FAMILY AND DOMESTIC VIOLENCE

ONE STOP HUBS STAKEHOLDER ENGAGEMENT AND CO-DESIGN CONSULTANCY REPORT

Mirrabooka

ARTWORK:

The artwork that you can see throughout the report is called "Inner Strength" By Kwobalitj (Carol Foley). The painting is of the spine and represents what holds us together - "up". On one side we have downers. On the other is positive/happiness. Circles - life cycles experiences.

"Inner Strength" By Kwobalitj (Carol Foley)

EXECUTIVE SUMMARY

In January 2017 the State Government released its Stopping Family and Domestic Violence Policy (the Policy). The Policy outlines a strong commitment to keeping Western Australian women and their children safe, and has introduced a comprehensive package of reforms aimed at supporting victims of family and domestic violence (FDV). It included the initial establishment of two One Stop Hubs (Hubs) to simplify access to specialist FDV support services. In April 2019, the State Government announced the Hub locations as Kalgoorlie and Mirrabooka.

The co-design engagement process has run from December 2019 to February 2020. There have been three co-design workshops in Mirrabooka with a diverse range of stakeholders including state government, local government, service providers, service users, community members, police and people with lived experience. There were also a number of interviews conducted, as well as a variety of other co-design methodologies used.

The co-design process showed significant concern with the proposed model. It was seen that this model did not build on the strengths of the services already offered in Mirrabooka. Many also had concerns about the safety of victims seeking help at the Hub, if the Hub was known for only offering FDV services. The people engaged in the co-design process have developed a model that uses the proposed building as a base and then has a networked model of services that integrate for a wrap-around response. Through our interviews with people who have run One Stop Hubs or with people who have done the co-design on One Stop Hubs in other places it was noted that they have been successful usually have other reasons for visiting other than the primary focus; these have included Women and Child Health services or community activities. The stakeholders involved in the co-design process came up with a range of solutions that could overcome the concerns raised about the initial model.

This report outlines the key findings of the co-design process, and puts forward recommendations as a result of these findings to be considered by the Department of Communities (Communities).

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1.
BACKGROUND

1.1. Background and context

In January 2017 the State Government released its Stopping Family and Domestic Violence Policy (the Policy). The Policy outlines a strong commitment to keeping Western Australian women and their children safe, and has introduced a comprehensive package of reforms aimed at supporting victims of family and domestic violence (FDV). It included the initial establishment of two One Stop Hubs (Hubs) to simplify access to specialist FDV support services. In April 2019, the State Government announced the Hub locations as Kalgoorlie and Mirrabooka.

The parameters for the delivery of the Hubs were identified in the Policy, of which the key components included:

- initial establishment of two One Stop Hubs, one metropolitan and one regional, to simplify access to support services;
- provision of integrated intake teams and specialist practitioners;
- an after-hours crisis response at each location;
- provision of appropriate infrastructure and technology;
- consultation with stakeholders to determine locations;
- culturally appropriate service delivery for Aboriginal and Culturally and Linguistically Diverse (CaLD) victims;
- access to financial counselling, medical, police, legal, accommodation and other services in one location; and
- a review of the effectiveness of the Hubs after three years.

Funding of $15.9M has been allocated to deliver the Hubs for the period 2020/21 to 2023/24. This project is the responsibility of the Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services. It is overseen by the Community Safety and Family Support Cabinet Sub Committee.

To support an evidence-based approach and inform the Business Case, the Department of Communities commissioned Curtin University (Curtin) to conduct research and stakeholder consultations to inform the development of the Hub service model. This resulted in the identification of a preferred model that delivered a reduced-cost Hub, operating Monday to Friday during business hours, with full-time co-location of partner agencies. The model aligns with the election commitment by providing:

- a meaningful approach to integrated service delivery;
- prioritisation of information sharing to support service delivery and perpetrator visibility;
- specialist workers to ensure culturally appropriate informed service provision for Aboriginal people, people from CaLD backgrounds and people with disability;
- parallel childcare services (on-site creche); and
- embedded mechanisms for evaluation.

1.2. Scope of work

Following a competitive Request for Quote process, the Centre for Social Impact was contracted by the Department to undertake the co-design process with community, community organisations and government within Mirrabooka and Kalgoorlie. The Request document outlined seven key areas of activity:

- project initiation and co-design development;
- coordination and facilitation of an information-sharing session with service providers and peak bodies;
- coordination and facilitation of a co-design workshop with Government stake-holders to determine roles, enablers, barriers to service model;
- coordination and facilitation of ongoing engagement sessions with Government stakeholders;
- coordination and facilitation of co-design sessions with service users, in collaboration with relevant peak bodies where required;
- coordination and facilitation of co-design sessions with service providers, peak bodies, etc.;
- project closure and debrief.

1.3. Outline of co-design process

1.3.1. Purpose
The co-design process engaged stakeholders on a variety of matters depending on the nature of their interests/influence. Throughout the process, the co-design process covered-off on the below topics, in addition to many, many more:

- defining service-user needs and aspirations, translating to project outcomes;
- defining service-provider relationships;
- co-design of the service and its implications;
- identifying possible challenges and solutions;
- identifying limitations of past, current or proposed services, and opportunities for innovation and sustainability.

1.3.2. Team
The team delivering the co-design process was intentionally created to ensure cultural safety, maximum engagement, and the capacity to draw on a variety of different experts as required. It included:

- People with lived experience were included in all parts of the co-design process;
- the Design Squad, which included facilitators, service designers, and Department of Communities staff; and
- the Co-Design Team, consisting of representatives from the system who took up the invitation to participate in design workshops run by the Design Squad. These people held specific lenses that are important for the design context, and were critical team members.

