



**FDV One Stop Hubs
Mirrabooka**

CO-DESIGN WORKSHOP 3

COMMUNIQUE

13 February 2020



FDV ONE STOP HUBS MIRRABOOKA CO-DESIGN WORKSHOP THREE

ABOUT THE WORKSHOP

This workshop brought together stakeholders from across government, community, service providers, police and people with lived experience. This workshop was focused on reflecting on last week's workshop and collectively designing the future hub, including a deep dive into particular elements.

The participants engaged in activities that encouraged them to work in small groups and in thought-provoking group discussions. During this workshop we came closer to a shared understanding of the model of the Hub that would work in Mirrabooka.

The workshop was facilitated by the Centre for Social Impact UWA on behalf of the Department of Communities.

ACTIVITIES

The workshop included:

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

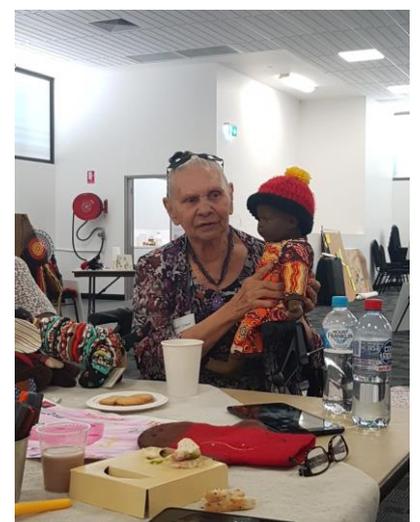
From 1.30pm to 3.00pm there was an opportunity for people to 'walk through' activities and workshop artefacts. This gave an informal opportunity to see what insights have emerged from the workshop and to complete the exercises at the Activity Stations. The co-design facilitators and representatives from the Department of Communities were available to answer any questions.



"This is how the Hub should feel and be like" - Aunty Shirley

During the live prototyping of the Hub

"You need to do this [live prototyping] again with community in the building" - Megan





An overview of key insights:

- Elders presence is critical in the Hub to establish and maintain Noongar cultural authority. This would enable CaLD community to connect directly with Noongar/Aboriginal culture rather than having to go through a Western/Whadjella lens
- Live prototyping with the community is needed once the Hub is operational. This is also integral to fostering community ownership of the Hub
- Sport and cultural activities like weaving, cooking, storytelling, art, song (choirs), dance are essential to bringing together diverse worldviews and communities
- Using community language is important. This includes using murals/art and 'non-English' as ways of communicating
- The Domestic Violence Advocacy Service (DVAS) model was very successful until it got its funding cut. There is so much that we can learn from this model and its integrated pathways. The DVAS model probably has a lot more similar to what we need than the Victorian Orange Door model
- We need the same training for all services and front-line people. Trauma-informed practice needs to be at the heart of the model
- Cultural training for Indigenous and other cultures ie: Muslim. Include, especially, Police in the training
- CaLD training suggestion: Multicultural Youth Advisory Network (MYANWA) cultural competency training. This is run by a group of young CaLD people who have worked with Indigenous Elders and young people through the Youth Advisory Council of WA (YACWA).

Ways of creating Communal Ownership:

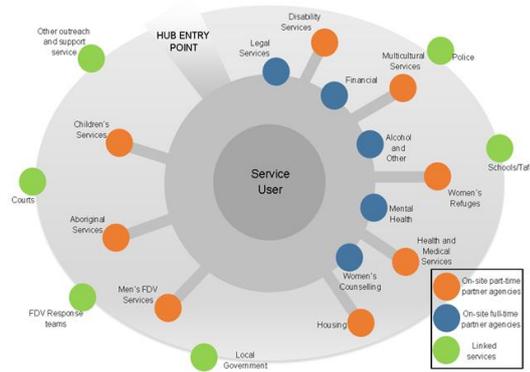
- A physical walkway or tunnel to connect each of the existing hubs with murals and local artwork, to promote connectivity
- Engaging community members in a volunteer/buddy system to support people transitioning out of the FDV Hub is important, and as a way of bringing together neighbours
- There is a need to for the FDV Hub and community to respond to FDV with compassion and care.

