

Appendices:

Re-establishing safety, rebuilding connections

Designing an FDV Hub
service for Armadale



APPENDIX 1: Collated Design Options/Recommendations

The following design options and recommendations have been collated from the sections within the report.

3. An FDV Hub Model for Armadale

3.1 Recommended Components for an Armadale FDV Hub

Recommendations:

- » Retain a centralised women's healing centre as the main focal point and soft access for service delivery and coordination around women's needs
- » Develop a separate offsite but connected men's space to focus on male perpetrators or potential perpetrators of FDV
- » Utilise additional outreach capability to ensure access for diverse populations
- » Where funding allows, utilise specialist youth service delivery for prevention and early intervention work
- » Integrate peers and leaders with a lived experience of FDV in service operations.

3.3 Target group

Recommendations:

- » Focus the service target group on 50% Aboriginal engagement, 25% CALD communities engagement and 25% other populations.
- » Ensure service providers are able to meaningfully engage with the diversity of Aboriginal families.
- » Consider flexible solutions to meet the needs

of CALD communities, including the use of translation, program design and outreach for engagement.

- » Focus the service target group on 60% women, 30% male perpetrators and 10% other (LGBTQI+ and male victims)
- » Create flexibility to work with family and kin systems beyond the presenting or direct service user.

3.4 Location criteria

Recommendations:

- » Ensure location meets as many of described location criteria as possible: Accessible by public transport, close to amenities, discreet, connected to outdoor space, inclusive, not within existing specialist provision, for example Drug and Alcohol Services or Mental Health Services.
- » Further validate any proposed geographic location.

4. Design Principles for an FDV Hub Model for Armadale

4.1 Soft practical access points

Recommendations:

- » Make key decisions about whether open, practical services (like the healing centre provision at Mirrabooka) is the best soft access option, or whether integration with a universal service delivery, in particular health services, is more feasible.
- » Ensure universal or open services are more visible in the healing centre operation than the specialist service delivery which should remain discreet.

- » Develop soft access opportunities for men seeking support with violent behaviours to build the possibility of strong voluntary engagement.
- » Ensure hub buildings have enough space for the provision of open, welcoming reception and soft access activities.
- » Focus any embedded outreach work on those spaces where diverse populations feel most comfortable, in particular, community spaces rather than service provision around complex needs.
- » Suggest the Department of Communities works closely with the chosen provider to procure and design the built form. If this is not possible due to timing of procurement, the creation of a 'Design team' which involves people with lived experience, service providers with expertise in this area, and existing Naala Djookan team members would be valuable.
- » Build on the experience of the existing Hubs as the built form for the hub is developed.

4.2 Embedded in community

Recommendations:

- » Focus on practical strategies for cultural governance of the Hub both in procurement processes and through ongoing service operations.
- » Work with local elders and the contracted service provider to develop a name that resonates strongly with the Aboriginal community.
- » Focus on active participation models, not just advisory models, for involving those with lived experience in service operations. Ensure procurement processes request models for this participation.
- » Iterate models for the involvement of people with lived experience overtime, working with other hubs to develop best practises.

4.3 Support to Navigate Complexity

Recommendations:

- »]While retaining the flexibility of the role, work with existing and future hubs to create better definitions and structure around the Advocate role to make it more sustainable for organisations and the workers themselves.
- » Recruit Advocates who reflect the diversity of the Armadale community
- » Avoid comprehensive assessment type activities as first steps into service relationships, instead focusing on practical assistance and safety planning.
- » Ensure Legal service provision and Creche services are part of the mix of specialist service provision. Consider drug and alcohol support and therapeutic supports to meet identified needs.
- » Consider retaining flexibility in funding and governance for the required specialist supports, allowing the backbone organisation and/or consortium to make decisions about changing specialist supports as local needs and trends change. This may mean utilising specialist service providers as sub-contractors rather than consortium members.
- » Ensure providers can demonstrate strong local relationships and the capability to work closely in partnership. Consider commitments for partnership (i.e. unfunded by this funding stream) as part of procurement.
- » Develop strong formal and informal support structures for roles within the hub including in practice and cultural supervision.