1.3.3. Overall engagement in co-design process
In total, over the three-month period, a number of people were engaged in work-shops and activities co-designing the Mirrabooka Hub

Date	Type of engagement	Number of people
23 January 2020	Workshop 1	41
	Walkthrough	9
6 February 2020	Workshop 2	51
	Walkthrough	7
13 February 2020	Workshop	42
	Walkthrough	3

Note: attendances at workshops are likely to include some of the same people.

In particular, the engagement from CaLD people and service providers, and Aboriginal people and community organisations (identified by the Department as critical), has been very significant.

Details as to the participants, activities and outcomes of each specific workshop are provided in **Appendix A**. Further information as to how participants experienced the process will be available in the forthcoming review of the co-design process, as part of the project closure and debrief.

2.
FINDINGS

This section of the report outlines the key findings and insights from the co-design process. This consists mostly of points that we heard over and over again, indicating that they were important to all stakeholders - community, the community services sector and to government. This section also includes answers to questions that we may have held.

The findings form the basis for the recommendations section which follows. It is important to note that there are challenges in very cleanly distinguishing between findings and recommendations, and these sections should be considered as closely linked and mutually reinforcing.

2.1. Key insights

2.1.1. Establishing a Hub vs strengthening the existing system
Participants across Mirrabooka reflected that the Hub will not be able to encompass everything that a coordinated, systemic response to FDV needs to encompass. The community felt that what was really needed in Mirrabooka was further resourcing and funding for the currently under-resourced service system to better respond to FDV, rather than setting up another hub.

A key message from the community was that there are many hubs and services across Mirrabooka, and in many ways the community can be seen holistically as a type of hub. Coordination results in additional referrals across services, which is positive. However, service providers reflected that places then being referred to are not funded for the additional work; and so services required to provide the support are at capacity with extensive waitlists.

It is thus worth noting that the community would have preferred a different use of funds to respond to FDV across Mirrabooka, but people understood the nature of an election commitment and the requirement for a physical building, and engaged in the co-design process from a pragmatic perspective.

The community services organisations which engaged throughout the process were committed to a collective community force to address and respond to FDV. In this sense, the partnerships and connections that will be required to ensure that a Hub is integrated and successful do, in fact, exist in Mirrabooka. It will be important to ensure that the Hub leverages and strengthens these, rather than overwhelms and/or displaces them.

2.1.2. Acknowledging the history, and being able to talk about racism
In order to create an integrated and effective response to FDV in Mirrabooka, it is important to be able to talk about the presence of racism in the community when it arises. It is challenging for Aboriginal women to seek support from services and people that are not Aboriginal, and this is one of the contributing factors.

Further, the history and current situation is that an unacceptable number of Aboriginal children are being removed from their families across Australia (i.e. not just within Western Australia). This has led to a deep fear from many Aboriginal women towards the Department, and towards Western Australian Police (WAPOL).

We heard throughout this co-design process that it is also challenging for women from CaLD backgrounds to access the support they need, when service providers can make incorrect assumptions about their backgrounds and circumstances. For both Aboriginal women and CaLD women, access to English-only services can present a barrier to access the support they need. As such, access to interpretation services and/or people who speak languages other than English will be critical for the Hub.

2.1.3. Telling the story once
It was emphasised continually that it will be absolutely crucial for the Hub that victims tell their story only once. We heard that the not-for-profit (NFP) sector has built the capacity to enable this over the last years through more effective referral and support processes; however, concern was expressed that there is still a requirement to repeat stories across government departments and agencies (e.g. WAPOL, Housing, Centrelink, etc.).

2.1.4. The need for advocates
Related to telling their story only once, another key insight was that the Hub must include advocates that act as system navigators. The ability to have a choice of advocate - the person that will stand alongside you potentially for the next year or more - was also emphasised. Advocates will need to be adequately informed and connected to the various services that victims need to navigate. We heard that it is particularly dehumanising to be directed to a computer or form when first reaching out for help, and so the advocate role is required as the first point of contact and the person to walk alongside the victim.

Further explanation as to the proposed role of the advocates is provided under Recommendations - 3.1.

It is important to acknowledge that the Department of Communities currently has the flexibility, mandate and resources to undertake a 'brokerage' type role - they have the discretion to support victims with fuel, motels or other accommodation, taxis, etc. There is a possibility that the Department's workload could simply increase if there are advocates with no brokerage resourcing (or where the brokerage resourcing of the Hub has been exhausted). As such, it is important to carefully consider and plan for the relationship between the Hub advocacy and brokerage, and Department's brokerage.

2.1.5. Trust is everything
The Hub model relies on strong relationships with WAPOL, the Department and other agencies and organisations. Further, the entire system will need to earn the trust of victims. Trust and relationships must be placed at the centre of everything that the Hub does.

2.1.6. Understanding the nature of violence, and shifting public perceptions of violence
An issue raised more than once is that we tend to focus on physical violence instead of all forms of violence. It was theorised that as a community, we have a preoccupation with physical violence because we can prove it; but that so much more

of the violence that occurs is psychological, and/or sociological. The Sanctuary model, familiar with many government agencies and NFP providers, talks about the different levels of safety and how they are antecedent to physical violence; but most organisations in the system do not respond until a victim takes out a Violence Restraining Order (VRO) - there is, in a sense, a requirement for physical violence before we act.

If we are really going to address violence, in all forms, we must ask ourselves why people seek power and control in the first place; and ensure that the community as a whole cares about answering this question. We must ensure that we are intervening earlier - through, for example, after-school mentoring programs in leadership which includes components of FDV education. A 'Nan & Pops Philosophy', which encourages open dialogue and learning constantly - a safe space, sense of belonging and being welcomed, the sharing of food, and somewhere to just be.

