MIRRABOOKA APPENDIX (Appendix A)

FAMILY AND DOMESTIC VIOLENCE

ONE STOP HUBS STAKEHOLDER ENGAGEMENT AND CO-DESIGN CONSULTANCY REPORT

WORKSHOPS

GOVERNMENT AND PEAK BODIES WORKSHOP

ABOUT THE WORKSHOP

The workshop was held from 9.00am to 12.00pm on Tuesday the 17th of December 2019 in the Department of Communities offices on Royal Street in East Perth.

The State Government's Stopping Family and Domestic Violence (FDV) policy includes a commitment to establish two additional women's refuges and two FDV Hubs. Representatives from both government and peak body stakeholder groups attended a workshop as part of the co-design process for both the therapeutic refuge service in Peel and FDV Hubs. This workshop was focused on exploring the current state system and imagining future state systems.

The workshop was facilitated by Innovation Unit Australia New Zealand and the Centre for Social Impact UWA on behalf of the Department of Communities.

PARTICIPANTS

The workshop was attended by 29 representatives from the following Government and Peak Body stakeholder groups:

- Department of Communities
- Department of Education
- Department of Health
- Department of Justice
- Department of Social Services
- Department of Premier and Cabinet
- Mental Health Commission
- WA Police
- Office of Multicultural Interests
- WA Council of Social Services
- Ethnic Community Council of WA
- Legal Aid WA
- Women's Council
- Stopping Family Violence
- Aboriginal Health Council of WA

ACTIVITIES

- The workshop included:
- a Welcome to Country by Sharon Kenney;
- an introduction to co-design mindsets;
- an overview of the project by Department of Communities Director Children and Families Tanya Elson;
- current system overview: what we have learnt so far;
- future-focussed overview of the FDV Hubs and Therapeutic Refuge models;
- three participatory activities:
    * mapping the current system: individual sketches of the system and discussions leading to insights (common themes, gaps in knowledge, etc.);
    * future-focussed service-system mapping: considering what key actions might be required to move the sector from current-state to future-state systems (including barriers and enablers);
    * deep-dive into barriers/enablers and how they can be addressed in order to create opportunities.

GOVERNMENT AND PEAK BODIES WORKSHOP

During the workshop participants were asked to consider the enablers, barriers and key actions required for system change. The table below lists these insights, under six broad

THEME	ENABLER / BARRIER / KEY ACTION
Sectoral knolwedge and experience	- Enabler: There is already a lot of knowledge and experience in the sector around what works and what's needed - Enabler: Existing services - Enabler: Current advocacy services - Key action: Review current legislation to identify any required changes
Funding and investment	- Barrier: Investment and ongoing funding - Barrier: Political cycle, limited time to make change - Enabler: Sustained, long-term funding - Enabler: Election commitment, existing funding - Key Action: Identify available resources
Capacity of the sector	- Barrier: Capacity of existing services, if there is nothing to link to - Barrier: Training and workforce development - Enabler: Increased workforce capacity for diversity of interventions and broader options - Enabler: The Development of long-term KPI's across the system. - Enabler: High-level innovation and leadership - Enabler: High-level commitment to the new system - Enabler: Support from government at all levels - Enabler: Endorsement at a senior level of government agencies flows down the line - Key Action: Workforce development around FDV-informed practice - Key Action: Clear scope and deliverables for each project, target audience - Key Action: Training in trauma informed practice - Key Action: Development of a cultural competency model that is used across the board
Integration and Partnerships	- Barrier: Workplace culture - Barrier: Lack of information sharing - Enabler: A coordinated approach to service delivery - Barrier: There isn't currently a data-sharing tool/system - Enabler: Good systems for sharing information - Enabler: Positive partnerships between organisations - Enabler: Trust between services and a shared commitment - Enabler: A data-sharing system - Key Action: Develop a data-sharing system - Key Action: Develop an information-sharing system for practitioners education - Key Action: 'Joined-up' governance between relevant government agencies - Key Action: Develop collaborative relationships
Cultural Knowledge	- Barrier: CaLD community/Aboriginal community, everyone is different; a-one-size-fits-all approach doesn't work - Enabler: Cultural safety is embedded in the service - Key Action: Individualised services developed - Key Action: Multiple access points and multiple times as required and led by the consumer - Key Action: Embed cultural knowledge and practices for Aboriginal and CaLD
Community perception	- Barrier: Community and societal attitudes to violence - Key Action: Effective communication strategy to influence societal attitudes at all levels - Enabler: Community involvement at all stages

For further information, questions or comments, or to share any other ideas with the team, please contact FDVRefugePeel@communities.wa.gov.au or fdvhubs@communities.wa.gov.au as appropriate.

FDV ONE STOP HUB MIRRABOOKA CO-DESIGN WORKSHOP 1

ABOUT THE WORKSHOP

This workshop brought together stakeholders from across government, community, service providers and people with lived experience. This workshop was focused on building relationships, understanding the current system and suggesting modifications on the model proposed in Donna Chung's research.

The participants engaged in activities that encouraged them to work in small groups and in thought-provoking group discussions. During this workshop, insights relating to the unique situation of Mirrabooka emerged. Several themes emerged that we will explore more deeply through the co-design process.

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 Di Ryder;
- an introduction to co-design mindsets;
- an overview of the project history by Department of Communities Manager of Family and Domestic Violence Unit Nigel Van Santen;
- cultural mapping;
- current system sketches: prevention, crisis response, post-response (from the perspectives of victims, perpetrators and children);
- overview of the FDV Hub model Version 1.0 (see attachments); and
- reflection activity on Version 1.0

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, to give feedback and to ask questions. The co-design facilitators and representatives from the Department of Communities were available to answer any questions.

FDV ONE STOP HUBS MIRRABOOKA CO-DESIGN WORKSHOP TWO

6 FEBRUARY

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 overview of the project history by 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.

FDV ONE STOP HUBS MIRRABOOKA CO-DESIGN WORKSHOP THREE

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 Oriel Green and a cleansing ceremony by Bel Cox;
- reflection from last week's workshop;
- announcement of the Hub's location with the option of a tour;
- living prototype of Model 2.0 with different stations for feedback.

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.

> **You need to do this [live prototyping] again with community in the building.**
>
> *Megan*

> **This is how the Hub should feel and be like.**
>
> *Aunty Shirley*
> *During the live prototyping of the Hub*

GOVERNMENT AND PEAK BODIES WORKSHOP

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- Department of Premier and Cabinet;
- Mental Health Commission;
- WA Police;
- Office of Multicultural Interests;
- WA Council of Social Services;
- Ethnic Community Council of WA;
- Legal Aid WA;
- Women's Council;
- Stopping Family Violence;
- Aboriginal Health Council of WA.

ACTIVITIES

The workshop included:

- A Welcome to Country by Sharon Kenney
- An introduction to co-design mindsets
- An overview of the project by Tanya Elson, Director Children and Families, Department of Communities.
- Current system overview: what we have learnt so far
- Future focussed overview of the FDV Hubs and Therapeutic Refuge models
- Three participatory activities:
    * Mapping the current system: individual sketches of the system and discussions leading to insights (common themes, gaps in knowledge, etc.)
    * Future-focussed service system mapping: considering what key actions might be required to move the sector from current state to future state systems (including barriers and enablers)
    * Deep dive into barriers/enablers and how they can be addressed in order to create opportunities

EXPLORING THE MODEL

An overview of key insights:

- Elders presence is critical in Hub to establish and maintain Noongar cultural authority. This would enable CaLD community to connect directly with Noongar/ Aboriginal culture rather than having to go through a Western/ Whadjella lens, which is critical to fostering a sense of belonging and connection to place.
- Live prototyping with communities (multiple times) is needed once FDV Hub is opened (also integral to fostering community ownership of Hub).
- Sport and cultural activities like weaving, cooking, storytelling, art, song (choirs), dance are essential to bringing together diverse worldviews and communities.
- Using community language (includes using murals/ art and 'non-English' as ways of communicating).
- The DVAS model was very successful until it got its funding cut. There is so much that we can learn from this model and its integrated pathways - probably a lot more that is similar to what we need than the Orange Door Model.
- We need the same training for all services and front-line people. Trauma-informed practice needs to be at the heart of the model. All training (Indigenous, CaLD, DV and trauma-informed practice) must be completed prior to opening of hub.
- There needs to be cultural training for Indigenous and non-western cultures and religious communities. Include, especially, police in the training.
- CaLD training suggestion: Diversity Focus offers DV-specific cultural-competency training. MYANWA cultural-competency training (dynamic, run by group of young CaLD people who have worked with Indigenous Elders and young people through YACWA).