4.4 Generational Healing

Recommendations:

- » Support the development of a strong model for men's service delivery focused on healing and informed by the latest research and further codesign with men, the Aboriginal community and service providers. This support should come from both commissioner and service provider, considering working closely with other hubs.
- » Intentionally build opportunities for women to connect with each other informally for mutual support.

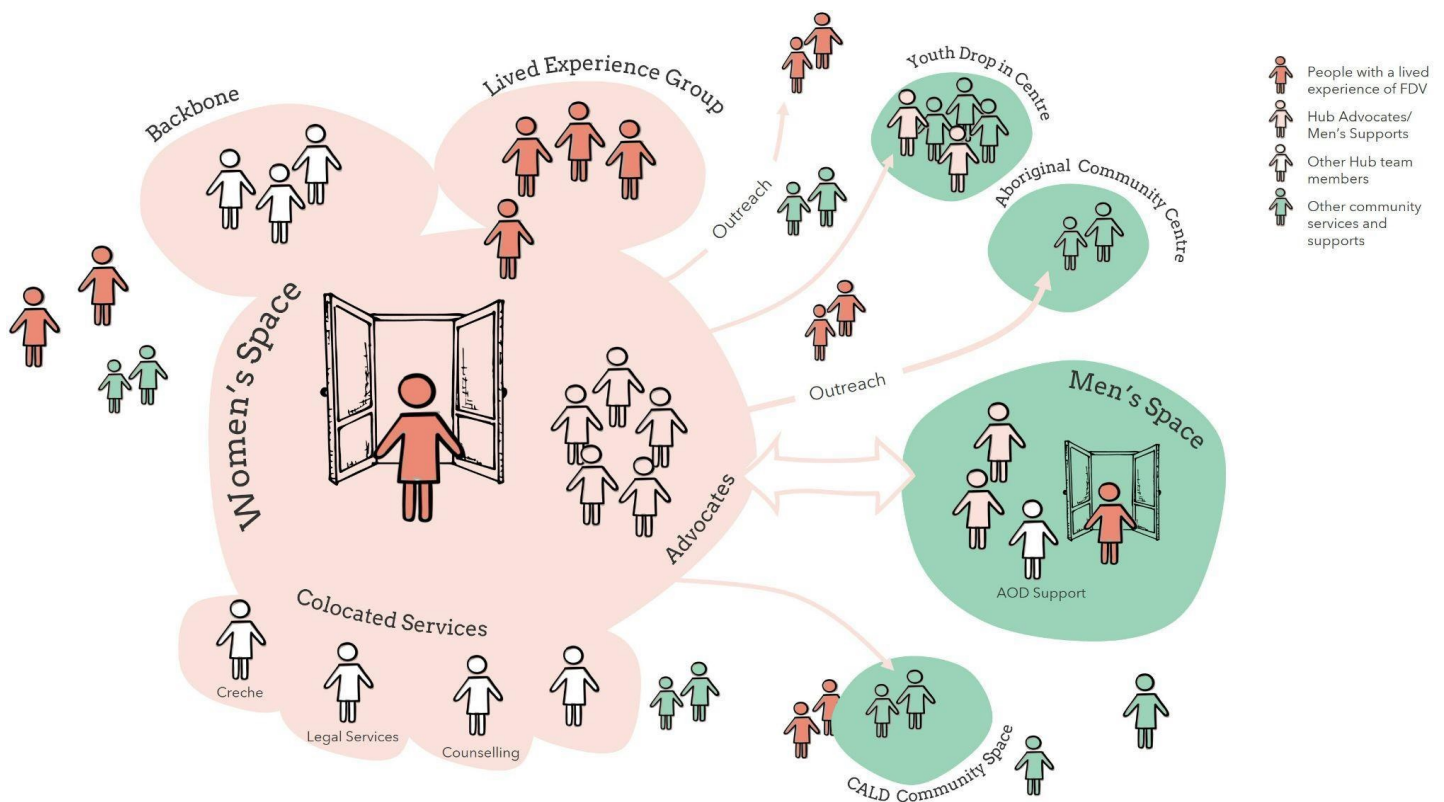
- » Focus prevention activities on specialist youth services delivery, where the funding model allows.
- » Consider partnerships to connect women's and men's service delivery through models that
- » strengthen family functioning.