Model 3.0

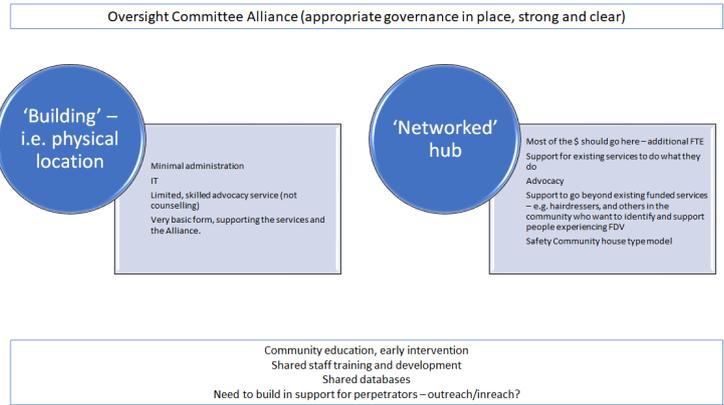
- We moved from Model 2.0 to Model 3.0 which can be seen on the following page

During the co-design process the model of the Hub has evolved:

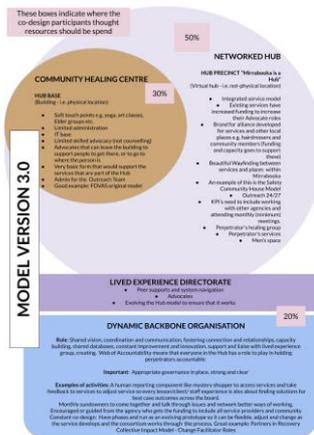
VERSION 1.0



VERSION 2.0



VERSION 3.0



MODEL 1.0

“This won't work in Mirrabooka”

