# Co-design Mirrabooka Key Insights and Recommendations

**Family and Domestic Violence (FDV) One Stop Hub**

## Background

In 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 establishment of two One Stop Hubs (Hubs) to simplify access to specialist FDV support services.

In 2018 the Department of Communities (the Department), to support an evidence-based approach and inform a state budget submission, commissioned Curtin University (Curtin) to conduct research and stakeholder consultations. This resulted in the identification of a preferred (universal) model.

In April 2019, the State Government announced the Hub locations as Kalgoorlie and Mirrabooka. Also, in 2019 the Department commissioned the University of Western Australia, Centre for Social Impact, to co-design place-based models for Mirrabooka and Kalgoorlie locations.

## Acknowledgements

The Department would like to acknowledge and thank the Centre for Social Impact for its outstanding work with building strong relationships, and leading deep and genuine conversations regarding FDV and the Hub service model. The Department believes that the co-designed models; truly reflect a place-based and community development approach to responding to FDV. This work has set the solid foundation for successful implementation and a sense of ‘community ownership’ of the FDV Hubs.

The Department would also like to acknowledge and thank all Aboriginal elders; people with lived experience; agencies; and community members for their contribution to the co-design workshops, your input was invaluable.

## Response to co-deign

The Department is pleased to announce that it supports the co-designed model[[1]](#footnote-2) in Mirrabooka. In the following tables, the Department has taken the opportunity to respond individually to each key finding and recommendation outlined in the Mirrabooka co-design report. Where the Department provides ‘in-principle’ support for the key insight or recommendation, additional information has been provided. In these instances, the Department believes that some additional planning will be needed with the FDV Hub service provider prior to the commencement of the service.