Allow wider family networks to access support services and consider the role that family and kinship

systems can play in the support of both men and women with an experience of FDV.

APPENDIX 2: Models tested

Model 1: Hub and Sub Hub



Feedback:

What do you like about this? What are its strengths?

- » Training can be standardised across all staff
- » Soft entry point is more accessible to women and children
- » Works with both victims/survivors and perpetrators or potential perpetrators through multiple entry points
- » Single entry point for FDV and related issues
- » The effort put in to be a holistic model
- » Links to other services
- » Multi-agency approach
- » It is a space for services to collaborate and provides work opportunities
- » Treats family and other existing supports as strengths

Any constructive criticism? What are its weaknesses?

- » Children and young people are missing
- » Lack of disability specific services
- » Lack of LGBTQIA+ specific services
- » Will there be mental/health services?
- » What other services are already involved? They should be kept involved, and work with the family's existing services
- » Neither story captures the high percentage of people that don't know their experiencing FDV
- » Working with perpetrator and managing the risk associated needs clear guidelines
- » There must be practical guidance and education services on the signs of FDV
- » The interventions and ways of working with perpetrators or potential perpetrators is still not clear

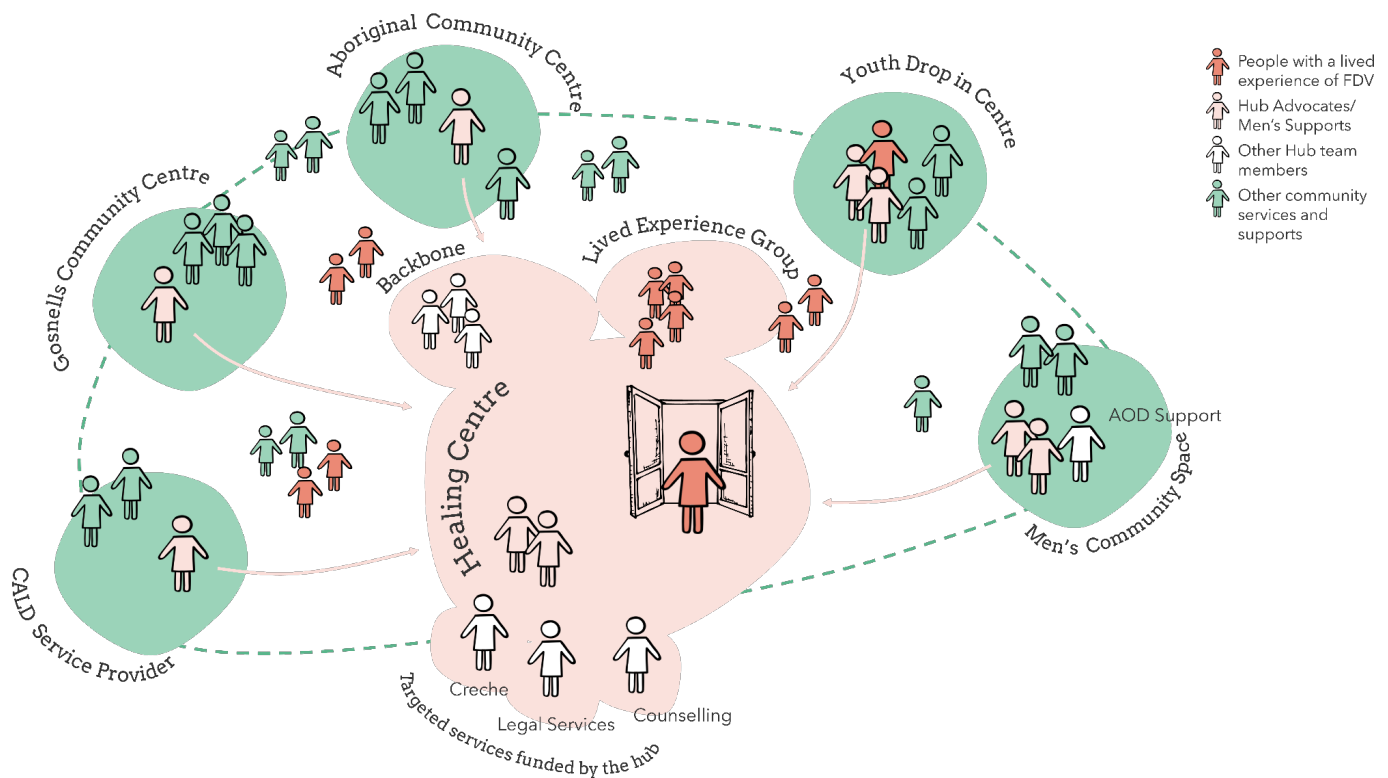
What ideas does it generate? What could it improve on?