Ways of creating Communal Ownership:

- a physical walkway or tunnel to connect each of the existing hubs with murals and local artwork - seamless connection;
- engaging community members in volunteer/ buddy system to support people coming out of the FDV Hub, and as a way of bringing together neighbours. There is a need to turn public reaction towards FDV in community from hostility to compassion and care.
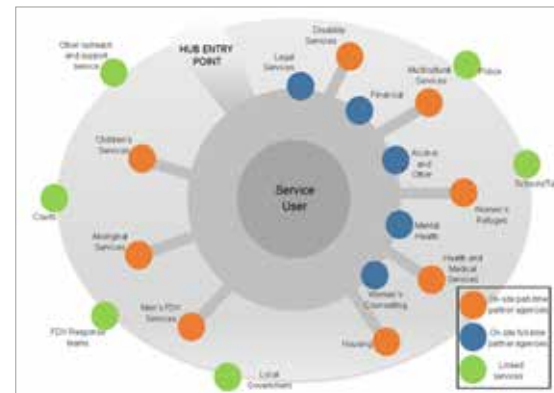
Model 3.0

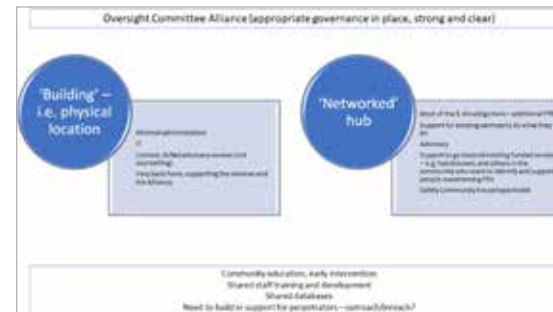- We moved from Model 2.0 to Model 3.0 which can be seen on the following

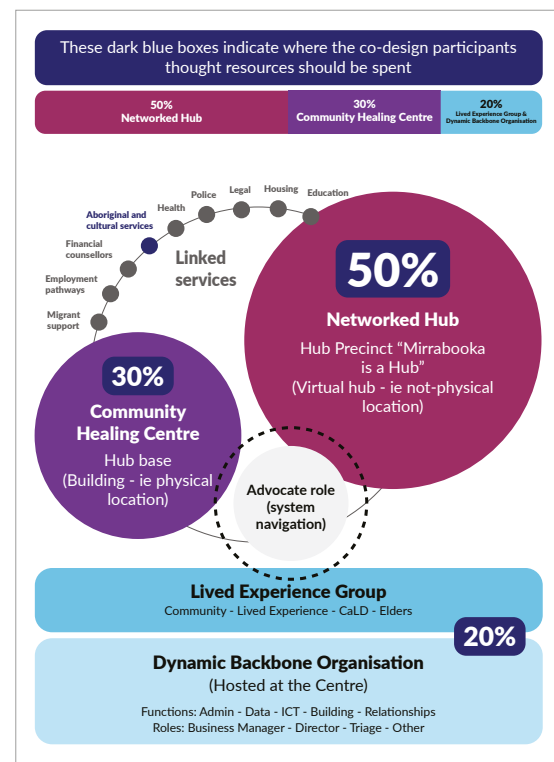# DURING THE CO-DESIGN PROCESS THE MODEL OF THE HUB HAS EVOLVED:

VERSION 1.0:
(expanded below)

VERSION 2.0:
(expanded below)

VERSION 3.0:
(expanded below)

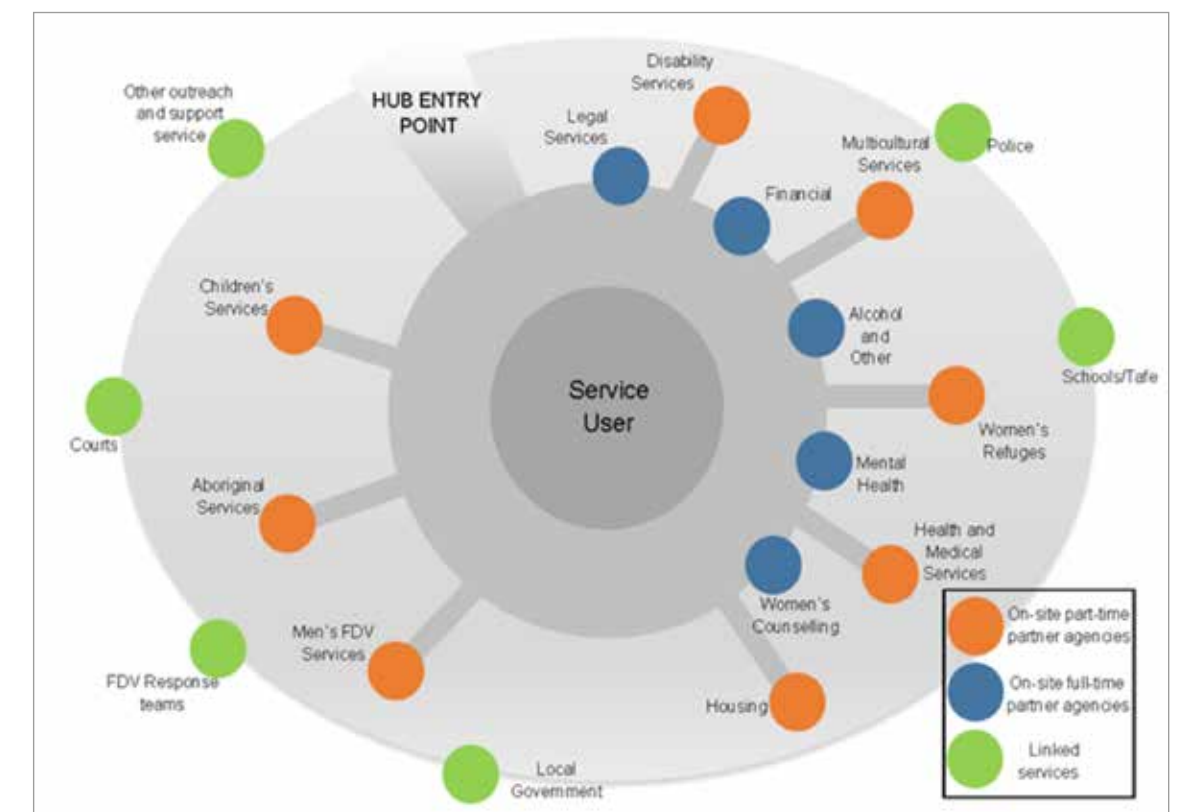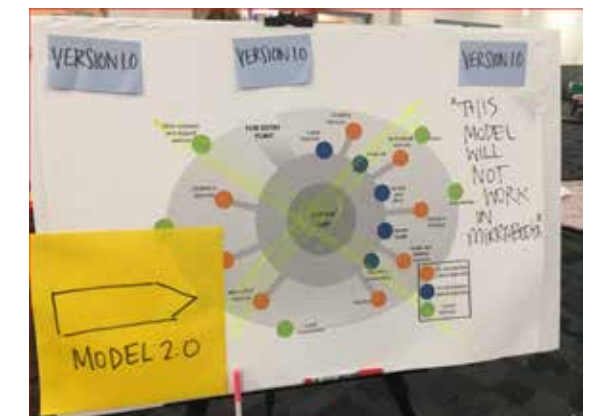# MODEL 1.0
"This won't work in Mirrabooka."

From previous consultation and research, Version 1.0 of the Hub Model was proposed.