**Table 1. Summary of Key Insights and the Department’s Response (Chapter 2)**

| **Key Insight** | **Summary** | **Response** |
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| **2.1.1.** Establishing a Hub vs strengthening the existing system | There are already many integrated services and hubs that exist in Mirrabooka, many of which are under-resourced. It is important that the FDV Hub leverages of these existing services and does not displace them. | **The Department supports this insight**.  It is important that the FDV Hub does not duplicate existing services in Mirrabooka and strengthens greater integration of services. |
| **2.1.2.** Acknowledging the history, and being able to talk about racism | It is important to recognise the unacceptable over-representation of Aboriginal children in care, and the barriers that Aboriginal and CALD women face when seeking support for FDV. | **The Department supports this insight** and recognises the important role the FDV Hub must have, for increasing access to support for Aboriginal and CaLD women. The FDV Hub will play a critical part in keeping children safe and together with their parent, family and community. |
| **2.1.3.** Telling the story once | It is crucial that victims tell their story only once. It appears that a lot of the barriers for a woman having to tell her story once, occurs when navigating government agencies. | **The Department supports this insight** and where possible will support the FDV Hub by working with other government agencies to promote sharing of risk-relevant information. |
| **2.1.4.** The need for advocates | Related to telling their story only once, a key insight was that the Hub must include advocates, a type of case manager that act as system navigators. Advocates will need to be adequately informed and connected to the various services that victims need to navigate. | **The Department supports this insight** and recognises that skilled and  FDV-informed advocates and case-managers will be critical to the success of the FDV Hub model. |
| **2.1.5.** Trust is everything | Trust and relationships must be placed at the centre of everything that the Hub does. The Hub model will rely on strong relationships with WA Police, the Department and other agencies. | **The Department supports this insight** and is committed to a strong working relationship with the FDV Hub. It is recognised that critical to the success of the FDV Hub is trusting relationships between all agencies involved in the Hub. |
| **2.1.6.** Understanding the nature of violence, and shifting public perceptions of violence | As a community we tend to focus on physical violence instead of all forms of violence, and only intervene at the point of crisis. The Hub will be a critical element in the FDV service system, and therefore should play an important role in shifting the public perception of FDV. | **The Department supports this insight** and welcomes the opportunity for the FDV Hub to have a role with awareness raising in the Community. This important aspect will go a long way in shifting public understandings of FDV. |
| **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, however the sector’s capacity is extremely limited. There is also a need for joint, consistent and common training for service providers partnering with the Hub, and for partner government agencies. | **The Department supports this insight**. The FDV hub will be well-positioned to strengthen the capacity of other support services in the Mirrabooka area. A common framework, such as the Common Risk Assessment and Risk Management Framework (CRARMF), which has been adopted by other FDV services, will be critical for all the services involved in the Hub to work together. |
| **2.1.8.** Cultural knowledge | There is significant diversity within the Aboriginal and CaLD community, which means a one-size-fits-all approach to cultural knowledge and safety will not work. Cultural knowledge and practices, led by Aboriginal people and people from CaLD backgrounds, must be embedded throughout the building, the service and the partner agencies. | **The Department supports this insight** and recognises that cultural safety is best achieved, when cultural knowledge is embedded throughout an organisation. The FDV Hub can play a critical role in developing the cultural knowledge and capacity of partner organisations. |
| **2.1.9.** Creating a common understanding | Training of any staff engaged with the Hub and its partner agencies must be consistent. Trauma-informed practice needs to be at the heart of the model, and all training must be completed prior to the opening of the Hub. | **The Department supports this insight**.  A skilled, FDV-informed, and culturally competent workforce will be critical to the success of the FDV Hub. Trauma-informed practice will be best placed to support victims of FDV through their experiences of abuse. |
| **2.1.10.** Community vs service system | There was a constant tension throughout the co-design process regarding responses to FDV that should be either driven by the community or service-system. It was agreed that the FDV Hub necessarily must include and involve the service-system and communities themselves, when responding to FDV. | **The Department supports this insight**  as it promotes the notion that responses to FDV are everyone’s business. A challenge for the FDV Hub will be balancing responses to FDV that considers the need for both community and service-system responses. |
| **2.1.11.** What do we do for perpetrators? | It was raised throughout the co-design process that the Hub should provide some service for perpetrators. There are significant points across the perpetrator journey where, if interventions were made, then significant change could occur. There was a strong desire across the co-design process for the 72-hour Police Order to be seen a window of opportunity to engage with a perpetrator. | **The Department supports this insight** as it shows the importance of engaging with perpetrators for managing risk and supporting men toward a path of responsibility. The Department will support the FDV Hub, to establish a relationship with the Mirrabooka Family and Domestic Violence Response Team (FDVRT), to explore options for early engagement of perpetrators. |
| **2.1.12.** We have to keep learning | The Hub must continue to learn and evolve. Ongoing monitoring, evaluation, and live prototyping with the community is required once the Hub is opened. Prototyping efforts must be shared widely, and improvements continuously made to the operating model. This process will also be integral to fostering community ownership of the Hub. | **The Department supports this insight**. Both Mirrabooka and Kalgoorlie FV Hubs are trial sites. The Department will fund the FDV Hubs through a grant agreement, which allows for greater flexibility to test, adjust and evolve the FDV Hub model on an ongoing basis. Community ‘ownership’ and input into the Hub’s evolution is critical to its long-term success. |
| **2.2.1.** Overall additional insights from service users | 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. | **The Department supports this insight**.  A challenge for the service providers, will be creating a safe non-identifiable ‘façade’ for the FDV Hub. |
| Aboriginal and CaLD women with lived experience should be employed as advocates, engaged in peer support and ideally sit in leadership positions within the Hub. | **The Department supports this insight in principle.** People with lived experience have a lot of knowledge to offer the FDV Hub service provider, at all levels of the organisation. However, while the Department is unable to mandate this, service providers will be strongly encouraged to employ Aboriginal or CaLD people. |
| **2.2.2.** Additional insights from service users from a CaLD background | There are too many occasions of non-CaLD workers speaking for CaLD people within the sector. There are multiple CaLD communities in Mirrabooka and surrounding areas, therefore there should be multiple CaLD workers. | **The Department supports this insight in principle.** The Department recognises the diversity within CaLD cultures, and the need for CaLD staff and comprehensive interpreting services. Consistent with the key insight above, the Department will strongly encourage the service provider to employ people from CaLD backgrounds. |
| **2.2.3.** Additional insights from Aboriginal community | Elders and people with lived experience are often more qualified to provide advice than someone with a formal education. | **The Department supports this insight**, that an Elder or persons with lived experience may provide levels of knowledge and insight beyond that of a formal qualification. |
| Due to institutional and structural racism it is harder for Aboriginal victims to gain help. Cultural healing programs that address intergenerational trauma and the effects of colonisation are of highest priority. | **The Department supports this insight**. Equally important to cultural healing programs, are efforts to break down institutionalised and structural racism. |
| For Aboriginal people to feel comfortable it is important to have yarning sessions, arts and cultural activities, cooking, gardening areas, and outside space to support connection to country and nature. | **The Department supports this insight** and will encourage the service provider to identify opportunities to connect Aboriginal people with gardening areas and outside spaces. |
| It is critical that there are programs for men. | **The Department supports this insight in principle.** While it is possible for the FDV Hub to provide a response to men, it is beyond the scope of the FDV Hub to develop a men’s behaviour change program. |
| **2.2.4.** Perpetrator perspective | Often, perpetrators do not feel that they have done anything wrong, and in so many instances, there is past trauma in their history which they need help navigating. | **The Department supports this insight** however also recognise that not all perpetrators, have experienced trauma in their lives. |
| Perpetrators identified that there is 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. | **The Department supports this insight** and supports the idea that key to engaging perpetrators on a path of behaviour change, is access to positive role models. |