- » Is it realistic? Would women immediately come along?
- » Targeted workshops covering adults and children experiencing FDV
- » Aboriginal Advisory Group
- » Activities for children and young people
- » Opening sharing of info to referrer - Involve all in case conference
- » Nursing presence in the Hub
- » In addition to the Hub, there needs to be capacity for outreach services/colocation with other providers
- » Capacity and skills building
- » Location is key and would need to be immersed amongst other community services
- » Still unsure what working with the men looks like
- » Will the backbone be applied across the existing FDV Hub network? (ie. source of truth)

What questions does this raise? What haven't we considered?

- » Safety hazard is location is at risk of aggression
- » Health services
- » Focus on children and young people
- » Where do women with disabilities fit?
- » Job network and skills
- » Security
- » How will high risk situations be effectively managed?
- » What happens if there isn't an Uncle J?
- » Feedback and inclusion in conferencing with the referring agency
- » Does this take into account the legal issues that may arise in FDV work?

Model 2 - Centre and Satellites



Feedback:

What do you like about this? What are its strengths?

- » Timeframe to implement may be shorted due to existing facilities already in place
- » Role of Hub is to provide a central base
- » Multiple locations/entry points removes a significant barrier and creates easier access
- » Dispersed advocates increase the amount of soft entry points
- » Accessible across Armadale, Gosnells and in between
- » Increased outreach
- » Mechanisms needed to ensure joined-up approach so we are getting something different to implement and serve different needs

Any constructive criticism? What are its weaknesses?

- » Fragmented - What if a young person is Aboriginal? Which satellite is most appropriate?
- » Also fragmented for staff with regard to learning and feedback
- » Community myths of AOD may reduce focus on perpetrator
- » Seems spread too thin
- » Too many satellite spaces - difficult to effectively liaise and information will get lost
- » Story is missing the piece about familial and community pressure and shame
- » Lack of services for children and young people
- » Victim-survivors could find it much harder to navigate

- » A very fragile way of coordinating and could easily break down
- » Can be stressful to work in multiple locations
- » Safety issues - too many places with high visibility
- » Most costly as it will require more staff, venues, transportation
- » We know a high percentage of VRO's are breached...
- » FDV work is very unpredictable and requires flexibility that this model restricts \
- » Fragmented service delivery may move away from the intent of the Hub

What ideas does it generate? What could it improve on?

