

GOVERNMENT AND PEAK BODIES GROUP TOUCHPOINT #1

Communique

Family & Domestic Violence Therapeutic
Women's Refuge - Peel

29th January 2020

Family & Domestic Violence Therapeutic Women's Refuge - Government and Peak Bodies Group Touchpoint #1

ABOUT THE SESSION

The State Government's *Stopping Family and Domestic Violence* policy includes a commitment to establish two additional women's refuges. One of these refuges will be tailored to provide person-centred integrated responses for FDV survivors with co-occurring mental health and substance misuse concerns. This therapeutic refuge service model will be the first of its kind in WA. A co-design process to develop the new service model started in November 2019 and will continue until March 2020.

On Wednesday 29th January 2020, representatives from Government and Peak Body stakeholder groups attended the first touch point meeting of three that will take place throughout the co-design process.

The workshop focussed on giving participants the opportunity to reflect and give feedback on the work completed so far. We asked participants what components needed to be focussed on and prioritised during the intensive co-design symposium. So far Innovation Unit Australia New Zealand have gathered insights on service users current experience through:

- Service user interviews
- Expert interviews
- An online survey for service users
- Service Provider Workshop (16 Dec 2019)
- Government and Peak Bodies Workshops (17 Dec 2019)

The Government and Peak Bodies Group Touchpoint #1 was facilitated by Innovation Unit Australia New Zealand on behalf of the Department of Communities.

PARTICIPANTS

- Aboriginal Health Council of WA
- Department of Communities
- Department of Education
- Department of Health
- Innovation Unit
- Mental Health Commission
- Stopping Family and Domestic Violence
- WACOSS
- Women's council for Domestic and Family Violence WA
- Western Australian Association for Mental Health
- Western Australian Network of Alcohol and Other Drug Agencies



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SESSION AGENDA

Introduction

- Opening remarks and context from Department of Communities.
- Introduction to the process and timeline by Innovation Unit.
- Overview of the session.

Project updates

- Innovation Unit presented the synopsis of the Government & Peak Bodies Workshop (17 Dec 2019) and Service Provider Workshop (16 Dec 2019) to take questions and receive feedback.

Stakeholder input 1: Hearing Service Users Perspective

- Innovation Unit talked through the initial insights on enablers and barriers generated through the data collected from the service user interviews, expert interviews and the survey. The purpose of gathering these insights is to ensure that the service model is designed considering the current experiences and needs of service users.
- After hearing the insights participants were asked what resonated with them, what surprised them and what did the insights make them wonder. This was done within a whole group discussion and facilitated by Innovation Unit Australia New Zealand.
- Participants were also asked to note which insights they thought most critically needed to be responded to when designing the new service model. Some participants voted and the results are below.

Stakeholder input 2: Critical Components to Develop for the Future Service Model

- Considering the expected components of the future service model, participants were asked to contribute what they believed to be the critical features of the different components. This could include a value or principle upon which the feature should be built, an evidence-based practice that must be adhered to or a connection/alignment that should be made. The purpose of this was to get the input of government and peak body expertise. This content will be used to build out a visualisation of the developing service model which will be the focal point of the symposium.



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STAKEHOLDER INPUT 1 : HEARING SERVICE USERS PERSPECTIVE

STAKEHOLDERS' INSIGHT PRIORITISE

Participants felt that the following service user insights needed to be considered and prioritised when designing the new service model

- **Enablers**
 - An empathic and skilled workforce.
 - Services that create the space for developing agency and self-determination as well as ensuring service users maintain a sense of independence.
 - Support with both developing skills as a parent in a trauma informed way and child care.
 - A service that is not just about case management - but is personalised and flexible.
 - Individual needs and experiences are considered.

- **Barriers**
 - Lack of support for recovery post refuge puts pressure on clients during their stay and results in difficulties post stay.
 - Judgement coming from different places - affects whether women and children engage with a service and how they experience it.
 - Inability to access suitable services - both types of service and the number of places. Cost is a factor whether you are running a service or accessing it.