This is the model that we used to test and prototype during the co-design process with a broad range of stakeholders to identify improvements, barriers and enablers.
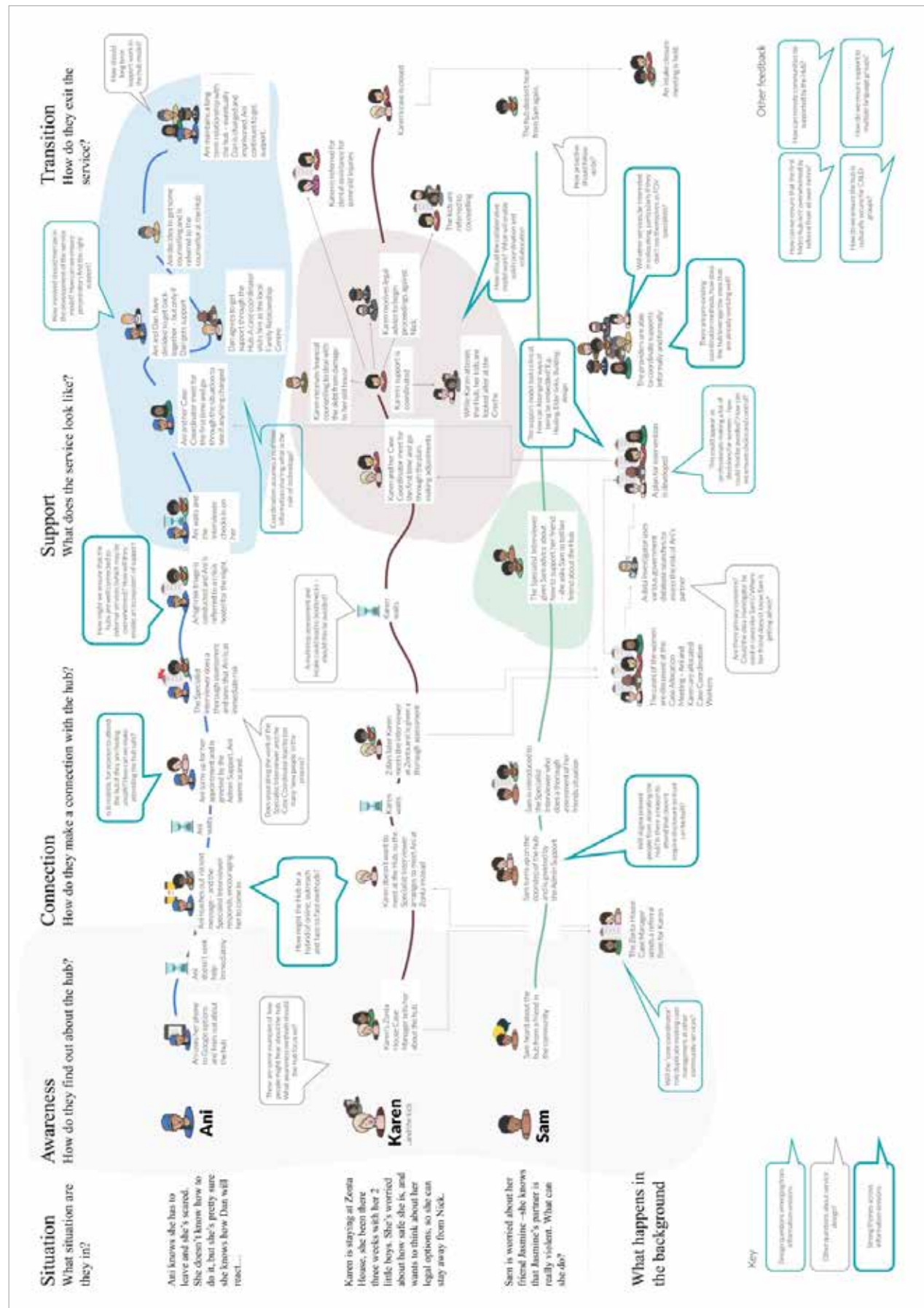
Version 1.0 non-negotiables in the model:
- There is a building
- Monday - Friday access 8am to 6pm

We heard multiple times that, "This model will not work in Mirrabooka". It was clear the model needed to iter-

During the workshop, participants were asked if they had any further reflections on the current proposed model. (Version 1.0)

	Notes
Telling the story once	• It was emphasised how important telling the story only 'once' is • The 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 pathway also only requires telling the story once • This also includes with forms (there are currently too many forms that need to be filled in with similar information)
Advocate Model	• Focus needs to be person-centred - it is particularly dehumanising to be directed to a computer or form when first reaching out for help • Need someone who knows you and is adequately informed and connected to network of services guiding you through the system • Choice of advocate - who walks alongside you - was also emphasised
Cultural Healing Centre	• Need places of healing • Everyone feels welcome • Arts, crafts and yarning • Elders meet there • Mural on the wall: Welcome in every language • Removes the 'shame' of walking into the centre • Need everyone building relationships through 'soft' activities
Too many Hubs no spokes	• There are many hubs in Mirrabooka • 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 • Looking at what model could strengthen existing local activity • The model needs to enhance the current services - invest in addressing incompetencies of existing services
Virtual Hub	• Strong message that there are already a lot of hubs, buildings and services • An emphasis on a virtual hub would mean that the focus is on strengthening existing services, hubs and the links in between • The model that will work in Mirrabooka is much more than 'bricks and mortar'
24/7 experience	• FDV needs 24/7 support services • Needs to have after-hours touch points
Safety	• Concern raised at having police in the Hubs especailly for the multi-cultural community. One idea was to have plain-clothed police. "We want police there, we still want them to be a first point of contact, but they need to be DV and culturally informed/ trained" • It's important to look at the role of people who are statutory reporters
Continuous development	• 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
Network of organisations	• 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

During the workshop, participants were asked if they had any further reflections on the current proposed model. (Version 1.0)

	Notes
Institutional racism	• 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 - this also needs to be acknowledged and worked with • English-only access is a barrier for second-language English speakers - workers making incorrect assumptions about CaLD women's capacity and needs
Everyone is affected	• 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. • Recognise the strength and resilience in each person
"We are a collective force"	• 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
Services are stretched	• 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 being at capacity • There are many burnt-out staff
Trust is everything	• The model relies on strong relationships with the police and others • The 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
Community Language	• 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)

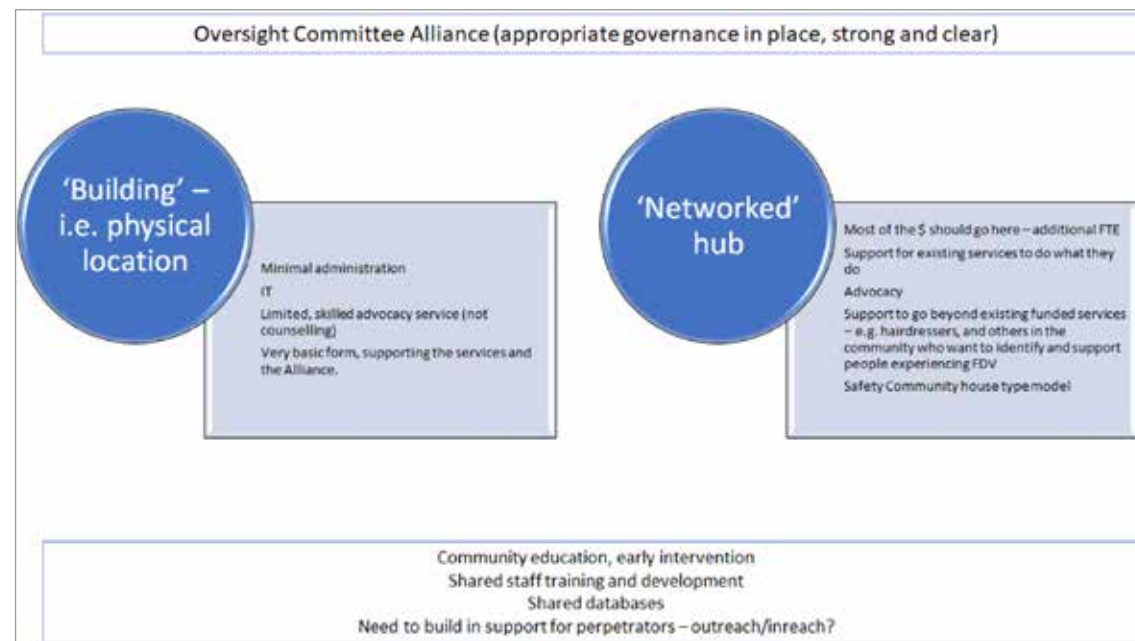|	Notes	
Important elements of the Hub	• Triage • Crisis response • Creche • Friendly family space • Shared case management • Many different 'signposts' in the community (symbol on windows etc.) • Clear links and pathways to many external services, e.g. GP, hairdresser, Ishar, daycare centres, Police CRS, schools, youth services, FSN, perpetrator response, Aboriginal services, refuges, CaLD services, financial counselling • Funding and resources for the relational side of the Hub	• Community choir (a soft entry point) • Plants • Warm lighting (not clinical) • Strong support for staff • Tea and coffee • Friendship group • 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
What do you see when you walk into the Hub?	• Authentic welcome • Roaming welcomer • Gender inclusive • Lived-experience mentors • Diversity of people who are employed • There are many different reasons for why you would go into the reception • Signage is trauma informed	• Information in different languages available • Outside seating area • Ticketing area (you choose who you want to work with) • Homely, comfortable • Creche, children's play area
How do people feel when they come to the Hub?	• A sense of belonging • That they are safe and their children will be helped	• Safe • Seen • Equal • Included
What's important in the service user journey	• Soft entry points (prevention, crisis and therapeutic) • Culturally-safe workers on site • Advocate able to accompany peers	• 24/7 support • Non-linear process • Culturally inclusive

