



Government of **Western Australia**
Department of **Communities**



A Healing Journey

Peel Therapeutic Women's Refuge Co-design and Stakeholder Engagement Report

Recommendations

March 2020

Content



1. Guiding Principles
2. Enabling Conditions
3. Service Components



Recommendations	Department of Communities' Response
<p>Guiding Principles:</p> <ul style="list-style-type: none">- Culturally safe- Trauma informed- Voice- Person driven- Collaboration	<p>All accepted by the Department of Communities.</p>
<p>Enabling Conditions:</p> <ul style="list-style-type: none">- Therapeutic approach- Cultural intelligence- Diversity and inclusion- Partnerships- Workforce- Policies and procedures- Monitoring and evaluation	<p>All accepted by the Department of Communities.</p>
<p>Service Components:</p> <ul style="list-style-type: none">- Referral, awareness and access- Initial assessment- Healing journey- Withdrawal management- Programs and activities- Family and community connection- Support for children and young people- Transition out of refuge- Beyond the residential component- Facilities	<p>All accepted by the Department of Communities.</p>

1. Guiding Principles



The Guiding Principles underpin everything that is designed and delivered in relation to the Peel Refuge service and include:

- Culturally Safe
- Trauma-Informed
- Voice
- Person-Driven
- Collaborative

Culturally Safe



- Culturally safe practices promote inclusivity and help everyone feel like they belong.
- People are encouraged to check their bias and assumptions.
- There is an authentic commitment to cultural safety.
- Women and children have the opportunity to heal and strengthen their mind, body, soul and spirit.
- Women and children can engage in regular ceremonial smoking ceremonies.
- Women and children have an opportunity to yarn.
- The service is supported by culturally appropriate documentation and tools.
- Women and children have access to culturally appropriate role models and peers to support them.
- Culture is reflective of the women and children and not of the service location.

As a result, everyone feels a sense of belonging and all women and children received the support they need. This Principle should be evidenced by demonstrating the culturally safe practices that take place.

Trauma-Informed



- Trauma-informed practices should be integrated across service delivery and partnerships, supported by shared language and understanding.
- Policies and procedures are designed that are intended to help support and heal women and children.
- Recognising and addressing trauma, then developing trust and safety, is key to delivering outcomes.
- Trauma-informed approaches are very flexible and responsive.
- Addressing trauma is part of the healing process and increase self-awareness and reflection.
- Allowing ample time is key to the success of a trauma-informed approach and therefore it may extend a women's stay in the refuge.
- An informed and skilled workforce is critical which may require additional training to embed trauma-informed practices.
- Organisational level reviews may be required to ensure trauma-informed approaches are embedded in policy, practice and tools.

As a result, trauma-informed approaches reduce re-traumatisation and improve social engagement.

Voice



- Women and children are listened to and heard, with their feedback and ideas responded to in a timely and respectful manner.
- The voices of women and children should drive the discussion about support planning.
- Women and children may need extra support to find their voice, in order to express and assert their needs, preferences, choices, hopes and values.
- Women and children are given the space and time to build relationships with staff and other service users, based on mutual trust and respect.
- Time constraints can place pressure on women and children to find their voice quickly, and in these cases they may require extra support.
- Women and children should be given the opportunity to identify what they want to work on and who they want to assist them.
- All staff should consistently demonstrated their commitment to honouring women and children's voices.
- The voices of women and children should inform ongoing monitoring and evaluation of the service.
- Risk management and policies should be designed and reviewed to ensure they do not hamper efforts to support women and children in accessing or expressing their views.

As a result, women and children feel safe and supported to express their voice and will see appropriate changes in response to their feedback and ideas.

Person-Driven



- The unique history and experience of every woman and child is acknowledged and taken into account when providing them with support and services.
- Ample time, often more than is usually allocated, needs to be invested in seeking out the experiences, needs, ideas and opinions of women and children.
- Increased flexibility must be considered in order to adopt a person-driven approach.
- Shared and accessible language must be used in order to break down any inclusion or accessibility barriers and ensure equity between staff and service users.
- Compliance and data sharing practices support, not hinder, person-driven practices.

As a result, women and children receive individualised support and feel empowered to make choices.