If the Hub is going to be a critical element of the community's system-response to FDV, then we need to ensure wider movement-building; we need our entire community to understand trauma and to think about what constitutes respectful relationships. We need more people accessing counselling, cultural healing, and healing practices as a matter of course rather than at a point of crisis. And as a community, we need to be crystal clear on what constitutes violence and what we will not accept. This perception-shift, this building of movement, is much larger than what a single Hub can accomplish; but the Hub necessarily has to play a role within it. The role of the Hub within this movement should be designed based on the work and role of other people in the community, but it could include running/facilitating events, providing critical advice into community initiatives or communication strategies, etc.

2.1.7. Sectoral knowledge, experience and capacity exists, and needs work
A strength identified early in the co-design process was that there is a lot of knowledge and experience in the sector around what works and what's needed. However, the flipside of this was that the sector's existing capacity is extremely limited, and that a coordinated model, as outlined above, would be more likely to draw on the sector's limited capacity rather than increase it.

The interviews with women from CaLD backgrounds with a lived experience of FDV highlighted that the information and advice received across case workers, service providers and Centrelink staff was inconsistent, and lacking in some key respects. This emphasised the importance of joint, consistent and common training for service providers partnering with the Hub, and for partner government agencies.

2.1.8. Cultural knowledge
There is significant diversity even within the CaLD community and within the Aboriginal community. As such, a one-size-fits-all approach to cultural knowledge and safety will not work. To ensure cultural safety, there must be multiple access points available for victims; and cultural knowledge and practices, led by people from CaLD backgrounds and Aboriginal people, must be embedded throughout the building, the service and the partners.

2.1.9. Creating a common understanding

Any training of any staff engaged with the Hub and its partner services must be consistent. Trauma-informed practice needs to be at the heart of the model, and all training (working with Aboriginal people, with CaLD people, understanding FDV, colonisation, structural racism, white fragility and trauma-informed practice) must be completed prior to the opening of the Hub.

2.1.10. Community vs service system

There was a constant tension throughout the co-design process in considering or responding with a community/citizen-led lens, and a service-system lens.

This tension is illustrated through comparing:

a) a response to FDV that considers neighbours, friends, a volunteer/buddy system as intervention points (i.e. eliminating the 'bystander effect' and emphasising that responding to FDV is everyone's responsibility and in everyone's interest). In a sense, this response promotes and encourages family and community engagement and volunteering; and

b) a service-system response that (rightfully so) is concerned with issues related to volunteers or 'untrained' responses, in terms of requirements to ensure worker safety and conduct safety planning.

This tension is further complicated by the fact that many organisations, in looking to engage with and serve their communities as best they can, may use community development approaches but are still fundamentally connected to the service system.

This is not to say that one or the other of these responses is 'better' - the systemic response to FDV necessarily has to include and involve the service system and communities themselves. The question is how best to do this within the Hub model. One possibility for further exploration which was supported throughout the co-design sessions was a model based on the Safety House model. Further details are outlined under Recommendations.

2.1.11. What do we do for perpetrators?

It has been raised continuously throughout the co-design process that the Hub should still provide some service for perpetrators, or at least we 'can't forget' about the perpetrators and working with them. It is beyond argument that a whole of community/system response to FDV in Mirrabooka must consider the work that needs to happen with perpetrators. However, it is likely that, given the limited resources of the Hub, work with perpetrators may not be possible.

There may be scope for a worker engaged in gathering risk-relevant information from agencies to keep perpetrators in view. However, given the limited resources, this should not be considered a requirement.
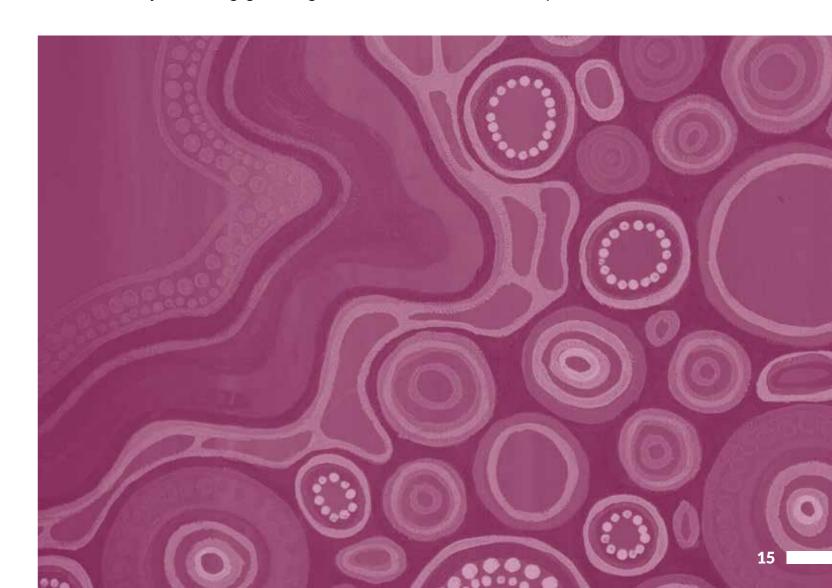
It must be noted that there are significant points across the perpetrator journey where, if interventions were made, then significant change could occur. The Freedom from Fear Campaign launched in 1995 was stated to be successful both anec-

dotally through the co-design process and in its review (Wood & Leavy, 2006). We heard that through the Freedom from Fear Campaign men will endeavour to voluntarily change behaviour but require prompting and support. For example, where a 72-hour Police Order is provided, there should be a pathway to access accommodation ('a cooling off space'), removing the perpetrator from the victim/family (rather than the other way around), partnered with a strong wrap-around healing response to start on the internal heart-mind work perpetrators need to grapple with. There was a strong desire across the co-design process for the 72-hour Police Order to be used in this way, and potentially for this pathway to be mandatory.