MODEL 2.0
"It needs to be a combination between a building and a networked hub."
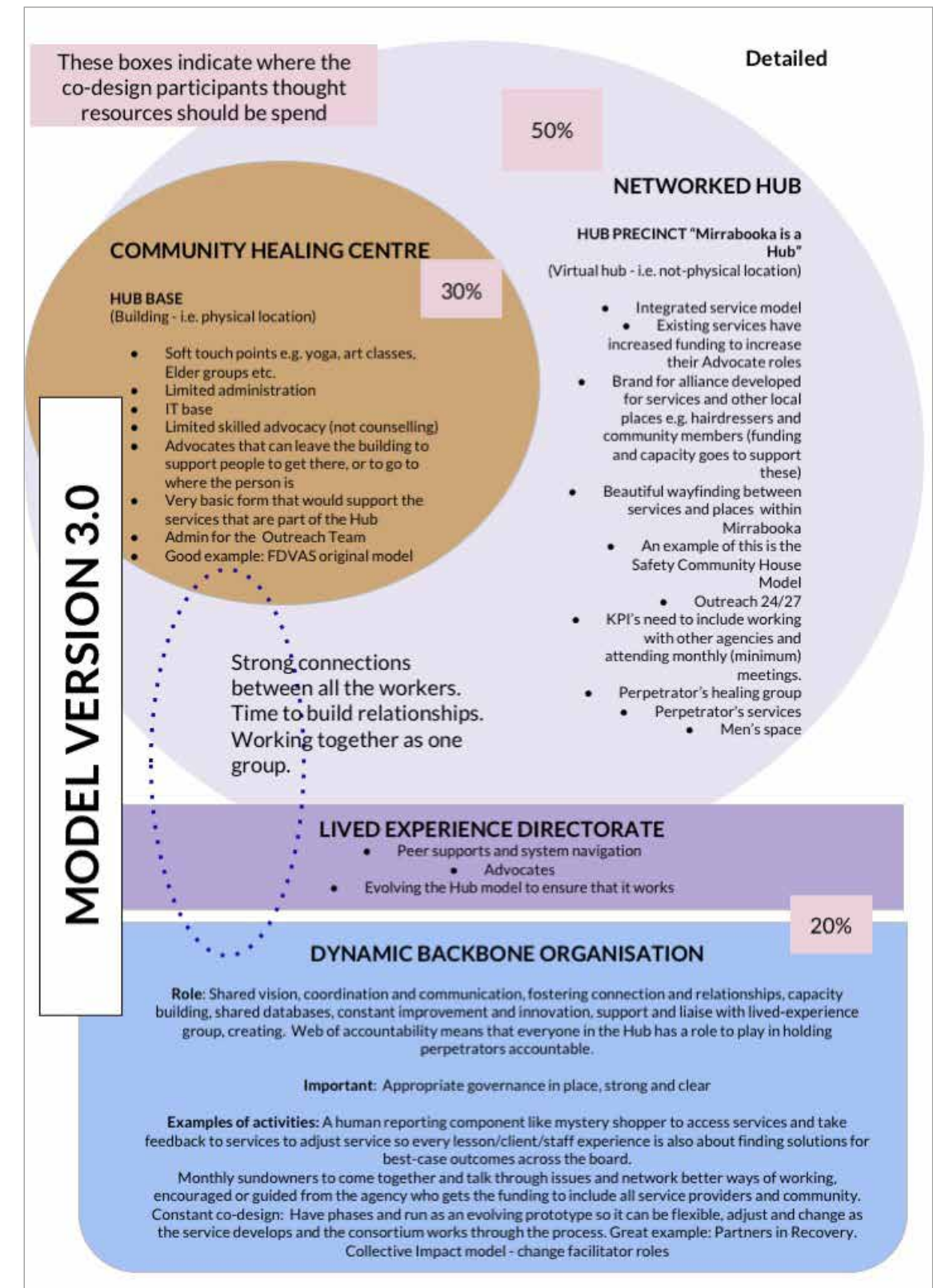
Participants asked that the idea of requiring a physical building/location be re-examined given the strengths already existing in the community. In the absence of this, and with the requirement of a physical building, participants felt that the building should be used in a way that is useful for existing 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 is considered as just one entry point of many 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.
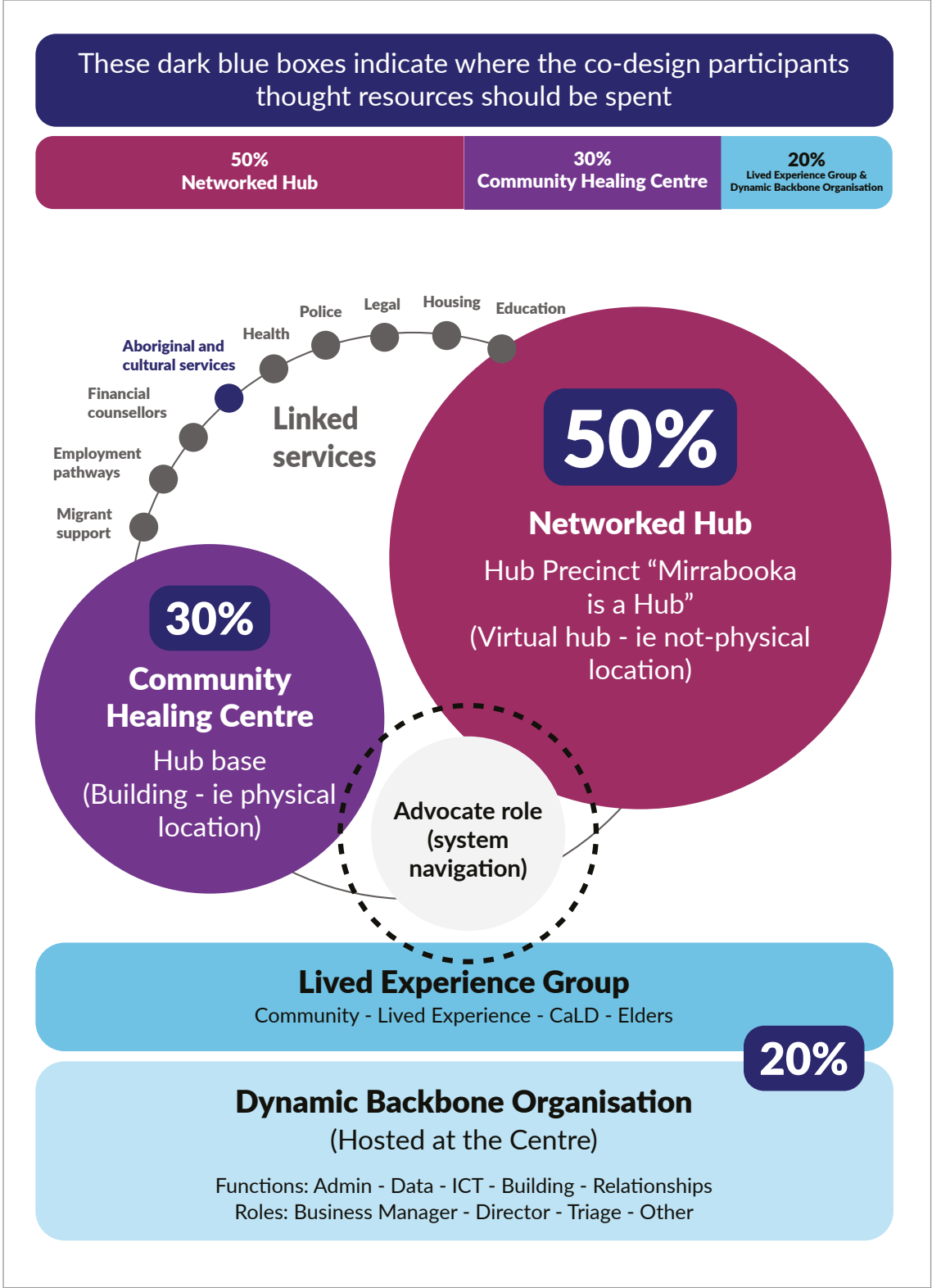

