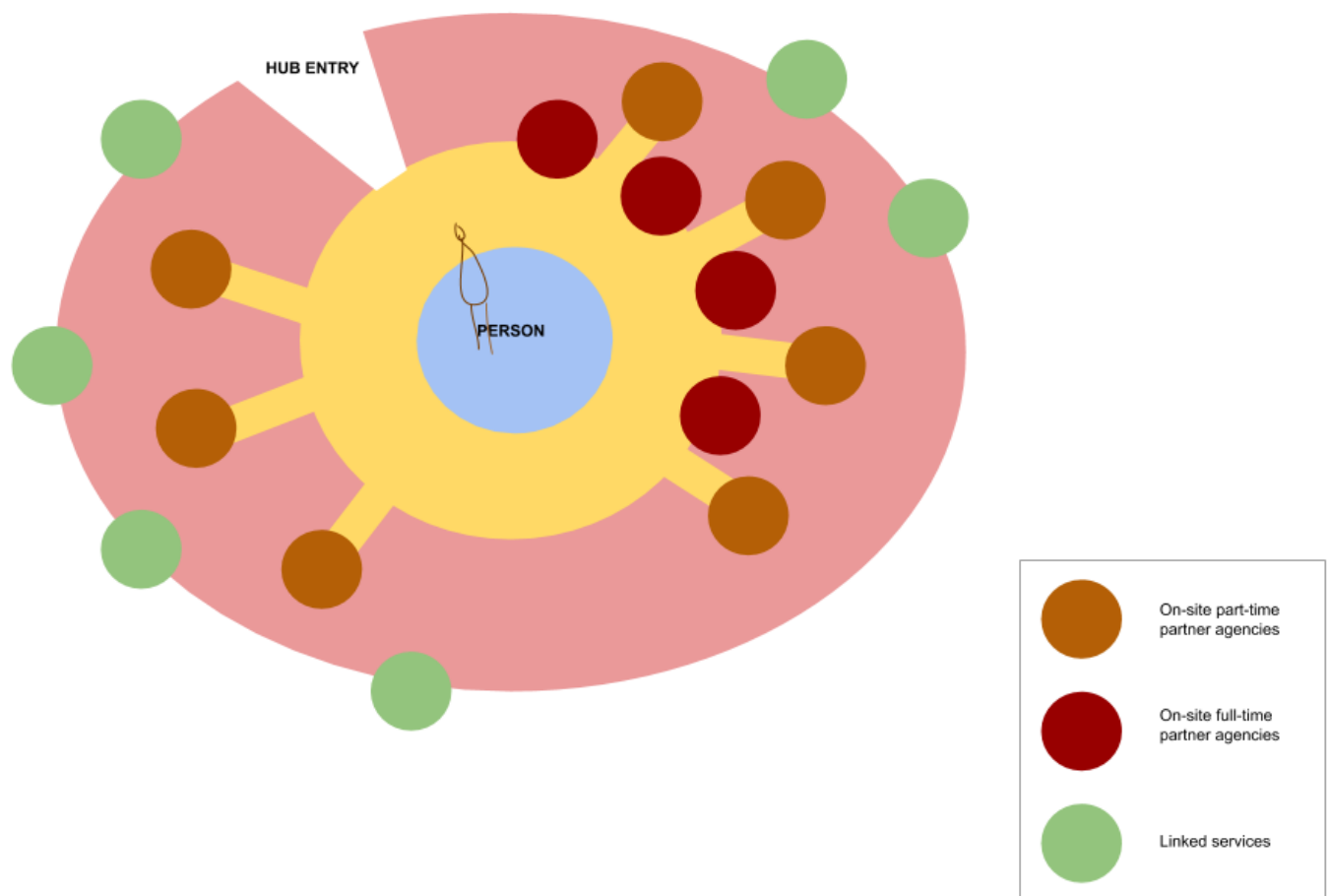
People created an example of what the Weekly Schedule at the Hub could look like

NOTES

- Financial advisor 1 day a week minimum
 - Legal workshops
 - Getting licences programs
 - Budgeting Workshops
 - Programs each term
 - Certificate 4 in community/ youth/ mental health
 - With different wants of learning and assessing
 - Cooking classes
 - Cultural classes
 - Noongar Language class
 - Dance class
 - Mentoring programs
 - Monthly bush walks with community
 - Weekly walking group with heart foundation & NMHS
 - Healing classes and a range of therapies
 - Counselling
 - Police presence- sit within programs community Liaison
 - Agencies come in all week to meet community people attending programs making connection so when/if something does happen people will engage
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ACTIVITY STATION FOUR:

Create your own version of the Hub
Use one of the templates or sketch it on a blank sheet
of paper