Collaborative



- There needs to be trust and mutual buy-in across this service as well as all the organisations and people that work in partnership.
- There needs to be clarity of shared outcomes across partnerships.
- The partnerships deliver outcomes that individual service providers could not deliver alone.
- It requires a willingness to engage in relationship building and investment of time and support in developing and maintaining partnerships.
- Individuals working within partnerships should actively seek opportunities to draw on each other's strengths, rather than limiting service provision to siloed capabilities.
- Professional development and training may need to be delivered across multiple organisations.
- Services are delivered without duplication and in an efficient, cost-effective manner.
- The partnerships allow more responsive services and offer specialist to meet diverse needs.

2. Enabling Conditions



These critical Enabling Conditions need to be integrated into every Service Component and are essential in ensuring the successful delivery of the service.

- Therapeutic approach
- Cultural intelligence
- Diversity and inclusion
- Partnerships
- Workforce
- Policies and procedures
- Monitoring and evaluation

Therapeutic approach



The service supports women and children in their healing and recovery from the impacts of physical, psychological and emotional trauma resulting from experiences of family and domestic violence.

A therapeutic approach requires that the service is designed and delivered in a way that is trauma-informed, dignity-driven, holistic and culturally inclusive.

Examples of how a therapeutic approach can be integrated into the service model, as identified through co-design include:

- A mix of non-medical and low-medical withdrawal management support provided in-house (for those who need it) and also support for mental health concerns.
- Therapeutic counselling intervention.
- Working on underlying factors, not just symptoms.
- Holistic healing services and support.
- Cultural, social and emotional wellbeing for healing.
- Increased understanding of how relational patterns and templates have been developed through family of origin and past experience, so that women and children can be empowered to make different choices and feel free of shame about past choices.

Cont. - Therapeutic approach



- Understanding and responding to each individual's trauma history.
- Provision of psycho-education programs.
- Neurobiology included as part of the therapeutic approach.
- The therapeutic approach includes a transitional stage and support after exit.
- The therapeutic environment is supported by appropriately skilled staff.
- A clear and documented practice framework is developed and used.
- Promoting a sense of togetherness and belonging among service users so that they support each other along a shared journey.
- Some innovative therapeutic approaches may be incorporated. For example, art, grief and loss, yarning, fire, smoking ceremonies, dance and so on.
- Outreach support post-exit is necessary for continued change. Without this, a possible feeling of abandonment may trigger trauma.

Cultural intelligence



- Workforce training in cultural safety.
- Workforce includes Aboriginal staff members.
- Programs and activities are offered that respond to Aboriginal cultural needs.
- Respond to the cultural needs of women and children during assessment and referral processes including consideration for large families and desire to remain connected to family support during refuge stay.
- Aboriginal culture is incorporated into the healing process where desired by women and children accessing the service.
- Spaces and support for cultural and spiritual practice.
- There is a recognition of different cultural needs of women and children.
- Celebrate traditions and important days of recognition.
- Age and gender considerations as relevant for Aboriginal cultures.
- Partnerships with Aboriginal organisations.

Diversity and inclusion



- The service must be able to meet the diverse needs of women and children with different abilities, identities and backgrounds.
- The workforce needs to be diverse, be skilled in working in inclusive ways, and be open to continuous learning and improvement in this area.
- The physical space should meet accessibility standards and needs of women and children.
- Unisex toilets.
- Provision of translation services as required for service users who speak different languages or have hearing or vision impairments.
- Translators for children as well as adults.
- Capacity for carers to be onsite in the refuge for women and children who need them.
- Partnerships with disability service providers, translation services, migrant services and other relevant organisations.
- Spaces and support for cultural and spiritual practice.

Partnerships



It is essential that the service works collaboratively to develop partnerships that support a holistic approach with people at the centre of service delivery along with an agreed to and implemented governance structure.

- Including all the experts (community, government, mainstream agencies).
- There is a 'hub' of resources.
- A sense of community between partners.
- Work with partners to develop shared, simple language and commitment.
- Collaboration beyond FDV services including police, health, housing, Centrelink, CaLD and Aboriginal services.
- Partnerships with secondary services and support e.g. legal advice, financial advice, medical services, healing therapies, counselling, adult education and training.
- Partnerships that make referrals need to have all the necessary information to be able to refer to the right service at the right time.

Cont. Partnerships



- Common Risk Assessment and Risk Management Framework (CRARMF) is used to support collaboration.
- Build accountability and transparency mechanism for interservice and government partnerships.
- Build capacity for the whole community, not just a few partners, to support service users.
- Partner with schools to develop targeted responses for the needs of children.
- Learning culture: learn by challenges, build resilience.
- Use youth workers and others with childcare expertise so that teachers are aware and prepared.
- Regular meetings across agencies and stakeholders to provide information on availability, priority individuals, matching families to housing.
- Culture shift may be required from the top.
- Governance in the case of consortium service delivery.
- Build local, place-based relationships as necessary.