- » Cultural governance is critical e.g. Aboriginal Advisory Group
- » Would be great to have FDV duty/outreach workers to work between locations or at least have access to all locations
- » Flesh out the functions and outreach more
- » The Hub can outreach to these services and these services can still refer to the Hub (in support of the Hub and Sub model)
- » Could these be an outreach based model where advocates go out from main Hub to satellite
- » Is support for children and young people discussed?
- » Still unsure what working with the men looks like

What questions does this raise? What haven't we considered?

- » Love the youth Hub concept! Where does the Youth Partnership Project fit?
- » Still working in silos? How would this be overcome?
- » Are the sites operational 5 days per week?
- » Men's behaviour change vs CBT (this model could work with dispersed CBT)
- » Will service delivery be holistic? Will there be maps? Communication will be core to this model
- » Need more information on how outreach works. Is it only support?
- » Why are the Aboriginal services separate?
- » Financial - The extra costs to have service sites
- » Worried about integration - We don't do this well now across multiple sites

APPENDIX 3: Stakeholder Engagement

Date	Activity	Numbers attended	Who attended
1 November 2021	Stakeholder Mapping Session	8	» 8 x internal Department staff members
25 November - 5 December 2021	Community Survey	11	» 9 x service providers » 1 x local government » 1x both service provider and person with lived experience
11 - 23 November 2021	Service User Interviews	3	» 3 x lived experience participants
11 November - 02 December 2021	Service Provider Interviews	5 interviews with 8 participants total	» 1 x service provider from Starick, FDV Response Team » 1 x service provider from Challis Primary School » 2 x service providers from Communicare » 3 x service providers from HOPE Community Services/ Mara Pirni Healing Centre » 1 x service provider from Naala Djookan Healing Centre
25 November 2021	Mirrabooka Engagement	6	» 6 x staff members from Naala Djookan healing Centre
24 November 2021	Elders Session 1	11	» 9 x local Elders » 2 x other Aboriginal community members
25 November 2021	Aboriginal Information and Engagement Session	9	» 2 x Elders » 2 x Department of Communities staff » 5 x lived experience participants
26 - 29 November 2021	1:1 Phone support for workshop attendees with Lived Experience	3	» 3 x lived experience participants

Date	Activity	Numbers attended	Who attended
30 November 2021	Adopt & Adapt Workshop	29	» 28 x service providers » 1 x lived experience participant
2 December 2021	Focus group with subset of local Aboriginal women with Lived Experience	9	» 9 x participants with mixed experiences of service delivery and lived experience
9 December 2021	Walkthrough	30	» 28 x service providers » 2 x lived experience participants
Late January	Elders Session 2		» Armadale local elders

Services engaged throughout the process. Does not include those invited who were unable to attend.

- » Anglicare WA
- » Carers WA
- » Challis Primary School
- » Champion Centre
- » City of Armadale
- » City of Stirling
- » Communicare
- » Curtin University
- » Department of Communities; Child Protection and Family Support
- » Department of Health
- » Department of Justice - Adult Corrections Youth
- » Gosnells Community Legal Centre
- » Hope Community Services
- » Ishar
- » Langford Aboriginal Corporation
- » Mara Pirni Healing Centre
- » Muggin Aboriginal Corporation
- » Mungart Yongah
- » Naala Djookan Healing Centre
- » Outcare
- » Parkerville Children and Youth Care
- » Relationships Australia
- » Ruah
- » Save the Children
- » Starick
- » Stopping Family Violence
- » WAPOL; FDV Response Team, Armadale
- » Women's Family Health Services
- » Wungening

APPENDIX 4: Survey Results

Responses

The survey received a total of 11 responses.