**Table 2. Summary of Recommendations and the Department’s Response (Chapter 3)**

| **Recommendation** | **Summary** | **Response** |
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| **3.1.1.** A networked, virtual hub | Mirrabooka is itself, in a sense a large hub, with many existing buildings and services. Therefore, the co-design group proposed a virtual hub. With an emphasis on building and strengthening the links between existing services. | **The Department supports this recommendation in principle.** The need for the FDV Hub to build and strengthen the links between existing services in the area is very important. However, while some aspects of the service may become ‘virtual’, it is also important for the FDV Hub to have a physical presence for victims of FDV to attend. It is expected that the FDV Hub service provider considers the need for either full-time, part-time or flexible co-location of linked services. |
| In a similar way to the Safety House model, public and community places such as hairdressers, doctors, shops, and households are involved in an ‘alliance’ or a networked hub. Alliance members can identify with a symbol that they are a signpost towards safety. These places then act as a doorway to the advocacy and support of the Hub. | **The Department supports this recommendation** as it appears to be a very innovative way for the FDV Hub to have a foot-print which, is broader than the professional agencies in the Mirrabooka area. |
| **3.1.2.** The role of advocates | Advocates, as a kind of ‘case manager’ 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, a victim is not telling her story more than once. | **The Department supports this recommendation.** Consistent with key insight **2.1.4**, the Department recognises that skilled, diverse and FDV-informed advocates will be critical to the success of the FDV Hub model. Where practical, service users should be allowed to choose, or be closely matched with an advocate or case manager who can meet their needs. |
| **3.1.3.** Community healing centre | The community centre is a place where everyone feels welcome, where there are arts, crafts and yarning. It is a soft entry point, reducing the stigma of walking into an FDV Hub. | **The Department supports this recommendation** and recognise the importance of ‘disguising’ the FDV Hub and providing ‘soft entry’ activities to attract women at any point in their journey. A challenge for the FDV Hub service provider will be maintaining a separate entry-point for women who are at high risk of harm and may prefer a greater sense of safety and anonymity. While this recommendation refers to being a place for ‘everyone’, a sense of safety will be enhanced by being a service for women. |
| It is a space where Elders can meet and talk, and which houses a Prayer Room. | **The Department supports this recommendation in principle.** Based on limitations with the FDV Hub building, it may not be feasible for a service provider to establish a ‘prayer room’. In principle, the service provider should consider practical options for accommodating religious practices. |
| It was clear that the Hub could not be named or branded as an FDV Hub. Well-respected Noongar Elder Aunty Liz Hayden proposed the name of *Walbreninge Healing Hub*. ‘Walbreninge’ translates to healing and living. | **The Department supports this recommendation in principle.** When procuring a service provider, the Department is unable to mandate the naming of a service. The service provider should consider the views of the co-design participants and that naming the FDV Hub using Noongar words, is important for making the FDV Hub feel culturally secure. |
| **3.1.4.** The lived-experience group | Located within the ‘lived-experience group’ are the peer support and advocates to support victims in system navigation, and the advice for the backbone organisation to ensure that the Hub model works and evolves. | **The Department supports this recommendation.** Critical tothe success of the FDV Hub is ongoing advisory from community members, Elders and people with lived experience, and possibly others. |
| **3.1.5.** The dynamic, backbone organisation | The dynamic backbone organisation is needed for activities such as developing a shared vision, coordination and communication, fostering connection and relationships, capacity building, shared databases, constant improvement and innovation, and support and co-ordination with the lived-experience group. | **The Department supports this recommendation.** The FDV Hub’s dynamic backbone organisation, will be critical for managing the key elements of the FDV Hub, and honouring the co-designed model in Mirrabooka. |
| **3.2.1.** Target service users | While the FDV Hub should be available to all women experiencing FDV, Aboriginal women should be a priority target group. It was clear during the co-design interviews, workshops and within the Department’s experience that Aboriginal women were still the most likely to be affected by FDV in Mirrabooka and across the Perth metro area. | **The Department supports this recommendation.** The alarming rates at which Aboriginal women experience FDV is not acceptable. The Department also believes that the FDV Hub will be a service that has a role in preventing Aboriginal children from entering care. It is expected that any service/s for men, either provided by the FDV Hub itself or an external provider, will occur offsite from the FDV Hub location |
| Participants throughout the co-design process felt that the Hub needs to address chronic FDV and not be solely for acute/crisis moments. | **The Department supports this recommendation** that the FDV Hub will provide a service to victims of FDV across any point in their journey. |