Workforce



The workforce needs to be diverse and equipped with a variety of capabilities. The workforce should have the necessary skills and resources to support diverse needs, including those of adults and children, and for people experiencing co-occurring challenges such as mental health concerns and harm from alcohol and drugs.

- Meet standards of competency and continue to develop as standards change.
- Learn from good practice as demonstrated by other similar services achieving positive outcomes.
- Recruitment is built on values, skills and experiences.
- Partnerships and cross-agencies teams have a collective vision and work as one e.g. shared voice, language, name
- Staff are provided the necessary training and support to co-design and co-produce the service with service users.
- Staff receive ongoing development in therapeutic, trauma-informed and culturally safe approaches.
- Training developed in a collaborative way across agencies to support the multi-disciplinary approach.
- Communities of practice support the ongoing development of the workforce across multiple service organisations.

Cont. Workforce



- There are Aboriginal staff working with Aboriginal women and children.
- Frameworks and training available for workers with lived experience.
- Peers are employed and involved in recruitment.
- Delegated responsibility, resulting in equal power and multi-level accountability of women.
- Service staff (i.e. Counsellors, health practitioners) must be different to administration/managerial staff.
- Workforce development includes rewards, recognition, and salary reviews.
- Staff are scheduled in a way that provides 24-hour support, 7 days a week.
- Clinical and service 'experts' across services working together to review and inform practice.
- Staff adopt a prevention approach - when it is anticipated that something is not working, refer or intervene.
- Development and sharing of FDV knowledge and skills is required for other services and workplaces who work in partnership, which may help in community awareness, early detection and prevention.

Policies and procedures



- Implementing a governance model to oversee policies and procedures.
- Governance may include a community reference group and cultural advisory committee.
- Focus groups peer/service users can be involve in design and evaluation.
- Flexible guidelines are used rather than 'rules'.
- The duration of women's and children's stays will need to be flexible.
- Integrate trauma-informed, recovery-orientated and family-inclusive practices.
- A clear understanding of culturally informed practice is integrated into every policy and practice at all levels.
- Innovation is supported – policies and procedures can offer a scaffold for new ways of working.
- Policies and procedures are alive – there is continuous interaction, checking and refining.
- Accountability is vertical in both directions – to both the service agreement manager (state government) and the service users.

Monitoring and evaluation



- External visitors (clinical and service ‘experts’ and peers) could conduct reviews and provide independent feedback and advice.
- Responsive feedback and complaint systems to capture pain points for service users and make improvements immediately.
- Women and children set their own aspirations, so progress on service user outcomes must be measured against these.

3. Service Components



The Service Components are essential parts of the service that the lead organisation must be able to deliver.

- Referral, awareness and access
- Initial assessment
- Healing journey to recovery
- Withdrawal management
- Programs and activities
- Family and community connection
- Support for children and young people
- Transition out of refuge
- Beyond the residential component
- Facilities

Referral, awareness and access



- Referral to the therapeutic refuge is triaged, not crisis-driven.
- Planned referral pathway in partnerships with other organisations e.g. lead refuges to receive screen referrals.
- Affordable service fees where women and children are accepted regardless of their ability to pay.
- A central point of information that is updated and accurate.
- Partnerships for referral pathways, information sharing and risk assessment have a shared language.
- Consistent information and processes to help clients navigate the system.
- Consider location and logistical issues associated with staying in the refuge e.g. proximity to schools
- Multicultural organisations to be utilised during referral pathways.
- Use translators when required.
- Financial support for women where required e.g. fast-track special purpose payments.
- Strong communication across sectors for effective and quick referrals.
- First access point should have a 'package of information' for women and children.
- Face-to-face assessment in collaboration with the women, current service support and other supports.
- Service users are offered different tools (e.g. storyboards) to tell their story.
- Look to other service types for good examples of tools and procedures e.g. child health nurse referral form.
- Online communication to help inform potential service users e.g. photos or a virtual tour on the website.
- An ongoing review of the referral process will ensure the therapeutic service is being used to its maximum potential for the most appropriate cohort of women and children.