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STAKEHOLDER INPUT 2 : CRITICAL COMPONENTS TO DEVELOP FOR THE FUTURE SERVICE MODEL

FUTURE SERVICE COMPONENT	PARTICIPANT COMMENTS (prioritise, values, desired practice)
Assessment	<ul style="list-style-type: none"> • Ongoing and compulsory • Whole family assessment that looks at the support needs of women and children, the impact of the perpetrator on the child/children and family functioning should also be considered
Support for children	<ul style="list-style-type: none"> • This is critical: children find it hard/impossible to represent themselves
Withdrawal management	<ul style="list-style-type: none"> • Exit strategies tailored to individuals • Integration into assessment, screening and service pathway to ensure clients get access to the most appropriate service options and thorough care. This requires understanding and responding with service considerations post withdrawal • Partner with in home detox link to provide detox options on-site
Therapeutic model	<ul style="list-style-type: none"> • Prioritising family and domestic violence yet seeing mental health and alcohol and other drug concerns alongside • Integrating systems broader than just within the refuge. Broader work is required to integrate the model to address co-occurring needs • Important cultural considerations to consider as well as what will happen to clients post stay
Relationships with children	<ul style="list-style-type: none"> • Prioritising assessment and support for children who are experiencing post traumatic stress disorder
Service level outcomes	<ul style="list-style-type: none"> • Responsive feedback and complaint systems to capture system and service pinch points • Adequate service funding to ensure relationship building and workforce development
Facilities	<ul style="list-style-type: none"> • Should consider existing mental health and alcohol and other drug services which might have similar models/policies/criteria e.g. Step up Step Downs and Rest Rehab models • Flexible configurations to suit cultural security needs and preferences • Having safe contained family units and plenty of shared spaces is a priority
Cultural intelligence	<ul style="list-style-type: none"> • Culturally safe • A diverse workforce to reflect our commitments and knowledge • Consider differences amongst cultures - should not be grouped together • Consideration of language barriers. Understanding of different family models and feelings of safety through ongoing training for staff • Aboriginal people must have their say from the beginning on design, framework and model. Aboriginal perspectives necessary to develop future models that address family and domestic violence, dynamics and needs.
Workforce	<ul style="list-style-type: none"> • An appropriately skilled workforce • Peer workers to create a bridge between clients, refuge and service providers • Review salaries for staff, recruit, train and continue developing the workforce • Build adequate relief and time out for training and build self care into the funding model • Development of FDV knowledge and skills for all workplaces both internal but also external partners • Solid induction processes and ongoing professional development • Joined up multi-agency, multi-disciplinary training model. Collaboration in every aspect including recruitment

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STAKEHOLDER INPUT 2 : CRITICAL COMPONENTS TO DEVELOP FOR THE FUTURE SERVICE MODEL

FUTURE SERVICE COMPONENT	PARTICIPANT COMMENTS (prioritise, values, desired practice)
Partnerships	<ul style="list-style-type: none"> • Shared language and commitment • Accountability and transparency mechanisms • Community advisory groups for victims and perpetrators that are sustainably funded • Shared language • Change not occurring in isolation • Capacity building across sectors • Partnerships with housing, In home detox providers, education and health sector
Beyond residential component	<ul style="list-style-type: none"> • Organisations that focus on housing, finance and health must be engaged alongside those that focus on family and domestic violence, mental health and drug and substance abuse
Complex cohort service delivery	<ul style="list-style-type: none"> • All services must be engaged • Acknowledging that there is no "one way fits all." • A range of interventions available at different intensities
Transitions	<ul style="list-style-type: none"> • Exit strategies consider access to appropriate and safe accommodation as a stepping stone • Potential partnership with Housing Directorate of the Department of Communities
Partner/perpetrator considerations	<ul style="list-style-type: none"> • Model considers engagement and support for perpetrator (mainly men) • This response is broadly defined. It might include engagement, visibility, motivation etc • Goal of achieving long term positive behaviour change
Policies and procedures	<ul style="list-style-type: none"> • Focus on children's needs • Community member input • Consider therapeutic community approach to "rules." • Integrate trauma informed, recovery and family inclusive practice • Consult the therapeutic community when creating "rules" • Allow for a flexible time frame that can be as long as needed • Responsive to how the family and domestic violence, mental health and drug and alcohol misuse impact outcomes across these areas
Monitoring and evaluation	<ul style="list-style-type: none"> • Considers service users voice • Essential in contracts and funding
Case management	<ul style="list-style-type: none"> • Shared language and goal • Shared database MOU's, policies and training • Case management integrated across the family and domestic violence, mental health and alcohol organisations
Disability and inclusion considerations	<ul style="list-style-type: none"> • Refuges resourced to be inclusive of women with disabilities
Programme and activities	<ul style="list-style-type: none"> • Choice including specialist programs and activities outside of refuges, group work, one to one counselling and support • Peer worker support