MODEL 3.0 (detailed)

MODEL 3.0

These dark blue boxes indicate where the co-design participants thought resources should be spent

50% Networked Hub	30% Community Healing Centre	20% Lived Experience Group & Dynamic Backbone Organisation

Police · Legal · Housing · Education

Health

Aboriginal and cultural services

Financial counsellors

Linked services

Employment pathways

Migrant support

50%
Networked Hub
Hub Precinct "Mirrabooka is a Hub"
(Virtual hub - ie not-physical location)

30%
Community Healing Centre
Hub base
(Building - ie physical location)

Advocate role (system navigation)

Lived Experience Group
Community - Lived Experience - CaLD - Elders

20%
Dynamic Backbone Organisation
(Hosted at the Centre)

Functions: Admin - Data - ICT - Building - Relationships
Roles: Business Manager - Director - Triage - Other

LIVED EXPERIENCE FEEDBACK ON MODEL 3.0

" It's beyond services. It needs to be a family of support. There needs to be a feeling of love. Violence can only be overcome by strong connections. Fear can only be conquered by love. "

" This is a wonderful Model. You have really captured everything that people were saying in the three Co-Design workshops. "

" The Hub needs to feel like a home. Like a best friend's place, like a nan and pop's place... there's unconditional love. The smallest things will make the biggest difference. "

" "We need to deeply believe in each other, you need that experience of being loved, being accepted of people seeing who you can be and how they can help you to get to the person that you want to be so that you can live life to the fullest without looking back. "

LIVED EXPERIENCE DIRECTORATE

- Peer supports and system navigation
- Advocates
- Evolving the Hub model to ensure that it works

Important aspects of how this would need to work:

- Tips from the HYAC (Homelessness Youth Advisory Council):
- Employed at least on a fortnightly basis - half a day

What's really important:

- Having a support person in the group
- Having a facilitator in the group

Different training and inductions needed for all workers:

- Empathy needs to be built
- Trauma-informed
- Peer training offered

Social enterprise development:

- Delivering Family and Domestic Violence programs

This could be delivered in places that it will create an impact

- High schools
- Primary schools
- Court systems

THE
BUILDING

FEEDBACK ON THE NAME OF THE HUB

It was clear that the Hub could not be labelled as the FDV Hub and will need to be renamed. Here's some of the feedback we received:

Walbreninge
HEALING HUB

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 because 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

HEALING HUB

COMMUNITY HEALING HUB

CULTURAL COMMUNITY CENTRE

COMMUNITY WELLBEING CENTRE

CULTURAL INCLUSION CENTRE

FEEDBACK ON 24 CHESTERFIELD ROAD

THE LOCATION

Positives

- It's walkable to many other services (not all, especially on a hot or rainy day)
- It's a place that people already go to which reduces the stigma
- It could be part of a Hub Precinct with this location as the Hub Base
- The location is familiar to people
- It's close to Sudbury House

Considerations

- It's very visible

Actions needed to make it successful

- Need gardens and somewhere to sit outside
- Alleyway needs to be safe, beautiful and have a doorway to the Hub
- Needs security
- Many people access Centrelink (especially on Thursdays); it's considered that this could be dangerous
- Very open and visible from many angles if someone is wanting to hide
- Policies in place so that there is no staff member there alone after hours

Other suggestions

The Building next to Wungening was recommended for parking and more flexibility for tranquil gardens and areas outside.

THE BUILDING

Positives

- It has a kitchen
- It has a bathroom
- It has front doors

Considerations

- The current look is too commercial
- Needs new carpet

Actions needed to make it successful

- Need gardens and somewhere to sit outside
- Needs to invest significantly in the design and fit out of the space (HeadSpace is half a million towards setting a space up)
- Need to consider soft, circular spaces, warm lighting and the right temperature for a healing mode
- Recommend to include design specifications in the tender
- Two exits needed - a backdoor will need to be installed
- Alleyway needs to be safe, beautiful and have a doorway to the Hub

COLLAGES OF WHAT PEOPLE WOULD LIKE THE HUB TO LOOK

COLLAGES OF WHAT PEOPLE WOULD LIKE THE HUB TO LOOK
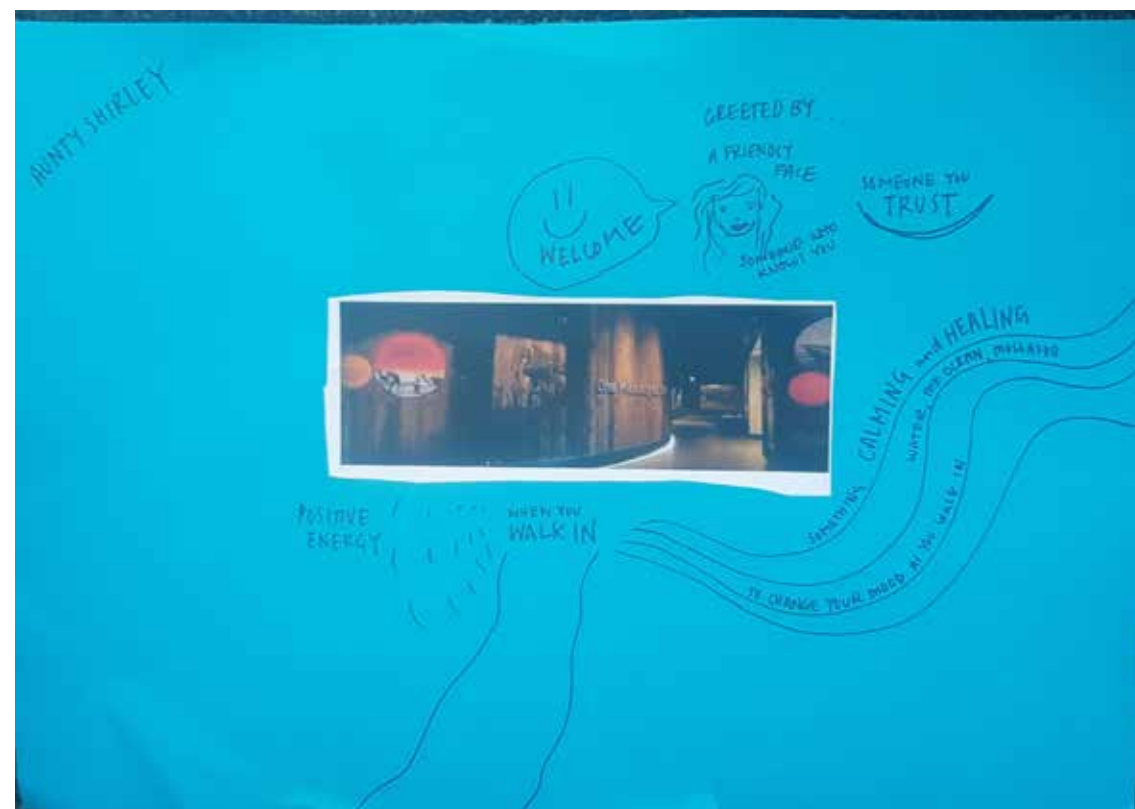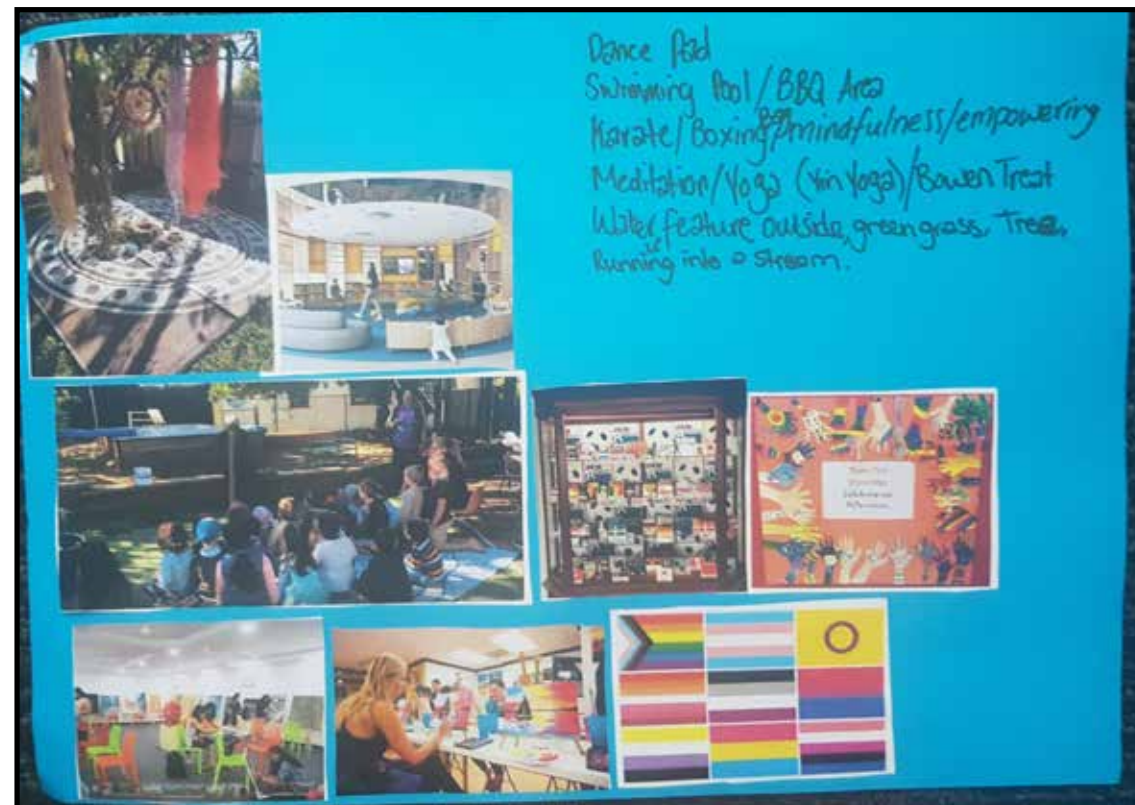
DESIGN RESEARCH INSIGHTS