Initial assessment



- Screening tool/s that appropriately respond to the Guiding Principles, which may involve using the widely-adopted CRARMF or similar tool in addition to other tools, if deemed necessary.
- Utilise a risk management framework for perpetrator behaviour.
- Appropriate screening and assessment processes that ensure people accessing the service are suitable for non-medical or low-medical withdrawal management (if needed at all).
- Respond to a women's initial risks (which may include considerations of children and pets) before the assessment.
- Consider triage before assessment.
- Whole family assessments to understand the holistic needs of a family, which may include a desire to reunite with the perpetrator.
- Adopt an authentic approach and non-clinical way of recording service users' needs.
- The '3 Houses Tool' could be used for children.
- Gather information from all relevant resources.
- Workforce development required to ensure fair and objective assessments.
- Use translators where required.

Healing journey to recovery



- Planning of necessary support and other services.
- Balancing the support to transition out of the refuge while always recognising vulnerability and risk on service users' road to recovery.
- Ensure wrap around support for women and children.
- Multi-disciplinary team with ongoing involvement.
- Support and services integrated across FDV, mental health and AOD service organisations.
- Ensure a variety of options of counselling are available e.g. one on one group.
- Support the use of a storytelling or narrative approach in processes.
- Incorporate financial wellbeing into the healing journey (which may include links to other services, payments and financial education).
- Utilise peer support workers and mechanisms e.g. buddies for new service users.
- At an appropriate stage in the journey, women and children are supported to develop a plan for transitioning out of the refuge.
- Support services build up resources during their stay, ready for when they leave.
- Programs/activities are tailored to women and children's needs e.g. age appropriate.
- Focus on enabling independence and work towards aspirations rather than goals.
- Partner organisations can work with the perpetrator e.g. men's behaviour change programs.
- Identify and ensure support services are culturally appropriate.
- Use tools such as the empowerment star tool for measuring engagement and progress.
- Offer advocacy in order to break down barriers to other services.
- Use translators where required.

Withdrawal management



- Non-medical and low-medical withdrawal management provided with support of a GP or visiting nurse.
- Women and young people can access withdrawal management.
- Non-clinical environment.
- Workforce must include specialists in withdrawal management and remaining staff should be appropriately trained to understand it.
- Integrate withdrawal management throughout service, ensuring thorough care.
- Partner with in-home/in-reach detox programs through a suitable and experienced provider to provide services onsite.
- AOD impacts are assessed in the context of trauma.
- Staff adopt a non-judgmental approach, understanding that relapse is part of recovery.
- The process is open and transparent.
- Peer support is available.
- Engage family members and/or friends in the process for support and to care for children while mother is withdrawing – this may involve having family or friends stay in the refuge.

Programs and activities



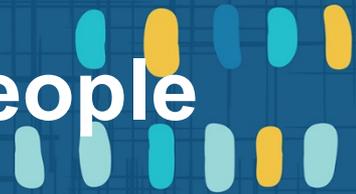
- Provision of Aboriginal healing and other cultural healing opportunities.
- Culturally appropriate activities and programs designed by Aboriginal elders, community and service users (where appropriate).
- Welcome to Country for women and children.
- Smoking ceremonies.
- Aboriginal facilitators for Aboriginal programs and activities.
- Partner with other services, organisations and activity facilitators as required where internal capabilities are not appropriate or sufficient.
- Prepare external facilitators for disability and access requirements, cultural intelligence and trauma-informed practice.
- Education in legal terminology and rights of individuals.
- Personal development programs.
- Developmental programs focusing on life skills (including financial).
- Child development.
- Family planning.
- Sport and recreation activities e.g. gym workouts or yoga.
- Using art and music as healing activities.
- Daily rehab hour.
- Educational opportunities e.g. completing a certificate/trade.
- Programs that involve family/friends to maintain connection.
- School camps and other holiday programs.
- Peer mentors and workers as facilitators of activities.
- Regular and easy feedback mechanism to ensure programs and activities are meeting the needs of service users.

Family and community connection



- Capacity for large families to stay in the refuge (i.e. more than three children).
- Consideration for pets, this could include partnering with pets in Crisis Program for pet placement
- Flexible age of access, including age limit of 18 years for boys in the refuge.
- 'Whole of family' (women and children) counselling and check-ins.
- Involvement of elders, grandparents and other supporting family and friends as required and appropriate.
- Trusted family and friends are allowed to attend meetings when consent is given.
- Development of parenting skills through programs and services.
- Provision of sufficient access to child care with consideration of women with multiple children and varying ages of children.
- Support for children with behavioural challenges.
- Create a safe space for children where they can begin to address the trauma of what they have experienced.
- Create positive opportunities for children to engage with males and peers.
- Build practices around the Safe and Together Model.
- Safety plans include sharing information and coordination with police, justice, men's behaviour change programs and FDV Response Teams.