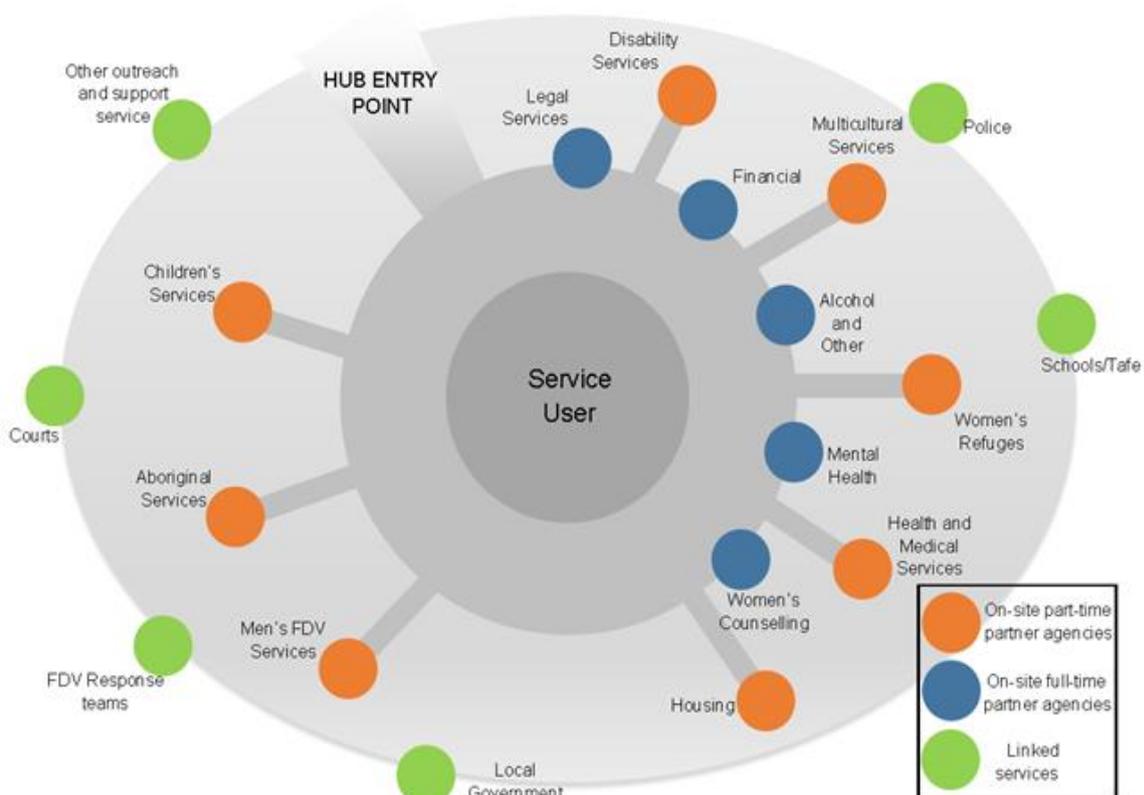
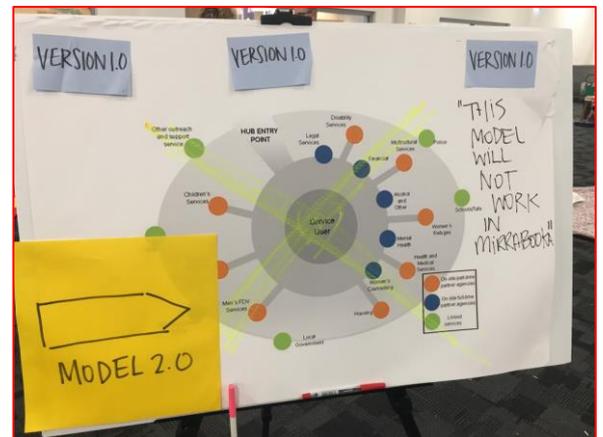
From previous consultation and research, Version 1.0 of the Hub Model was proposed.

This is the model that we used to test and prototype during the co-design process to identify improvements, barriers and enablers with a broad range of stakeholders.

Version 1.0 non-negotiables in the model:

- There is a building
- Monday - Friday access 8am to 6pm

We heard multiple times that “this model will not work in Mirrabooka”. It was clear the model needed to iterate in order to build on the strengths of what already exists in Mirrabooka.



MODEL 2.0

“It needs to be a combination between a building and a networked hub”

Participants asked that the idea of requiring a physical building/location be re-examined given the strengths already existing in the community. In the absence of this, and with the requirement of a physical building, participants felt that the building should be used in a way that is useful for existing services, rather than requiring the Hub to undertake direct service delivery or requiring certain functions to be facilitated there.

We reframed the question to: If a building needs to be part of the mix in the Hub model - how might we use that building to best effect for the community?

Below is the suggested re-frame of the Hub by participants in the group. The overall concept is that if there is a building, it be used as just one entry point, and supports the advocacy work of the Alliance/partner organisations, as well as support those in the community beyond existing services who want to be part of the Alliance and support people in their community experiencing FDV.

Oversight Committee Alliance (appropriate governance in place, strong and clear)

‘Building’ –
i.e. physical
location

Minimal administration
IT
Limited, skilled advocacy service (not counselling)
Very basic form, supporting the services and the Alliance.

‘Networked’
hub

Most of the \$ should go here – additional FTE
Support for existing services to do what they do
Advocacy
Support to go beyond existing funded services – e.g. hairdressers, and others in the community who want to identify and support people experiencing FDV
Safety Community house type model

Community education, early intervention
Shared staff training and development
Shared databases
Need to build in support for perpetrators – outreach/inreach?