Insights from the International Day of Eliminating Violence Against Women and Girls Forum (part of the Indigenous Program at the Crown).

Three questions were asked in yarning circles. The answers to the questions were then presented back to the room.

Why's it happening?
- The effects of colonisation
- Intergenerational trauma
- Structural racism
- Police not taking action when needed
- Lack of cultural healing programs
- Low self-worth and self-esteem
- Effects of drugs and alcohol

Why do people stay?
- The statistics show that it is unlikely that women and especially Aboriginal women will be believed
- Hard to move somewhere with their male children who are over 10 years of age
- Increases the risk of violence if they try to leave but get caught
- It's a myth that perpetrators are stupid. They are clever and determined - there's a sense that they can 'outsmart' services'

What are some of the solutions?
- Elder groups - being able to go to Elders
- Cultural healing groups
- Using the 72hrs restraining order to do programs, education or healing (at the moment it can increase anger)
- Elder circle sentencing
- Community-led solutions
- Villages where women can go with their older sons
- Need to focus on the young men with healing and support at the right life mo-
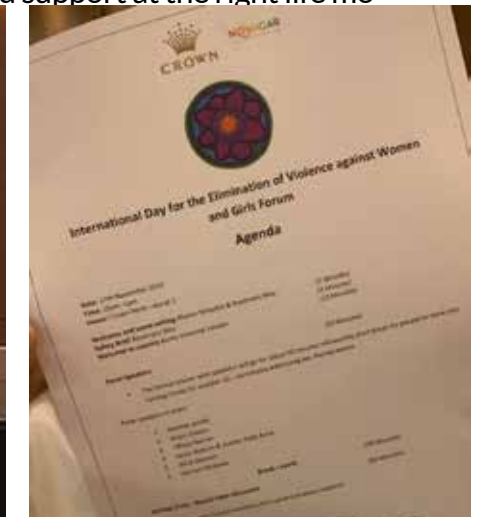
BUILDING AND CONNECTING WHAT EXISTS IN CALD SERVICES

Insights from interviews with a range of services including

- ASeTTS (Focus: Trauma)
- Diversity Focus (Focus: Sector training)
- Ishar (Focus: multicultural community engagement, women's health and well being)
- City of Stirling (Focus: Youth and outreach programs, cross-cultural youth engagement - CaLD and Aboriginal)

What they do have

- Culturally competent psychologists and counsellors
- Support groups
- FDV education programs in partnership with community leaders
- Pathways to healthcare
- A lot of trust within multiple CaLD communities
- Crisis support
- City of Stirling Community Services is linked to key umbrella bodies in Mirrabooka (eg. Multicultural Steering Group, youth groups)

What they don't have support to do:

- Visa-related legal support
- Housing-related advice and services
- 24hr support
- Work with CaLD men
- Preventative and sustainable post FDV crisis support
- Administrative support for coordination between existing FDV services for CaLD people

What they would like is:

- A mechanism for coordinating programs to reduce duplication
- Cultural safety training before the start of the Hub to be delivered by CaLD workers
- Representation of CaLD and multilingual staff at Hub
- For their work to be supported by the Hub and that relationships that they have with the community are respected

Other observations:

- There's tension between and within CaLD communities (generational and inter-sect conflicts)
- These services are already doing a lot of the direct engagement with particular communities, so we don't need to duplicate, but the Hub could be somewhere that they can go beyond their own community
- The Salvation Army has a really good wrap-around service but it's not being accessed by the CaLD community
- Sometimes the intercultural conflict is just conflict - but when it involves young people of colour it is automatically racialised
- City of Stirling is in ongoing dialogue with youth who have expressed desire for initiatives and programs around safety and belonging (opportunities for grassroots/ community-led programs)

What these services can contribute:

- They can bring people into the Hubs because they have the trust of the community
- A community of practice for workers in the Settlement Sector, FDV and community leaders working with CaLD communities (about 40 people)

Stories that need to be healed

- Aboriginal community being moved out due to refugee housing being built and neither groups being informed about who made the decisions; the stories of each community etc.
- Stigma around refugees, 'They are not culturally safe and there are lots of drugs and alcohol'
- Religious leaders feeling threatened by service providers taking away their authority around their work (there is work being done to change this narrative - we just need to support it)

INSIGHTS FROM CALD LIVED EXPERIENCE (ISHAR DV SUPPORT GROUP)

Major Barriers:

- Lack of care and competency of case workers, service providers and Centrelink staff
- Inconsistency in information and advice provided by different services and government bodies (including online resources)
- Lack of consistent financial support: major obstacle for leaving abusive relationship and source of stress
- Lack of safe and sustainable housing options/ support - many of the women said this was a major obstacle for leaving an abusive relationship
- Psychological stress
- Lack of free and safe/ trustworthy childcare in order for mothers to access support

Key needs:

- To leave: many women expressed the desire to leave their abusive relationships
- Improvement of services provided by Centrelink, Legal Aid and other support services (cannot continue as they are)
- Practical advocacy: trained, CaLD workers with both the expertise and cultural experience to help them navigate Centrelink and existing support system
- Pathways to employment and financial independence
- Practical skill development - eg. driving
- Legal support at court (not just advice) and advocacy
- To be treated and respected as equals: speaking English fluently should not be used as a measure of intelligence, or [the CaLD service user's] capacity to make decisions

What they would like to see at the Hub:

- Pathways for women with lived experience to become paid advocates and peer supporters (working alongside service providers)
- Childcare
- Representation of CaLD and multilingual staff at Hub

Strengths:

- Strong community networks and peer support group

BUILDING AND CONNECTING WHAT EXISTS IN CALD SERVICES CONT.

Suggested actions:

- Needs to be Aboriginal and CaLD workers in the Hub (multiple languages)
- Needs to be a Prayer Room in the Hub (must be named that)
- Cultural competency training for everyone before the Hub opens
- Plain clothed police (no uniforms), including more women officers
- Legal advisors need to be people with expertise in immigration law
- Provide practical support (driving classes etc.) and advertise through TV
- Aboriginal AND other cultural art pieces
- Relationships need to be built between Aboriginal community and CaLD community
- Need community-led processes that increase awareness and educate around the trauma created through displacement e.g. sport, storytelling, arts etc.