Of these respondents:

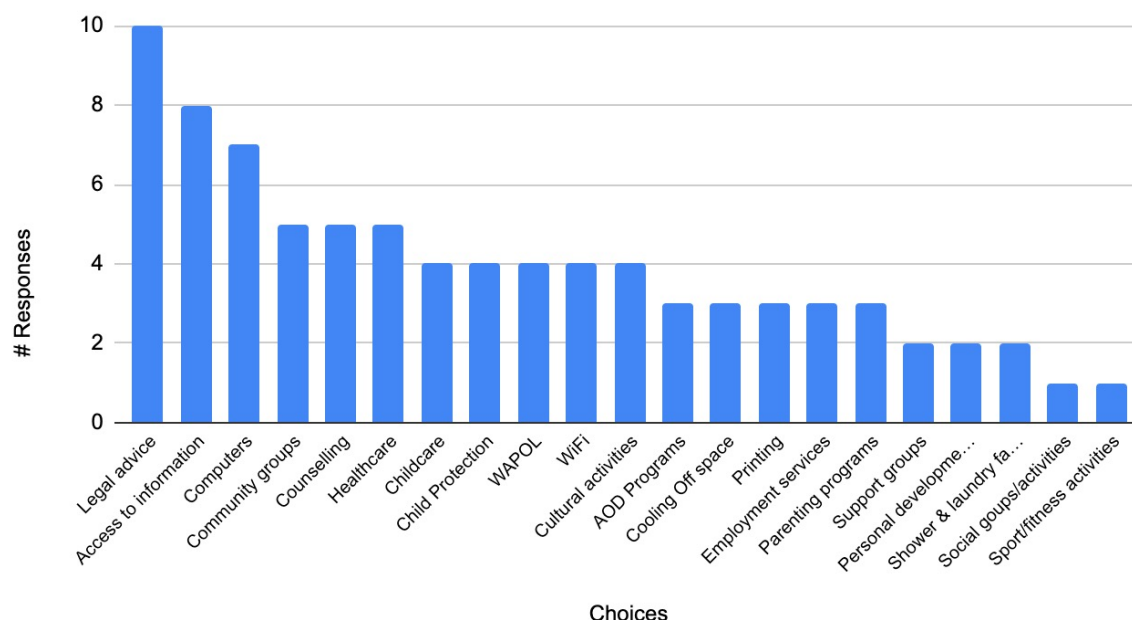
- » 9 were service providers
- » 1 was from local government
- » 1 was both a service provider and a person with lived experience

Of these responses:

- » 2 were Aboriginal or Torres Strait Islander

Below are summaries of responses to the survey questions. Given the majority of responses were received from service providers and non-Aboriginal people, we recommend interpreting the below data as reflecting the views of these cohorts - this data should not be interpreted as reflecting the views of the Armadale community or the community of people experiencing FDV.

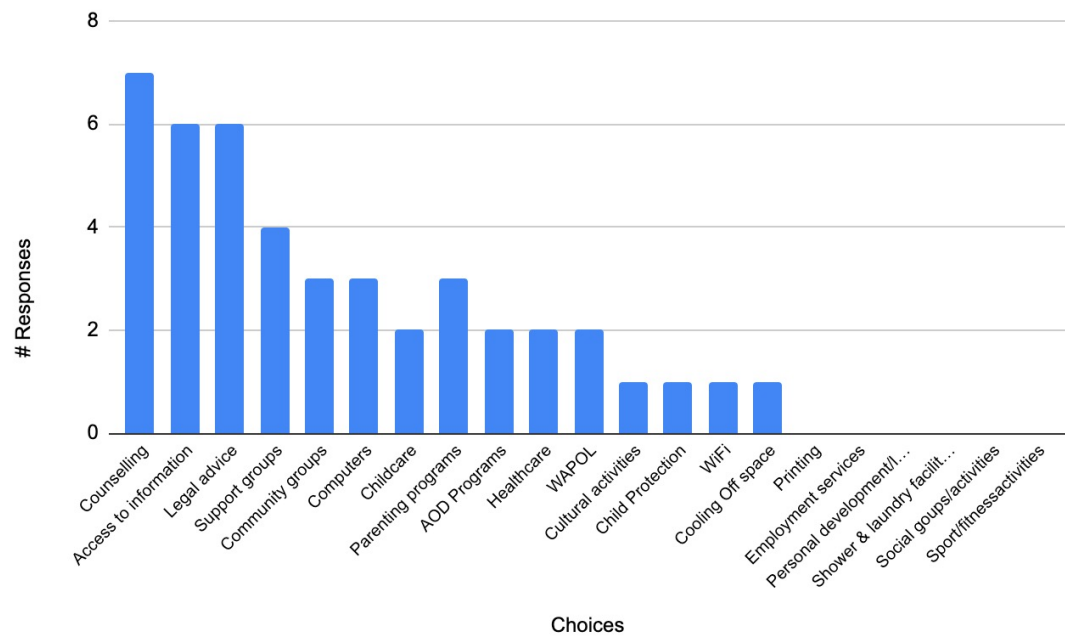
Question 1: What should go inside the building?