2.1.12. We have to keep learning

The Hub development must continue to learn from previous, similar work. The concept of a Hub is not new. It was noted during the co-design process that similar projects, both in other jurisdictions (i.e. Orange Door), and here in WA (i.e. DVAS) must be considered and incorporated in the development and implementation of the Hub.

Further, live prototyping with communities is required once the Hub is opened. This process will also be integral to fostering community ownership of the Hub. The learning with the prototyping must be shared widely, and improvements made. A good example of this is the Partners in Recovery Collective Impact Project that engaged change facilitators who stewarded this process.

2.2. Additional insights from service users

2.2.1. Overall additional insights from service users
Service users felt that FDV is misunderstood by most people that are not working in service provision. There is so little education about FDV and what it is. Most people in communities don't know that there is something wrong and that they can talk about it.

The shame and stigma associated with FDV was heavily emphasised. The likelihood of victims going somewhere that is publicly identified as an FDV Hub is extremely low, both from the perspective of shame and stigma, but also given concerns around safety. It is a myth that perpetrators are stupid. They are clever and determined, they will know what this is - and there is a sense that they can 'outsmart' services. There must be another, very compelling reason to visit this building (e.g. health services), and/or a number of different entry points through other services/touch points.
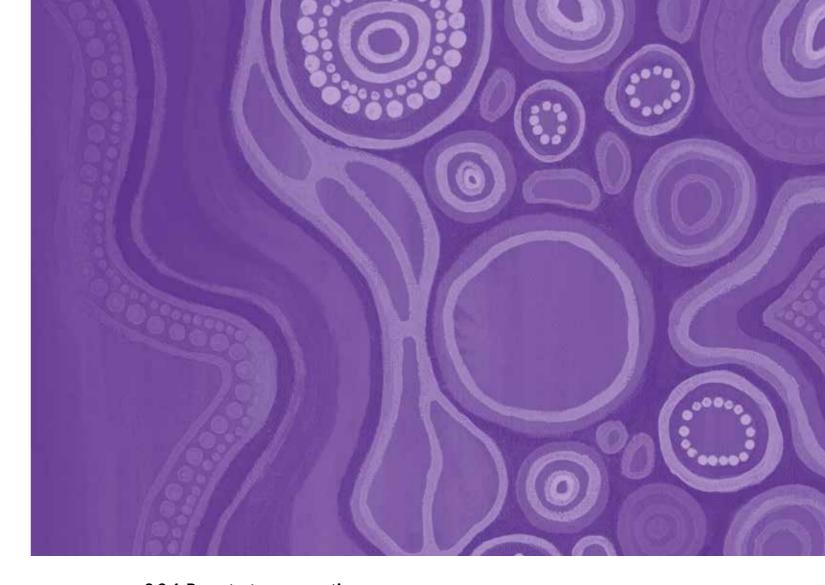
Women of colour - CaLD women (multilingual) and Aboriginal women - with lived experience should be employed as advocates, engaged in peer support and ideally sit in leadership positions within the Hub. They are uniquely placed to understand violence and advocacy from a position of living intersectionality. Further, this will organically increase the cultural competency of all workers and partners of the Hub.

2.2.2. Additional insights from service users from a CaLD background
- There are multiple CaLD communities in Mirrabooka, hence there should be multiple CaLD workers, not just one.
- There are too many occasions of non-CaLD workers (i.e. white people) speaking for the CaLD perspective in the sector. Experience working with CaLD communities does not equate lived experience, especially considering the cultural incompetencies and discrimination that is still experienced by non-white and non-English speaking people accessing Australia's settlement and immigration services.
- Access to interpretation services and/or people who speak languages other than English will be critical for the Hub.

2.2.3. Additional insights from Aboriginal community
- Elders and people with lived experience are more qualified as staff than someone who is newly out of a Certificate IV training.
- Due to institutionalised and structural racism it is harder for Aboriginal victims to gain help. Anecdotally we hear that it is less likely that Aboriginal women will be believed.
- Cultural healing programs that address intergenerational trauma and the effects of colonisation are of highest priority.
- For Aboriginal people to feel comfortable it is important to have yarning sessions, arts and cultural activities, cooking, gardening area, and outside space to support connection to country and nature.
- It is critical to ensure that there are men's programs, ideally through back-to-country trips.

2.2.4. Perpetrator perspective
- Often, perpetrators do not feel that they have done something wrong.
- In so many instances, there is past trauma in their history which perpetrators need help navigating.
- During the co-design process it was identified that there are a lack of positive role models that have perpetrated family or intimate partner violence, done the internal work, and then come through the other side to have positive, respectful relationships.

3.

RECOMMENDATION

This section outlines the recommendations, taken from the findings, for the Mirrabooka Hub.

3.1. Proposed Model - An Outline

Further information about the elements of the Model are provided after the sketch of the Model itself below.

Model Version 3.0 is the third iteration of the Hub model that was co-designed through the co-design process. For further information on the previous iterations (Versions 1.0 and 2.0) please see **Appendix A**.

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

3.1.1. A networked, virtual hub

Based on the strong message throughout the co-design process that Mirrabooka is itself, in a sense, a hub, and there are already many buildings and services, the Model emphasises a virtual hub. The emphasis, then, is on how existing services and the links between them are strengthened.