> **I want to leave... For seven years, I've been living with the constant verbal abuse. I can't even stand the sight of him! Getting out of the environment would be a big help because then I can plan for the future... but then I feel it is better to stay because there is no reliable support outside.**

> **We need more ways for men to come into counselling and support; it can't just be the law-enforced kind of support.**

> **I called the police twice when my husband assaulted me. I called 000. It took them half an hour to come... and when they finally arrived, they spoke to my husband first! Then they asked me, 'What did you do to him?' They kept asking me the same question. It was three male policemen. I was bleeding, but none of them asked me if I was ok, if I needed to go to the hospital, or if I wanted to charge him... They just kept asking, 'What did you do to him?'**

VOICES OF LIVED EXPERIENCE CONT.

"

"Men have their own struggles as well, some of them have been professors, senior executives, doctors, then they come here and became nothing."

"

"

Everyone tells you to go to Centrelink for help. That's the only place you know to go to when you're new to Australia. But Centrelink doesn't know how to help you.

When they found out I could speak a little English, they just directed me to a computer. I wasn't sure about one question so I asked for someone to help - because if you answer one question wrong the whole application might fail - but no one would help me. Then when I asked for a social worker, they said, 'You don't need one.'

"

"

I know a woman whose husband passed away, they were living in a Homeswest house, and her name wasn't on it. The worker told her to go back to where she came from...

Sometimes, I go online to all the government websites and I do my research, but then when I ask about things from the support workers they say, 'Oh no. That's not correct.' It's very confusing... we need support workers to be properly informed and know what they're talking about.

"

SERVICE VISITS

Caroline Spiers (Department of Communities) took us to visit several places around Mirrabooka.

KEY INSIGHTS

- *"Mirrabooka is a hub."* Mirrabooka (as a place) is a hub and there's a lot of good will. If it builds on what exists, it has the potential to work well.

- *"There are lots of hubs but no spokes."* There are a lot of existing 'hubs' in Mirrabooka. It will be important to see how the hubs operate as a system and how they connect.

- There are parts of the Family Support Network that are working well - including the Department's role that Vanna is employed in. A role like this would reduce duplication and provide support.

- Community space + Case management + Healing + (everyone has a piece of the puzzle that will make this work).

- There is a very high risk of people not wanting to use an FDV hub that is identified as such.

- It's important to understand the journey of the victim, children and perpetrator. How do the pathways support and heal and not lead to heightened risk and violence?