Justification for responses to Question 1:

For those who provided justification for their responses about what should go inside the building, some key reasons provided included; centralisation/coordination of services, ease of access/accessibility, identified need, socioeconomic considerations, and services being conducive to healing or offering practical support and assistance.

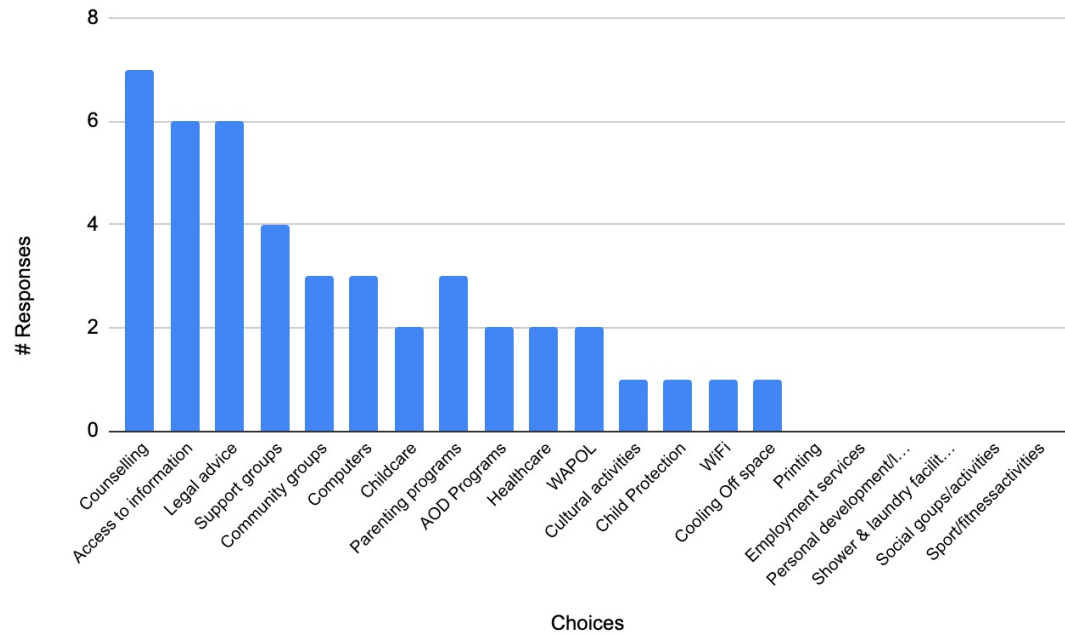
Question 2: What should the Hub connect to?



Justification for responses to Question 2:

For those who provided justification for their responses about what the Hub should connect to, some key reasons provided included; these are the services victims struggle to access in the community, people need access to information about where they can go to get help, and that childcare is essential to giving people space to make the changes they want to make in their lives.