In a similar way to the Safety House model, public and community places such as hairdressers, GPs, shopping centres, gymnasiums, households are involved in an 'alliance' or a networked hub and identify with a symbol that they are a signpost towards safety. If at any point a victim needs support or to be safe, they can call on any organisation (or, potentially, household) with this symbol. These places then act as a doorway to the advocacy and support of the Hub, overcoming the challenge of accessing a specific building which is publicly identified as an FDV Hub (which service users identified that they were unlikely to do).

It is critical within this model that staff at all places identifying as a safe place (i.e. the entire 'Alliance') receive the same training. This is a strength of the Model too, in that the community engagement with FDV goes beyond the service system - which was identified as critical throughout the co-design process.

Note on co-location
As mentioned above, the strong message from the Mirrabooka co-design process was that Mirrabooka is itself, in a sense, a hub. There are strong links between existing services in the area, and many work very collaboratively already. As such, the participants in the co-design process reflected that it was more important to ensure that services are drawn upon productively by advocates in the Hub as and when they can add value; and strengthened in that process (i.e. appropriately resourced for that) rather than being required to locate at the Hub.

With that said, it was proposed that the building itself houses:

a) The coordination, support and training for Alliance/network hub organisations,
b) Advocates and peer support,
c) Other agencies and organisations, based entirely on the capacity of the building:
    i) Legal advice and support (beyond only advice, and including expertise in immigration law to support with visas),
    ii) Housing related advice and services,
    iii) Centrelink,
    iv) Other practical support as required (e.g. driving classes),
    v) Creche (though note proximity to Sudbury House),
    vi) Financial counselling,
    vii) Etc.,
d) Community healing centre.

3.1.2. The role of advocates

The role and importance of advocates was the single most agreed upon element through the co-design process. Advocates can be seen as a kind of 'case manager'. They will be well-trained in FDV to screen, assess and support victims. They will walk alongside women throughout their entire journey, ensuring that linkages are made between services and organisations, and that as much as possible, she is not telling her story more than once. Advocates will be based at the Hub, but much of their work will likely be outreach and/or accompanying women where-ever they are.

Note further, as previously mentioned, that the co-design sessions emphasised the importance of women being able to choose their advocate. As such, having a diversity of advocates will be critical.

3.1.3. Community healing centre

The community healing centre is a place where everyone feels welcome, where there are arts, crafts and yarning. Having a community healing centre in the building of this Model reduces the stigma of walking into a FDV Hub.

It is a space where Elders meet and talk (important for establishing and maintaining Noongar cultural authority), and which houses a Prayer Room (important that it be named this for people from CaLD backgrounds). It encourages the building of relationships through 'soft' activities, and enables women to feel safe, and to meet a variety of advocates who may walk alongside them in their journey to navigate systems and recover from the trauma of violence.

Name of the Hub/Healing Centre
It was clear that the Hub could not be labelled as the FDV Hub. Well-respected Noongar Elder Aunty Liz Hayden proposed the name of Walbreninge Healing Hub. Walbreninge translates to healing and living. Aunty Liz Hayden emphasised that the hub should have a Noongar name as we are in Noongar country. Translations and English names could include: Cultural Healing Centre, Healing Hub, Community Healing Hub, Cultural Community Centre, Community Wellbeing Centre, or Cultural Inclusion Centre.

Additional specific recommendations on a) the internal design and layout and b) the types of activities proposed by the community are provided below in brief, and in more detail at **Appendix A**.

3.1.4. The lived-experience group

Located within the 'lived-experience group' is a group that monitors and evaluates the Hub and can suggest changes in the model to improve its success. This lived-experience group also supports and are part of the peer support and advocates to support victims in system navigation. They are a critical part of the backbone organisation to ensure that the Hub model works and evolves.

3.1.5. The dynamic, backbone organisation

The backbone organisation is (presumably) the organisation that is successful in their tender. The requirements for the backbone organisation are outlined both in the Model above, and in **Appendix A**.

Role:
Shared vision, coordination and communication, fostering connection and relationships, capacity building, shared databases, constant improvement and innovation, support and liaise with lived-experience group, creating. Web of accountability means that everyone in the Hub has a role to play in holding perpetrators accountable.

Important: Appropriate governance in place, strong and clear

Examples of activities:

- A human reporting component like mystery shopper to access services and take feedback to services to adjust service so every lesson/client/staff experience is also about finding solutions for best-case outcomes across the board.
- Monthly sundowners to come together and talk through issues and network better ways of working, encouraged or guided from the agency who gets the funding to include all service providers and community.
- Constant co-design: Have phases and run as an evolving prototype so it can be flexible, adjust and change as the service develops and the consortium works through the process. Great example: Partners in Recovery. Collective Impact model - change facilitator roles

3.2. Other Key Principles/Elements of the Model

This section outlines additional elements or principles that are recommended for the Model, that are not covered off by section 3.1.

3.2.1. Target service users

Despite the anticipated original focus on the CaLD population for this Hub it was noted during the interviews, within the Department of Communities experience and through the co-design process that Aboriginal women were still the most likely to be affected by FDV in Mirrabooka and across the Perth metro area. These anecdotal reports are in line with the Family, domestic and sexual violence in Australia: continuing the national story 2019 Report (Australian Institute of Health and Welfare 2019) which state that "In 2017, the majority of Indigenous assault victims recorded by police were victims of family violence, ranging from 64% (2,700) in New South Wales to 74% (3,900) in the Northern Territory and that in 2016–17, Indigenous people were 32 times as likely to be hospitalised for family violence, compared with non-Indigenous people."

The service will be open to all, though there needs to be a focus within Mirrabooka for:

- Aboriginal women,
- Aboriginal families,
- CaLD women,
- LGBTQIA+.