SKETCH NOTES OF SERVICE SAFARI
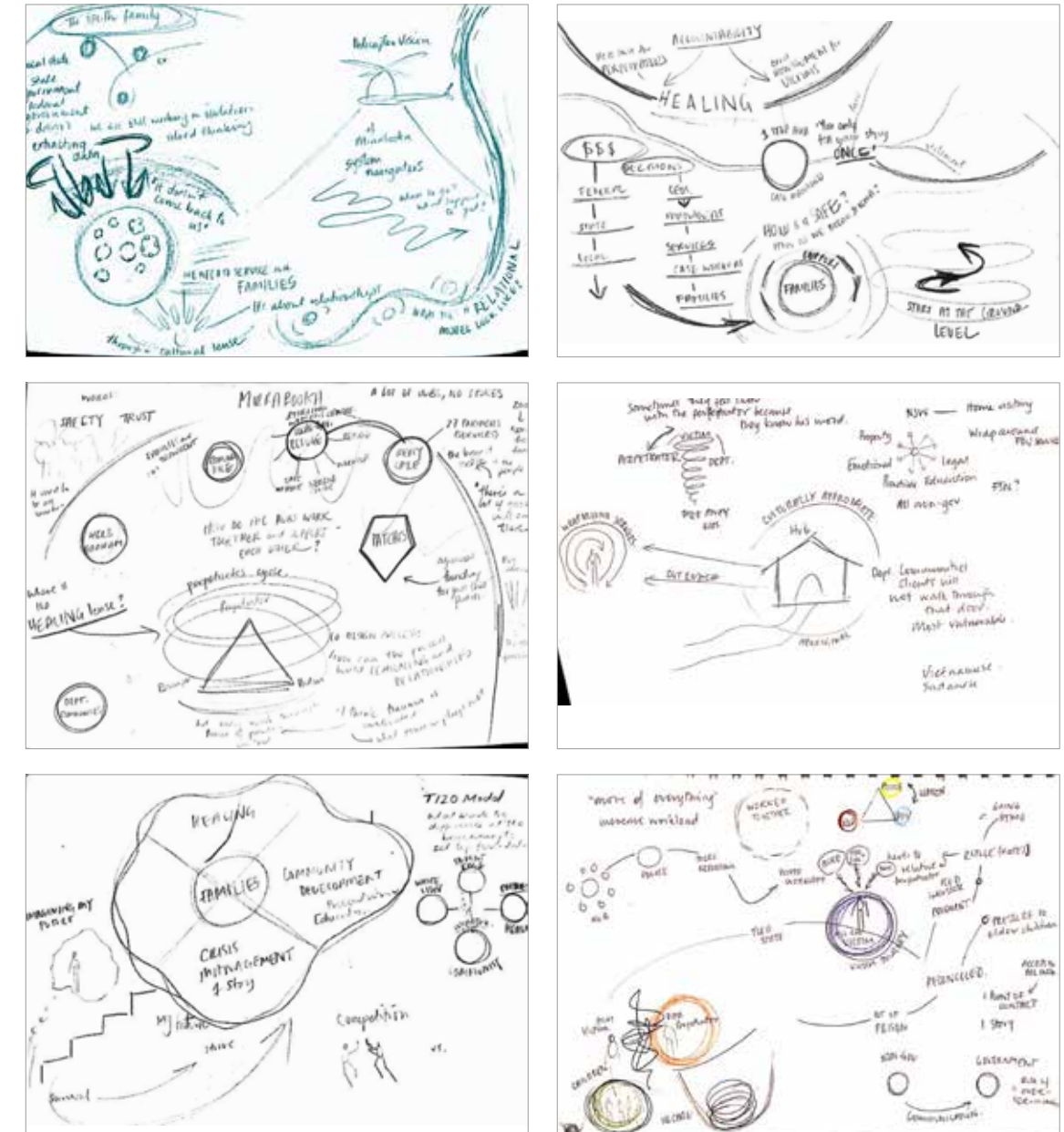
SKETCH NOTES OF SERVICE SAFARI

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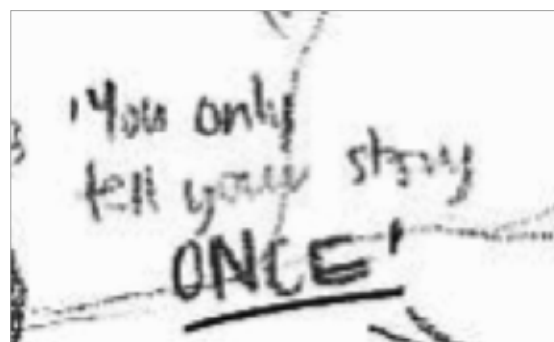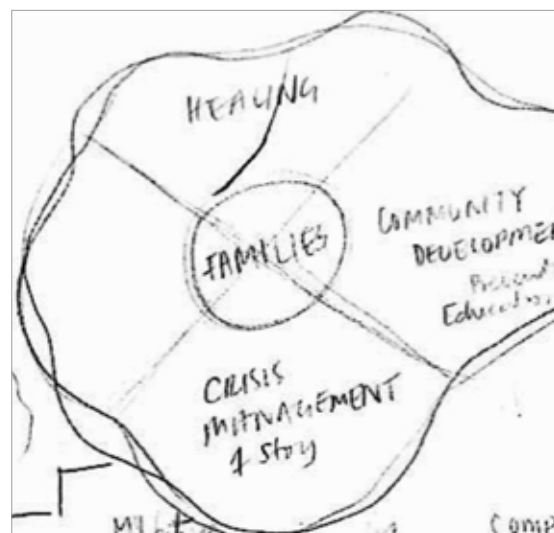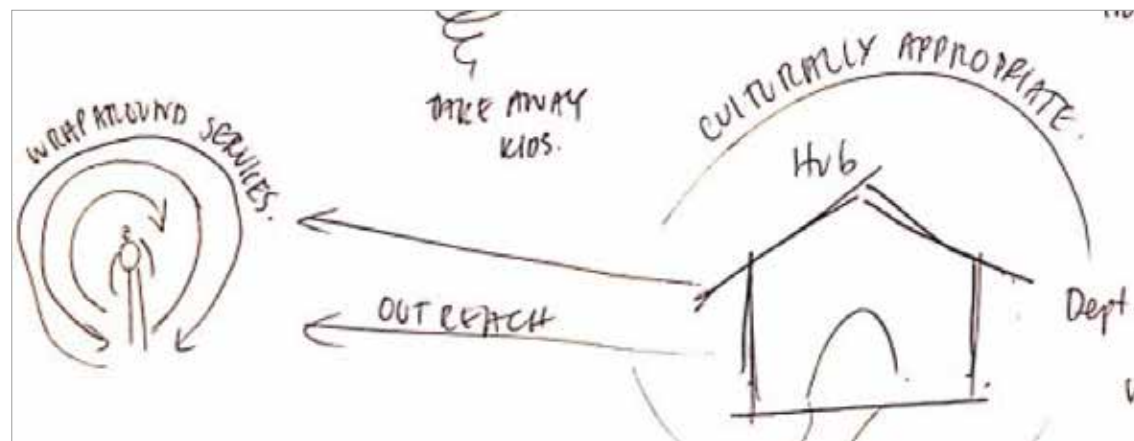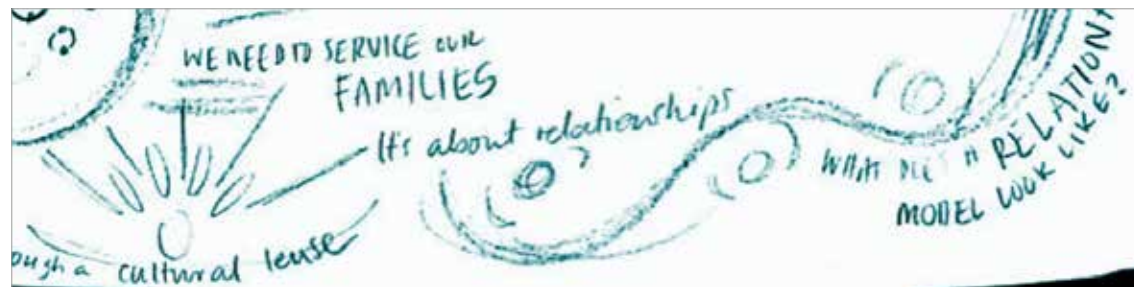
Mirrabooka is a hub."

"

There are lots of hubs but no spokes."

SERVICE USER JOURNEY NOTES (SEE SEPARATE DOCUMENT FOR MORE DETAILS)

FEEDBACK ON THE SERVICE USER JOURNEY

- 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 below.
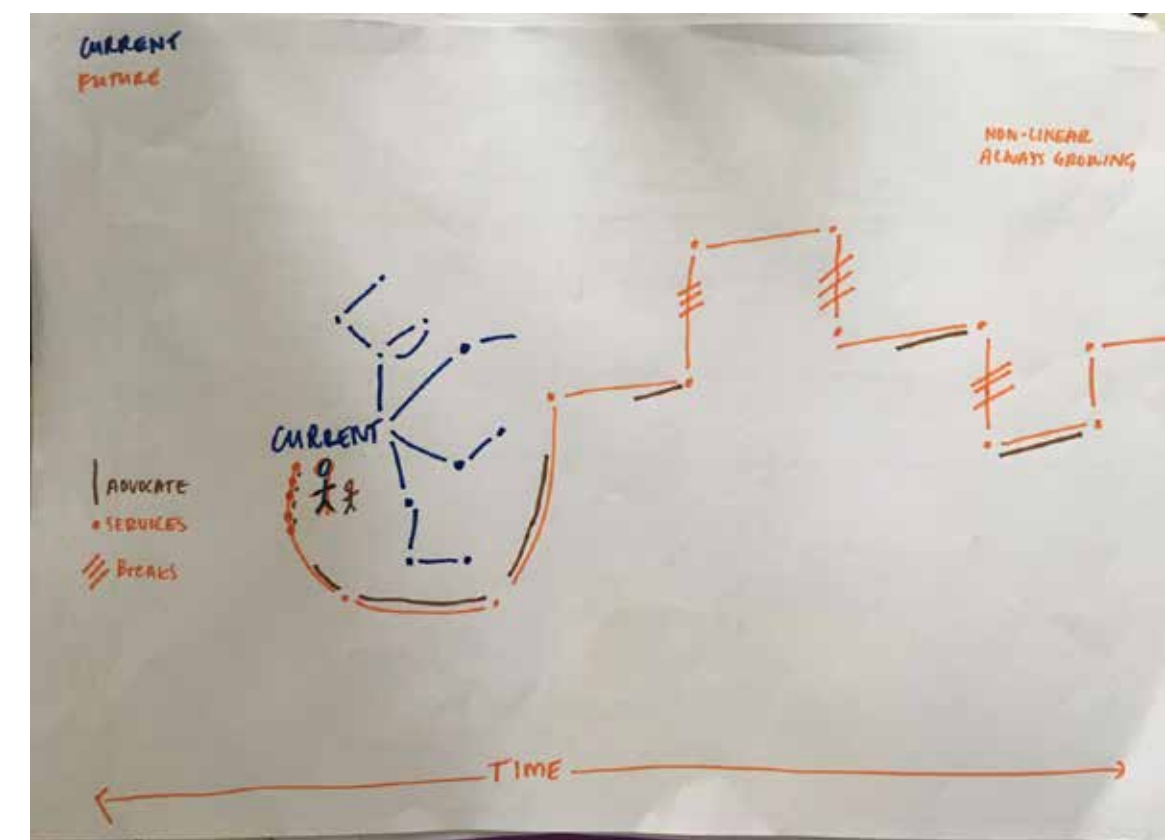
Pre-crisis: Soft touch points.

Awareness: Flyers, education, integrated information into language classes etc. Google search will take you to the right place.

Crisis: Police should give out a list of numbers and places for support when any charges are laid, or they attend a FDV incident, or suspect that someone needs support.

Engage with the Hub: One story; one advocate.

Post: Strongly supported; education, training and pathways to jobs is critical.

FEEDBACK ON WHAT NEEDS TO BE INCLUDED IN THE WEEKLY SCHEDULE

- Financial advisor one day a week minimum
- Legal workshops
- Getting licences programs
- Budgeting workshops
- Programs each term
- Certificate four in community/ youth/ mental health
- Different ways 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 and NMHS
- Healing classes with a range of therapies
- Counselling
- Police presence - sit within programs as a 'community liaison'
- Agencies come in all week to meet community people attending programs, making connection so when/if a crisis happens /need arises does happen people will engage.

FEEDBACK ON THE REFERRAL PROCESS

- 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 as well
- 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' (*see note below)
- 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 (but culturally sensitive) presence at the Hub, this will increase security and the feeling of safety
- If police are present it is very important that they are not in uniform
- If police are not present then victims/ Hub staff can call the local Mirrabooka station and they can send 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 a 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
- AOD and mental health needs to have a place in people's thinking. This needs to be more deeply considered in the implementation of the Hub

Key questions emerging:

- How do referrals beyond government work? Do the Not-for-Profits have to self-fund?
- What's the age of self-referral for kids?

* There are very clear geographic boundaries for police and service providers that need to be considered. These often don't align and need to be considered.

FEEDBACK AND QUESTIONS AROUND DATA COLLECTION

- How can the Hubs flow data better?
- How can someone's story move with them – i.e. how do we avoid the user having to re-tell their story? Need to have permission to share. This is a challenge for legal services with very stringent confidentiality requirements
- 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 and needs to be decided 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 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/knowing what the final service model is
- Referral information – open text which can prepopulate to story
- Referral information – email notification of new information updated to other services in the Hub
- Outcome indicators – experience of service as a measure; feedback from clients
- It needs to be considered that there's also a conflict of interest - once legal advice is provided the other party cannot access and could affect access to other Hub services. There are pathways around this, for example a legal service can refer out to another like Legal Aid, women's legal aid