Support for children and young people



- Utilising local community and cultural centres.
- Risk assessment and safety planning for children.
- Free and confidential therapeutic services for children.
- Positive male role models for teen boys.
- Keep perpetrator in sight and provide optional opportunities for children to connect with the person using violence (where safe to do so and appropriate).
- Support and encourage children to play and build social connections with each other.
- Design experiences to avoid vicarious trauma e.g. the location of services in proximity to others experiencing trauma.
- Programs to build independent living skills, self-esteem and resilience.
- Development of protective behaviours in programs for children of all ages.
- Increasing and affirming the children's voice to honour their experiences of the violence, giving recognition to the impact of FDV on children.
- Developmentally appropriate support for all ages.
- Stories recorded or put in a life story format to reduce the need to repeat information and risk re-traumatisation.
- Age and gender appropriate activities and facilities.
- Cultural celebrations and activities.
- Specific advocates e.g. child advocate or youth workers are available to support children.
- Work collaboratively with the school and teacher to support child's needs, help school staff understand the needs of children staying in the refuge and help with enrolments and logistics.
- Consider impacts of location and proximity to schools and other activities, which may involve transport options or changing schools.
- School supports part of the plan and communication for children.
- Consider housing support for older teens to develop independence.

Transition out of the refuge



- Create a plan for exit at the appropriate stage, as early as possible and update throughout the healing journey.
- Women and children are supported to develop a sense of purpose and goals for life after the refuge.
- Continue supporting women's and children's healing journeys through transition to ensure continuation of care.
- Exit strategies need to consider access to appropriate and safe accommodation, financial wellbeing and other services required.
- Partnerships with Department of Communities (Housing) and community housing providers to ensure access to safe, appropriate housing for service users who need it.
- Encourage service users to access the private market for housing where appropriate and possible.
- Plan for contact with the perpetrator where possible and appropriate.
- Incorporate women and children's feedback about their exit support plan.
- Engage with services and activities in women's and children's future communities in preparation for exit.
- Access to programs to build independent living skills (if needed) and resources while in the refuge to support life beyond the refuge e.g. financial planning and counselling.
- Peer mentoring and support for women and children.

Beyond the residential component



- Service and support continuation including outreach for both women and children.
- Support worker assigned to women and children for after care and help to sustain support and safety after leaving the refuge.
- Tapered after care with post-service check-ins e.g. every few months, to ensure needs are being met beyond the refuge stay.
- Women and children are provided the option to continue to access services, support and programs delivered by the refuge service without being residential.
- After care plan and warm referral on exit.
- Review of the risk and safety plan (if appropriate and needed).
- Big brother/sister program for children.
- Peer support structure e.g. outreach workers and peer support groups.
- Links with longer term support and review points as per family's request.
- Partnerships can facilitate longer term support, different services (such as adult education and job training).
- Support for school and adult education enrolments or applications.
- Women have the option to drop-in and out of the refuge service as needed.
- Volunteering opportunities in the refuge for women who have secured stability after their stay in the refuge.
- Toolkit for being independent and understanding how to access support when needed.

Facilities



- Facilities designed to feel like home and not clinical e.g. colour, music, fabrics.
- Outdoor spaces designed for use by both adults and children (need to be age appropriate to a diverse range of children).
- A mix of shared spaces and private spaces.
- Possibility for co-sleeping configuration of rooms.
- Assisted transport for people who need travel support including children's travel to and from school.
- Encourage use of cooking facilities within units for cultural, independence and family time.
- Hairdresser and pamper facility.
- Space for fitness, health, meditation, yoga and other health and wellbeing activities.
- Access for other agencies to attend the refuge rather than women having to seek support externally (where desired or needed).
- Space for visiting GP.
- Include desks for studying, access to technology and a secure network.
- Aboriginal culture reference points.
- Yarning circle, fire pit.
- All facilities designed to meet access and disability requirements.

System Level Considerations



Throughout the process of co-design, service users, service providers and other stakeholders identified conditions and potential changes required at a system-level for consideration by the Department of Communities (Communities) and their partners.

Communities have noted the System Level Considerations provided in the co-design report 'A Healing Journey'.

These System Level Considerations are not able to be implemented through the Peel Refuge process however, Communities will consider these findings in relation to other FDV services, in future.