These boxes indicate where the co-design participants thought resources should be spend

50%

NETWORKED HUB

HUB PRECINCT "Mirrabooka is a Hub" (Virtual hub - i.e. not-physical location)

- Integrated service model
- Existing services have increased funding to increase their Advocate roles
- Brand for Alliance developed for services and other local places e.g. hairdressers and community members (funding and capacity goes to support these)
- Beautiful wayfinding between services and places within Mirrabooka
- An example of this is the Safety Community House Model
 - Outreach 24/7
- KPI's need to include working with other agencies and attending monthly (minimum) meetings.
- Perpetrator group for Aboriginal men
 - Perpetrator services
 - Men's space

COMMUNITY HEALING CENTRE

HUB BASE

(Building - i.e. physical location)

30%

- Soft touch points e.g. yoga, art classes, Elder groups etc.
- Limited administration
- I.T. base
- Skilled advocates that can 'walk-alongside' victims to prevent them having to re-tell their story (not counselling)
- Advocates that can leave the building to support people to get there, or to go to where the person is
- Very basic form that would support the services that are part of the Hub
- Admin for the Outreach Team
- Good example: DVAS original model

LIVED EXPERIENCE DIRECTORATE

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

20%

DYNAMIC BACKBONE ORGANISATION

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. 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 adjust service delivery, so every lesson/client/staff experience is also about finding solutions to achieve 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

MODEL VERSION 3.0



Feedback on the name of the Hub

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

Walbreninge HEALING HUB

A name was given by well respected Noongar Elder Aunty Liz Hayden. The name is **Walbreninge** which translates to healing and living. She emphasised that it must have a Noongar name as we are on Noongar country and that's how it would be if we travelled to Italy. We need to acknowledge place, space, language and people.

Translations and English names could include:

CULTURAL HEALING CENTRE

HEALING HUB

COMMUNITY HEALING HUB

CULTURAL COMMUNITY CENTRE

COMMUNITY WELLBEING CENTRE

CULTURAL INCLUSION CENTRE



Feedback on 24 Chesterfield Road

THE LOCATION and BUILDING

Positives

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

Considerations

- It's very visible
- The current look is too commercial
- It needs new carpet

Actions needed to make it successful

- It needs a garden and somewhere to sit outside
- It needs significant investment into the design and fit out of the space (HeadSpace is half a million towards setting a space up)
- Two exits needed - a backdoor will need to be installed
- Need to consider soft, circular spaces, warm lighting and the right temperature for a healing
- The alleyway needs to be safe, beautiful and have a doorway to the Hub
- Needs security
- Many people access Centrelink (especially on Thursdays); it's considered that this could be dangerous
- Very open and visible from many angles if someone is wanting to hide
- Policies in place so that there is no staff member there alone after hours