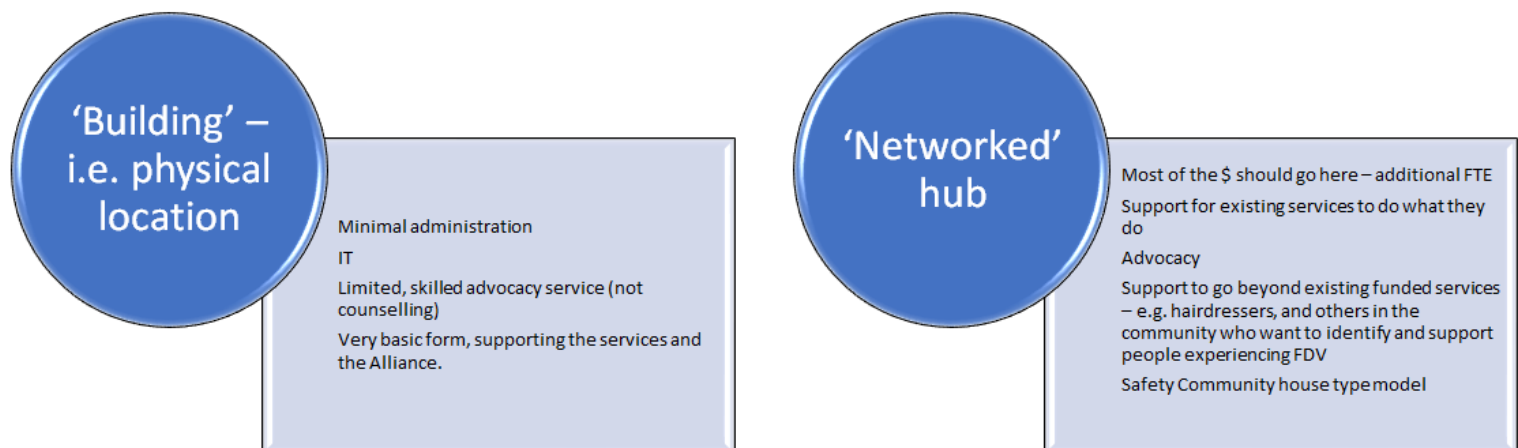
NOTES FROM THIS STATION

Participants asked that the idea of requiring a physical building/location be re-examined given the strengths already existing in the community. In the absence of this, and with the requirement of a physical building, participants felt that the building should be used in a way that is useful for existing services, rather than requiring the Hub to undertake direct service delivery or requiring certain functions to be facilitated there.

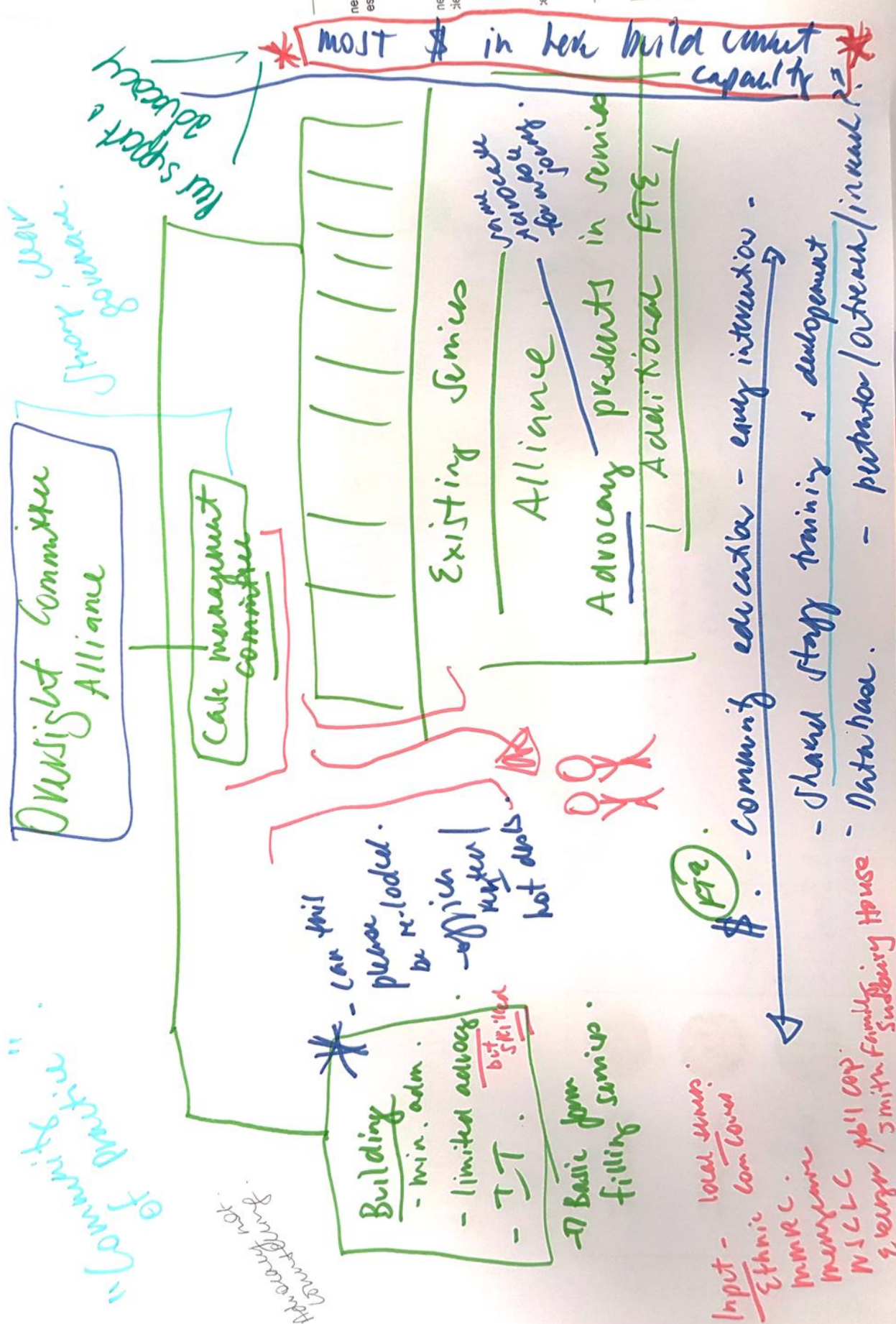
We reframed the question to: If a building needs to be part of the mix in the Hub model - how might we use that building to best effect for the community?