| **3.2.2.** Geographic boundaries | A clear focus on the Mirrabooka, Koondoola, Girrawheen, and Balga areas is needed. Agency referrals should be limited to these areas to maintain a ‘Mirrabooka footprint’. Co-design participants were pragmatic that it would be challenging to not accept self-referrals coming from other metropolitan areas, to support a ‘no-wrong-door’ approach. Close monitoring of referrals and workload is needed. | **The Department supports this recommendation in principle.** It is difficult to predict the demand on service for the Mirrabooka FDV Hub. Therefore, it is a challenge to determine the agency and self-referral boundaries for the service. The Department will work closely with the FDV Hub service provider and will consider a phased implementation approach. |
| **3.2.3.** A 24/7 experience | FDV does not simply occur during business hours. People experiencing FDV require 24/7 support. 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. | **The Department supports this recommendation in principle.** The funds available for the FDV Hub, is limited for it to fully operate after hours. However, it is recognised that FDV occurs at all hours. It is therefore, for a service provider to consider how it’s staff (advocates), or a partner organisation is accessible to their clients outside of normal business hours. |
| **3.2.4.** Interior/building design recommendations | Recommendations on interior building design are:   * Warm and welcoming * Safe entrance and exits * Healing space * Feels like a home * Natural materials * Gentle lighting * Consideration should be given to a physical walkway to connect existing spaces with murals and local artwork | **The Department supports this recommendation** and will ensure the building layout incorporates and aligns with the co-design principles and recommendations as much as practically possible (given constraints of the building). |
| **3.2.5.** Information and communication technology (ICT) requirements | 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. | **The Department supports this recommendation** and is currently seeking a suitable information sharing database for the FDV Hubs. |
| **3.2.6.** Data and information-sharing requirements | Throughout the co-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. Real-time data sharing is ideal; however, a dedicated officer to enter, monitor and analyse data might add value. | **The Department supports this recommendation.** Preventing a victim from having to tell their story more than once is critical to the success of the FDV Hub. |
| **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 FDV Hub and the Family Safety Network (FSN); and the Department’s Central Intake Team. | **The Department supports this recommendation.** Establishing the multiple entry-points and referral pathways will be critical to the FDV Hub. Consistent with recommendation **3.2.2, t**he Department is willing to work closely with the FDV Hub to determine the extent of referral pathways, outside the immediate Mirrabooka and surrounding areas. |
| **3.2.8.** Connections with WAPOL and the Department | It is recommended that there is a WA Police presence at the Hub; but that the presence is ideally female, in plain clothes (not uniformed) and they must be informed of cultural knowledge, FDV and trauma. | **The Department supports this recommendation in principle.** However, the Department is unable to make decisions on behalf of another government agency. The Department will seek advice from WA Police regarding this recommendation and support the FDV Hub service provider with further discussions. |
| Perspectives throughout the co-design process were highly varied as to whether there should be a co-located Child Protection Worker. Considering all the factors, it is recommended that there is a co-located Child Protection Worker, but that they provide support for the Hub staff, rather than directly seeing clients. A further possibility is that there is a dedicated worker at the Department whom the Hub staff and advocates can call upon for help and support when required. | **The Department supports this recommendation,** and recognises that for some people, the presence of a Child Protection staff member may prevent women from attending the Hub. The Department will commit to further discussions with the FDV Hub service provider, prior to finalising the presence of a Child Protection Worker at the FDV Hub. |
| It will be important to ensure that as much as possible, the Hub triage process can map and link to the Family and Domestic Violence Response Team (FDVRT). | **The Department supports this recommendation.** The Mirrabooka FDVRT is a critical service for victims of FDV. Establishing a referral pathway and link between the FDV Hub and FDVRT is needed. The Department will assist the FDV Hub service provider with these discussions. |
| **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 an FDV focus the greater the risk is for someone entering, especially as the location will become known and visible. | **The Department supports this recommendation.**  A challenge for the service provider will be advertising and promoting the FDV Hub, the services they provide, and maintaining the safety of the soft-entry points. |
| **3.2.10.** Outcomes, monitoring and evaluation | Developing a monitoring and evaluation framework requires agreement on the outcomes, and then agreement between the FDV Hub service provider, 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 and coordination amongst service providers * Continuing to learn and improve the model, based on feedback and experience of service users and of service providers. | **The Department supports this recommendation** and is committed to developing, in conjunction with the service provider, a robust monitoring and evaluation framework. |
| 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). | **The Department supports this recommendation in principle** and commends the co-design group on proposing this innovative idea. The Department will consider how to incorporate this recommendation into the service providers ongoing monitoring and evaluation. |

1. An overview of the Mirrabooka FDV Hub model can be accessed online at <https://www.communities.wa.gov.au/projects/one-stop-hubs> [↑](#footnote-ref-2)