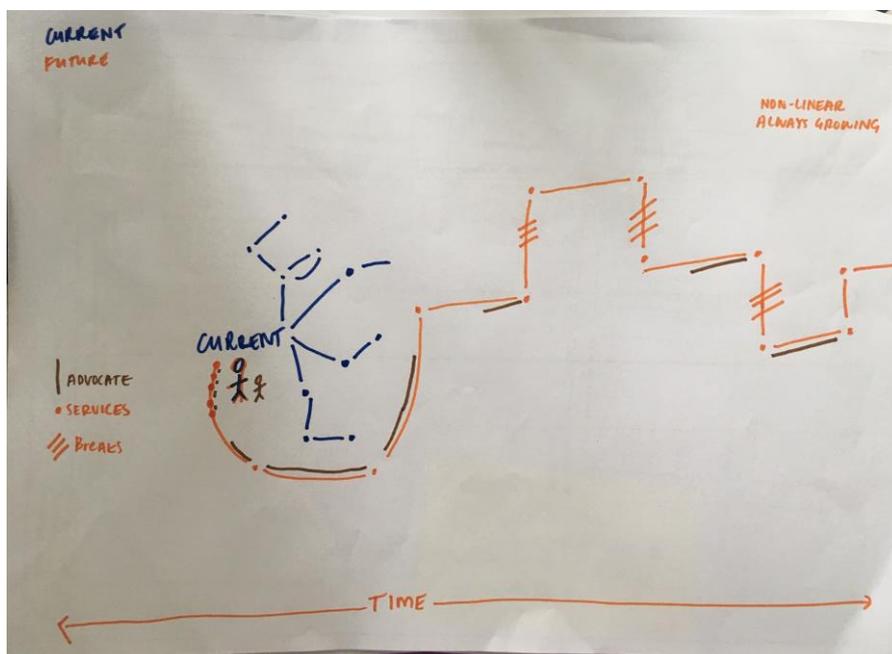
Other suggestions

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

Feedback on the Service User Journey

- Whatever the journey is, it needs to cater to people at different stages of their journey, e.g. for people at the prevention stage, crisis, post (healing).
- Need a clear pathway guided by an advocate
- Need many pathways to awareness of the Hub e.g. Googling, hearing it from peers, being referred.

A good example of the current journey and preferred future journey can be seen in the drawing below.



Pre-crisis: Soft touch points

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

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

Engage with the Hub: One story; one advocate

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



Additional feedback on the referral process

- Victims must be able to self-refer to the Hub
- Self-referral not just by phone or self-presentation but via other means, e.g: email and social media also
- The Hub should have formal referral pathways for Mirrabooka services. This will maintain the Mirrabooka footprint of the Hubs
- No boundary for self-referrals is preferable, i.e. 'no wrong door'
- A lot of work needs to go into the criteria for referrals between the Family Safety Network and the Hub
- Police should have a strong presence at the Hub, this will increase security and the feeling of safety
- If police are not present then victims/Hub staff can call the local Mirrabooka station and they can send a Police officer to the Hub
- It is not preferable for a child protection worker to be co-located at the Hub, however there were varied views on this idea
- A lot more discussion is needed regarding referrals from child protection (central intake) to the hub and vice versa
- It was agreed that a strong relationships with child protection is needed
- Mirrabooka child protection office should be able to have specific referral pathways into the Hub as they are often supporting the most vulnerable children and families
- AOD and mental health needs to have a place in people's thinking. This needs to be more deeply considered in the implementation of Hub.

Key questions emerging:

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

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



Additional feedback and questions around data collection

- How can the Hubs data (information) flow better?
- How can someone's story move with them – i.e. how do we avoid the user having to re-tell their story?
- Possible solution is a Client Management System, where all stakeholders (services in the Hub) can access the data/information
- The data should be dynamic – i.e. similar to how homelessness data is captured (SHIP) – but should be held centrally, which services can access
- Need to consider issues of consent with the data – i.e. consent to share information, access privileges, read/write/view access
- Instead of real-time sharing of data across systems, consider uploading of key information/records to the client's file in the Client Management System on a regular basis by external partners – this will be a more feasible and cost effective solution
- Need to consider consistent language in forms/data, e.g. 'women with DV experience' instead of 'victim' or 'survivor'
- Consider data person to take burden off hub staff and data modes that reduce admin and duplication of effort – i.e. case management staff need to have more time with the client, so to reduce the administrative burden of data input and case notes etc, consider employing a data person who can take care of the data inputting
- Data requirements – number of users, basic demographics, information about the perpetrator and his movements
- Difficult to determine what the data requirements need to be without understanding or knowing what the final service model is
- Referral information – this needs open text which can prepopulate to persons story with new information updated to other services in the Hub
- Outcome indicators – experience of service as a measure; i.e. feedback from clients
- It needs to be considered that there's also a conflict of interest - once legal advice is provided the other party cannot access and could affect access to other Hub services. There are pathways around this, for example a legal service can refer out to another like Legal Aid, women's legal aid



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