Below is the suggested re-frame of the Hub by participants in the group. The overall concept is that if there is a building, it be used as just one entry point, and supports the advocacy work of the Alliance/partner organisations, as well as support those in the community beyond existing services who want to be part of the Alliance and support people in their community experiencing FDV.

Oversight Committee Alliance (appropriate governance in place, strong and clear)



Community education, early intervention
Shared staff training and development
Shared databases
Need to build in support for perpetrators – outreach/inreach?





ACTIVITY STATION FIVE:

What could the name of the Hub be?
What phrases would you hear when it was being advertised?

NAME POSSIBILITIES

Walbreninge

A name was given by well respected Noongar Elder Aunty Liz Hayden. The name is **Walbreninge** which translates to healing and living. She emphasised that it must have a Noongar name as we are on Noongar country and that's how it would be if we travelled to Italy. We need to acknowledge place, space, language and people.

Translations and English names could include:

CULTURAL HEALING CENTRE

CULTURAL COMMUNITY CENTRE

COMMUNITY WELLBEING CENTRE

CULTURAL INCLUSION CENTRE






ACTIVITY STATION SIX:

Conversation about referrals

NOTES


- Victims must be able to self-refer to the Hub
 - Self-referral not just by phone or self-presentation but via other means, e.g: email and social media also
 - The Hub should have formal referral pathways for Mirrabooka services. This will maintain the Mirrabooka footprint of the Hubs
 - No boundary for self-referrals is preferable, i.e. 'no wrong door'
 - A lot of work needs to go into the criteria for referrals between the Family Safety Network and the Hub
 - Police should have a strong presence at the Hub, this will increase security and the feeling of safety
 - If police are not present then victims / Hub staff can call the local Mirrabooka station and they can send a Police officer to the Hub
 - It is not preferable for a child protection worker to be co-located at the Hub, however there were varied views on this idea
 - A lot more discussion is needed regarding referrals from child protection (central intake) to the hub and vice versa
 - It was agreed that strong relationships with child protection is needed
 - Mirrabooka child protection office should be able to have specific referral pathways into the Hub as they are often supporting the most vulnerable children and families.
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ACTIVITY STATION SEVEN:

Conversation about data-collection

NOTES

- How can the Hubs data (information) flow better?
 - How can someone's story move with them – i.e. how do we avoid the user having to re-tell their story?
 - Possible solution is a Client Management System, where all stakeholders (services in the Hub) can access the data/information
 - The data should be dynamic – i.e. similar to how homelessness data is captured (SHIP) – but should be held centrally, which services can access
 - Need to consider issues of consent with the data – i.e. consent to share information, access privileges, read/write/view access
 - Instead of real-time sharing of data across systems, consider uploading of key information/records to the client's file in the Client Management System on a regular basis by external partners – this will be a more feasible and cost effective solution
 - Need to consider consistent language in forms/data, e.g. 'women with DV experience' instead of 'victim' or 'survivor'
 - Consider data person to take burden off hub staff and data modes that reduce admin and duplication of effort – i.e. case management staff need to have more time with the client, so to reduce the administrative burden of data input and case notes etc, consider employing a data person who can take care of the data inputting
 - Data requirements – number of users, basic demographics, information about the perpetrator and his movements
 - Difficult to determine what the data requirements need to be without understanding or knowing what the final service model is
 - Referral information – this needs open text which can prepopulate to a persons story with new information updated to other services in the Hub
 - Outcome indicators – experience of service as a measure; i.e. feedback from clients
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***For further information, questions or
comments, or to share any other ideas with the
team, please contact
fdvHubs@communities.wa.gov.au.***