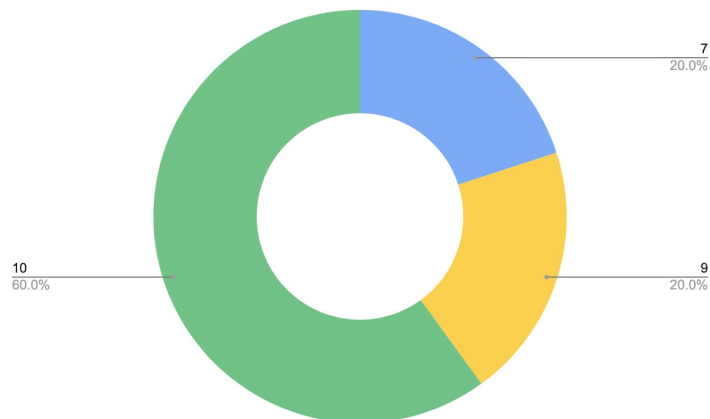
Question 3: What doesn't the Hub need to do?



Justification for responses to Question 3:

For those who provided justification for their responses about what the Hub doesn't need to do, some key reasons provided included that these services/supports exist elsewhere, and that they are not a priority, not high risk necessities or not immediate needs.

Question 4: On a scale of 0-10 how important is it for the Hub to respond to FDV by working with men?

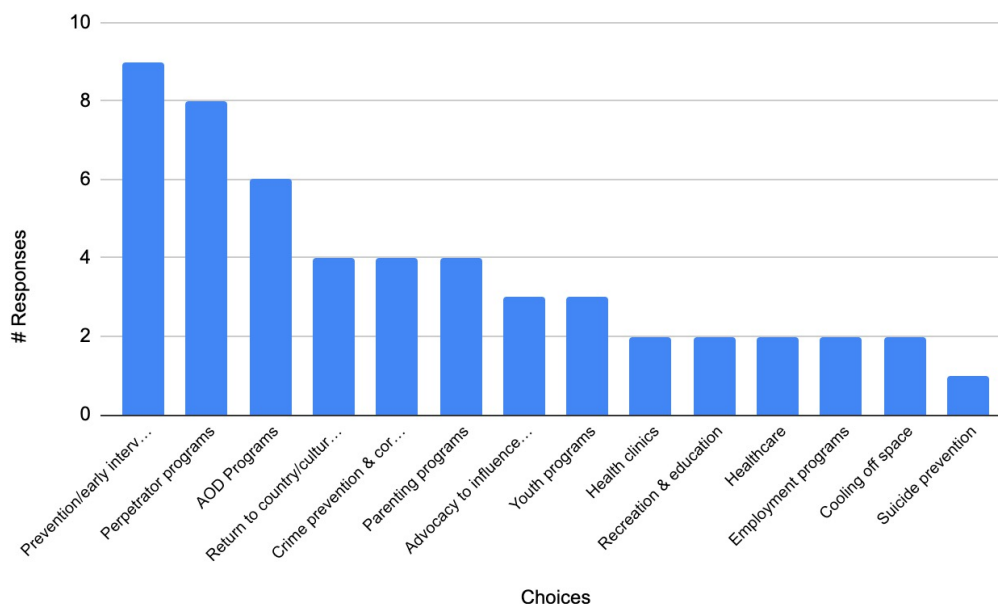


Justification for responses to Question 4:

For those that identified a strong need for the Hub to work with men, the most common justification was that we need to address perpetrator behaviours to stop the cycle of FDV. Other justifications included; to keep perpetrators accountable, to provide perpetrators with needed support, to provide male victims with needed support, to provide a holistic approach, and because men are statistically perpetrators, there is a lack of men's services and that the system is too victim-focused.

For those who felt that working with men wasn't as important for the Hub, some justifications included that there was too much risk and that work with men needed to be on a separate site.

Question 5: What support will have the biggest impact for men?



Justification for responses to Question 5:

For those that provided justification for their responses to question 5, some common justifications included; these supports are needed for perpetrators to address their behaviours, early intervention and outreach are essential, reconnecting with culture and belonging is conducive to behaviour change, there needs to be space and opportunity for change to occur, there is a lack of services for male perpetrators, there is an increase in youth perpetrators of violence, and that AOD often underpins violence.

Question 6: What are the location criteria for the Hub?