It is important to note that FDV is often spoken about in crisis moments at its most acute point in the journey; however, for many, FDV is more chronic than acute (it is long-term and consistent). Participants throughout the co-design process felt that the Hub needs to address chronic FDV and not be solely for acute/crisis moments.

3.2.2. Geographic boundaries

The participants within the co-design process acknowledged that the geographical boundaries of the Hub would be challenging to manage. Participants wanted to see a clear focus on the Mirrabooka/Koondoola/Girrawheen/Balga area; but were pragmatic that it would be challenging to not accept self-referrals coming from other metropolitan areas.

Overall, there was some consensus that self-referrals would be accepted from the metropolitan area, aligning with a commitment to a no-wrong-door approach. However, there was a general consensus that a review of demand early in the implementation of the Hub should be undertaken.

Participants strongly recommended that agency referrals should be limited to Mirrabooka and surrounding suburbs in order to maintain a 'Mirrabooka' footprint.

3.2.3. A 24/7 experience

People experiencing FDV require 24/7 support services. Even if the building cannot be open at all hours, there must be either a) after-hours touch points and/or b) access to advocates 24/7. FDV does not occur only in business hours. During the co-design process we heard that that the peak times for FDV are after business hours; and for Mirrabooka in particular, the Department and WAPOL have data that suggests the highest peak is between 7pm - midnight on Thursdays.

3.2.4. Interior/building design recommendations

Note that further recommendations on interior/building design are provided in **Appendix A**.

- Warm
- Welcoming
- Safe
- Back-door entrance and safe way out of the building
- Feels like a home
- Natural materials
- Gentle lighting
- Potential for a physical walkway or connection for existing spaces with murals and local artwork: illustrating a seamless connection
- Healing space

3.2.5. Information and communication technology (ICT) requirements

Service users, service providers and government staff all provided perspectives throughout the co-design process on the plethora of largely siloed databases, tools, and frameworks which lead to different forms, different 'counting' methods, different referral processes and the repeating of stories for people experiencing FDV. The challenge, especially for coordinating reporting and data sharing (more below) across government agencies, is which database, tool or framework presents the 'source of truth'. Due to the nature of the services provided by the government, all of them have to provide the source of truth for their particular area. For example, through the Family and Domestic Violence Response Teams (FDVRT), WAPOL and the Department have found a way to liaise and create a coordinated response for particular cases through sharing their data - but both agencies require and act upon different kinds of information. The co-location

project came about, in part, because the information that WAPOL was providing to the Department (Child Protection) initially was in the WAPOL format and was WAPOL data and was not always inclusive of the data required by the Department (Child Protection).

It is clear, then, that if the Hub were to be a truly collaborative and coordinating place-based initiative for Mirrabooka, there would be a system by which data (and therefore ICT) is shared across partner organisations and agencies.

During some interviews, there was discussion about how investment in an app that would effectively operate as a Client Management System (CMS) could sit alongside all three FDV projects which the Department is currently investing in (i.e. the two FDV Hubs and the Peel Therapeutic Refuge project). This would, however, not be able to be financed by just one Hub alone and would require a coordinated response, likely from the Department, to action.

3.2.6. Data and information-sharing requirements
Throughout the design process, it was emphasised that someone's story should 'move with them' - they should not need to re-tell their story to multiple service providers, and record their story on multiple, different forms. This is a particular challenge for organisations and agencies with statutory or other very strict confidentiality obligations, including WAPOL and legal services.

As described above, a possible solution is a CMS, where all stakeholders (services in the Hub) can access the data/information. A similar example might be 'myhealthrecord' or the mechanism by which homelessness data is captured (SHIP).

Issues in sharing information are often cited, but are in fact relatively easy to overcome. It is possible to enable legislatively for governments to share information with NFP organisations who are working with shared clients; the information simply needs to be managed strongly. We heard examples throughout the co-design of government agencies being able to share information with ease, and of government agencies and NFP organisations being able to share information where there is consent in place, or through other means to ensure safety of NFP workers (e.g. WAPOL are statutorily constrained from providing drivers license or lock-up photos of perpetrators to partner organisations, but are able to show them photos, though they can't take them away with them). When the Children and Community Services Act was updated it included greater provisions for information sharing – consent is not needed in all circumstances. As such, we are confident that, given the Hub is an election commitment, that any challenges in data sharing will be overcome.

It will be important to pay closer attention to this requirement based on which organisation(s) become the coordinator of the Hub. If we don't clearly map out how Department and WAPOL information is used, mapped, shared, then we can potentially increase risk for victims and children.

Real-time data sharing is ideal; however, uploading of key information/records to the client's file regularly in the CMS is likely more feasible and cost effective. In this way, the data upload is similar in nature to the utilisation of the CLASS data-

base utilised by Community Legal Centres. A dedicated officer to enter, monitor and analyse data might add value.
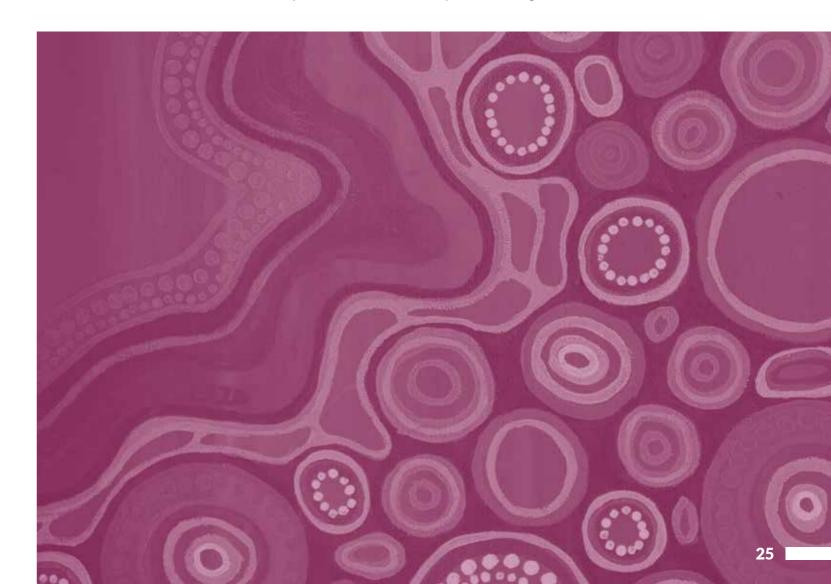
3.2.7. The referral process
Referral to the Hub must be possible in a variety of ways:

- Victims must be able to self-refer to the Hub, by phone, presentation, email or social media and with no 'wrong door';
- the Hub should have formal referral pathways for Mirrabooka services;
- more exploration is required for referrals between:
- The FSN and the Hub;
- The Department's central intake and the Hub.

There was a conversation in Mirrabooka about clients that have been identified as putting others at risk in the past, and how important it is that they are cleared. When clients are identified, it has made it difficult for some services to refer them to other services. Some services spoke about this at length and how it impacted upon clients. Participants in the co-design process felt revisiting this practice, and considering a 'clean slate' for the Hub and its partners would be a good outcome.

It is also important to note that, as any collaboration across agencies and organisations needs to, the Hub will need to navigate the geographic boundaries for WAPOL, the Department, other government agencies, and the funding contracts for different service providers. These rarely (if ever) align.

3.2.8. Connections with WAPOL and the Department

1. Concern was raised throughout the co-design process at having WAPOL in the Hub, especially for people from CaLD backgrounds. Interviews with people from CaLD backgrounds with an experience of FDV suggest that they want WAPOL there, and still want them as a first point of contact (where appropriate and required), but they must be trained/informed in culture, DV and trauma.

Given the nature of election commitments and the announcement of the FDV Hub location, perpetrators of violence within the community will know what the building is. As such, it will be important to protect victims seeking support there (and ensure the safety of other members of the community who may be accessing the healing centre and/or other activities).

Given all of the above, it is recommended that there is a WAPOL presence at the Hub; but that the presence is ideally female, and in plainclothes (not uniformed).

2. Where there are very real, present and significant safety concerns, NFPs will often refer to or engage with the Department. The Department has the power of the state government behind it, and is able to take actions which would not be possible for NFP organisations.

The Department and WAPOL are concerned for the very high risk FDV families which likely cannot be managed by a NFP-coordinated Hub. As such, it is very important that there are strong relationships between the Hub, the Department and WAPOL.

The relationship with WAPOL is articulated above. Perspectives throughout the co-design process were highly varied as to whether there should be a co-located child protection worker. Considering all of the factors, it is recommended that there is a co-located child protection worker, but that they provide support for the Hub staff, a type of safety net, rather than directly seeing people coming to the Hub. A further possibility is that there is a dedicated worker at the Department whom the Hub staff/advocates call upon for help and support.

3. Finally, a note is required in terms of the triaging system for the Hub. WAPOL and the Department have worked closely together on triage processes through their co-location. It will be important to ensure that as much as possible, the Hub triage process can map to, or ensure consistency with these processes in order to decrease administrative burden, and increase potential for quality referral and cross-sectoral engagement.

3.2.9. Operational practices such as marketing and communications

It was clear that there needs to be a variety of different ways that people can find out about the Hub. The more that people know that it has a Family and Domestic Violence focus the greater the risk is for someone entering, especially as the location is so visible.

Some points that were raised during the co-design process:

- Good communication about the services on offer need to go through other services in the Perth metro and also through educational newsletters,
- Public advertising could focus on respectful relationship education, self-care workshops, friends of people who are in abusive relationships and the other 'soft activities',
- Where possible there are strengths based language used and a strong focus on being for the community with a variety of specialist services in financial counselling, FDV and legal support,
- In the interviews with CaLD women with lived experience, they suggested that the Hub be advertised through TV if possible, as many women watch TV.

3.2.10. Outcomes, monitoring and evaluation

As per the Delivering Community Services in Partnership Policy (DCSPP), the Department will procure based on a series of service level outcomes that have been co-designed with the community. Ideally, with more time, planning and resources, we would then test our final report with all stakeholders involved in the co-design process; and another phase of planning for procurement would begin which would specifically focus on co-designing the outcomes.

Without that time, planning and resource, this co-design process has provided the body of work upon which service-level outcomes are proposed in the following section of the report.

The monitoring and evaluation then, depends on agreement on the outcomes, and then agreement between the coordinator of the Hub and its stakeholders, and the Department. Some considerations that have arisen throughout the co-design process that can inform this process include:

- Ensuring that success is not simply measured by the number of women attending the Hub,
- Endeavouring to measure some impact for the community at large (i.e. awareness of FDV, capacity to respond, etc),
- Measuring the impact on collaboration/coordination amongst service providers - though, being cognisant of the fact that it is possible the model will impose an additional administrative burden on services,
- Continuing to learn, and improve the model, based on feedback and experience of service users and of service providers.

It was suggested throughout the co-design process that the monitoring or evaluation of the service could be done through a 'mystery shopper' type methodology. This could include providing feedback to the Hub and its partners on their cultural competency as experienced by the mystery service user(s).

Possible indicators and measures that could be considered include:

- Target service users use the Hub,
- People experiencing FDV feel supported by their community and services,
- People experiencing FDV feel safe in their community,
- The trauma from re-telling of experiences of FDV is reduced,
- People perpetrating FDV are accessing other services that decrease incidence of FDV e.g. AOD,
- People experiencing FDV in WA are kept with their children and able to support them (link with Department's own framework),
- An increase in number of organisations, services and agencies that are using trauma-informed practice,
- Survivors of FDV in WA feel more confident and independent (link with Department's own framework).

Note that these are all possibilities that arose throughout the co-design process, and that the indicators and measures have to be relevant to the specific service-level outcomes upon which the contract is designed.

3.2.11. Other recommendations based on key insights
1. Proposed models must demonstrate how they support women to tell their story only once, and allow for service users to have a choice of advocate.

2. Proposed models must consider how the Hub shifts public perceptions of violence. It is important to note that the recommendation is not that the Hub holds responsibility for shifting this, and creating community awareness. There are not sufficient resources to mandate this. However, as outlined in 2.1.6, this is an important element of the community's response to FDV which the Hub must play a role within.

3. Proposed models must be culturally safe for women from CaLD backgrounds, and Aboriginal women.

4. Trauma-informed practice needs to be at the heart of the model, and all training (working with Aboriginal people, with CaLD people, understanding FDV and trauma-informed practice) must be completed prior to the opening of the Hub.

5. Proposed models must have a mechanism for continuing to prototype and learn with community and stakeholders.

6. Women of colour - CaLD women (multilingual) and Aboriginal women - with lived experience should be employed as advocates, engaged in peer support and ideally sit in leadership positions within the Hub.

4.

PROCUREMENT OF THE MIRRABOOKA FDV HUB

This section takes the findings and recommendations as outlined above and locates them into the context of the procurement for the Mirrabooka FDV Hub. Specific recommendations for the procurement process including draft service-level outcomes, recommendations for the Request itself, and recommendations for assessment of tenders are provided here.

4.1. Contract outcomes

4.1.1. Population-level outcomes (linked with WA Outcomes Measurement Framework and Department of Community's outcome areas):
For reference, the population-level outcomes that this procurement process should orient towards are:

- We are free from domestic and family violence (Safe domain),
- Safe children, to enable a good start to life (Department key outcome).
- The impact of domestic and family violence is reduced (Safe domain),
- We are, and we feel, safe and free from harm (Safe domain),
- Our physical, mental, emotional and spiritual health is as good as it can be (Healthy domain),
- We act to protect and promote our health and wellbeing (Healthy domain),
- We are financially secure and have suitable, stable and culturally appropriate housing (Stable domain),
- A place to call home that provides a secure foundation for life (Department key outcome).
- We gave access to the services and support that we need (Equipped domain),
- Inclusive and accessible communities that enable social, economic and cultural prosperity (Department key outcome).
- We feel loved, supported and that we belong (Connected domain),
- Strong families and kin to provide safe and nurturing environments (Department key outcome).
- We have access to justice (Empowered domain),
- We lead fulfilling lives because we choose how to live our lives (Empowered domain).
- Empowered people with valued roles and fulfilling lives (Department key outcome).

These outcomes are also consistent with the Department's Strategic Plan.

4.1.2. Draft service-level outcomes
Based on the above, and on the co-design process, the recommendations for the draft service-level outcomes are:

- Victims of FDV have a safe space from which to access the services and support that they need, when they need it.
- Victims of FDV are supported along their journey by their choice of advocate, and do not have to repeat their story.
- The Hub plays an important role in the Mirrabooka community's awareness of, and response to, FDV.

- Perpetrators are visible and engaged in a meaningful way towards behavior change.

As noted above, the specific indicators and measures that form the evaluation and measurement for the contract must be co-designed by the Department and the successful tenderer.

4.2. Qualitative criteria

These recommendations are made with the understanding that State Supply Commission policies, the DCSPP and other policies and procedures still need to be adhered to - as such, this is not an exhaustive list of the requirements which Requests will have to provide.

4.2.1. Service model
The components of the criterion as articulated in the Empowering Communities tender seem as though they can be used to meet the needs of this process:

- Philosophical alignment,
- Community profile,
- Overview of proposed service model,
- Example activities and
- Stakeholder engagement.

Across these areas (perhaps with the removal of Example Activities), respondents should be asked:

- Outline how your service model draws upon, and builds upon, the community's needs as identified through the co-design process.
- Outline how your service model builds on the strengths of existing services and networks in Mirrabooka.
- Outline why your model is the best one for the current state of FDV in Mirrabooka?
- Articulate the role that the Hub should play in the broader system/community response to FDV in Mirrabooka.
- How does your model engage with, and learn from, the Family Support Network (FSN)?
- How will you continue to prototype and learn with the community and partners?

4.2.2. Personnel, organisational capacity and demonstrated experience
Responses should provide the following organisational data:

- Aboriginal, CaLD and women employment statistics;
- Aboriginal, CaLD and women in leadership positions across the entire organisation and within Mirrabooka;
- Turnover rates of staff (in general and for Aboriginal and CaLD staff).

Further, responses should be able to articulate the following:

- ⬜   How will you employ and measure the performance of the advocates?

- Relevant Examples, demonstrating that they have undertaken work similar to this previously.
- Examples which demonstrate how they have worked with their proposed organisational partners in the past.
- Examples which demonstrate how they have built trust with the community.
- Professional development plans for staff and Hub partners that meet the requirements of training as described in 3.2.10 (common, culturally safe, trauma-informed).

4.3. Selection/assessment process

- The Department should form a Community Advisory Group to play a role in the assessment of tenders. They could, for example, be a non-voting entity providing expert advice to other panel members.
- The Department should provide an opportunity for organisations to present for 20 minutes to the Panel (the equivalent of opening statements). It has been noted through the co-design process, that Q&A would not be possible, and the statements would need to be recorded.