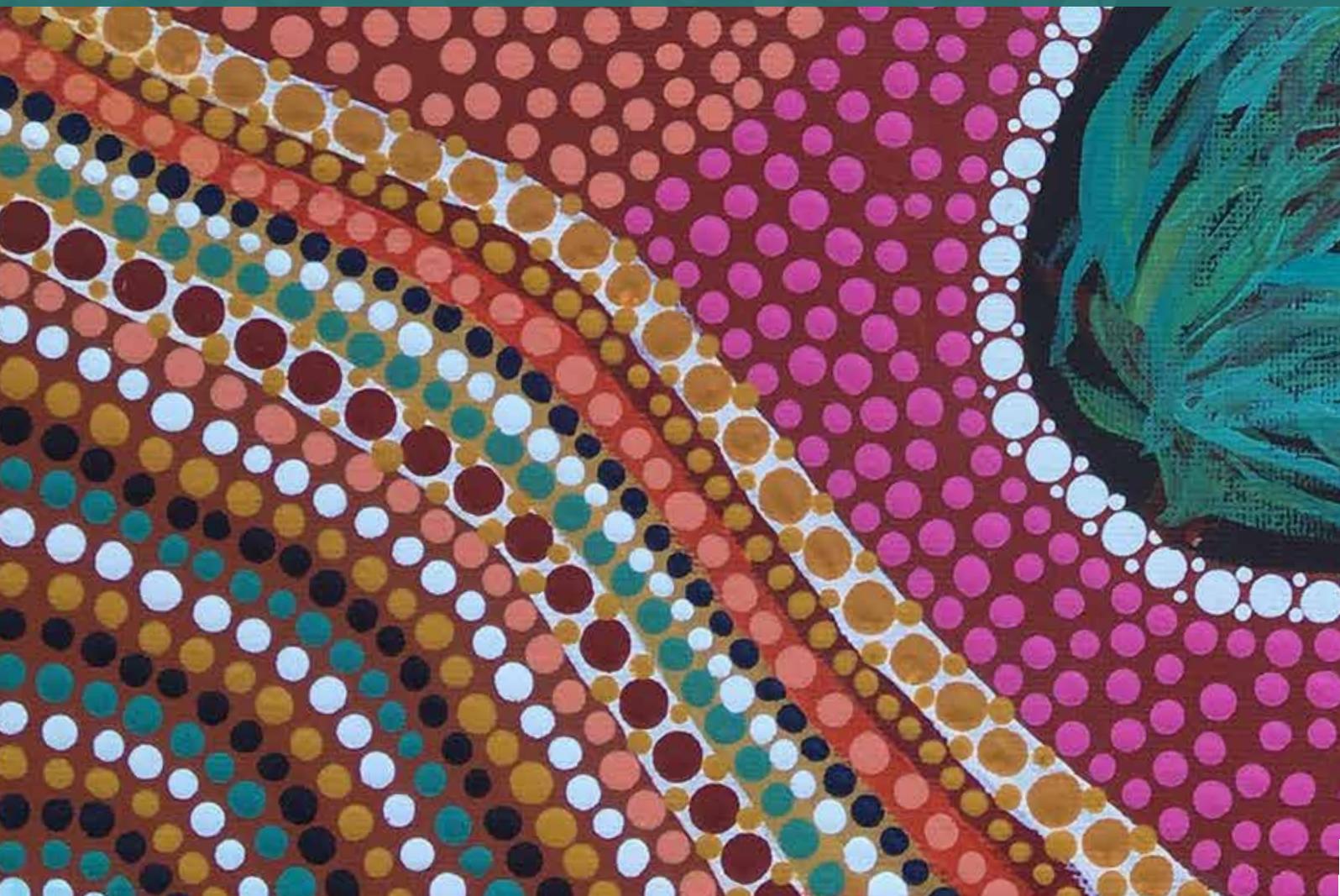




FAMILY AND DOMESTIC VIOLENCE

# ONE STOP HUBS STAKEHOLDER ENGAGEMENT AND CO-DESIGN CONSULTANCY REPORT

Kalgoorlie



## DISCLAIMER:

The opinions in this report reflect the views that have come out of the co-design process and do not necessarily reflect those of the Centre for Social Impact the University of Western Australia or Department of Communities (Western Australia).

This report has been created by Sharon Kenney, Kylie Hanson and Katie Stublely, Centre of Social Impact, the University of Western Australia (CSI UWA) for the Department of Communities (WA).

## ARTWORK:

The artwork that you can see throughout the report is called “Bush Foods” by Danielle Champion (Kalamaia Kapurn). “This is a painting of some of my favourite bush foods. The karlkurla (silky pear), the quandong and the wandarn (bardi grub). When I was younger I remember going out bush with my family. We would hunt for bardis and pick quandongs. My Nana makes the best jam and even taught me how to make quandong jam”.



“Bush Foods” by Danielle Champion (Kalamaia Kapurn)

# EXECUTIVE SUMMARY

In January 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 initial establishment of two One Stop Hubs (Hubs) to simplify access to specialist FDV support services. In April 2019, the State Government announced the Hub locations as Kalgoorlie and Mirrabooka.

The co-design engagement process has run from December 2019 to February 2020. There have been three co-design trips in Kalgoorlie with a diverse range of stakeholders including state government, local government, service providers, service users, community members, police, people with lived experience. There were also a number of interviews conducted, as well as a variety of other co-design methodologies used.

The model was generally accepted in Kalgoorlie except for the concern around the stigma and shame that could be caused from going to a place with any association to Family and Domestic Violence. Therefore, it was proposed that it needs to be known as a Community or Family Centre with many other ‘soft touch points’ to build a safe relationship with community members. These soft touch points could be art, healing, education and workshop sessions, cooking, Elder yarning circles, etc. These soft touch points build the community relationships and trust that are needed for further support.

This report outlines the key findings of the co-design process, and puts forward recommendations as a result of these findings to be considered by the Department of Communities (Communities).

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# 1. BACKGROUND

## 1.1. Background and context

In January 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 initial establishment of two One Stop Hubs (Hubs) to simplify access to specialist FDV support services. In April 2019, the State Government announced the Hub locations as Kalgoorlie and Mirrabooka.

The parameters for the delivery of the Hubs were identified in the Policy, of which the key components included:

- initial establishment of two 'One Stop Hubs', one metropolitan and one regional, to simplify access to support services;
- provision of integrated intake teams and specialist practitioners;
- an after-hours crisis response at each location;
- provision of appropriate infrastructure and technology;
- consultation with stakeholders to determine locations;
- culturally appropriate service delivery for Aboriginal and Culturally and Linguistically Diverse (CaLD) victims;
- access to financial counselling, medical, police, legal, accommodation and other services in one location; and
- a review of the effectiveness of the Hubs after three years.

Funding of \$15.9M has been allocated to deliver the Hubs for the period 2020/21 to 2023/24. This project is the responsibility of the Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services. It is overseen by the Community Safety and Family Support Cabinet Sub Committee.

To support an evidence-based approach and inform the Business Case, the Department of Communities commissioned Curtin University (Curtin) to conduct research and stakeholder consultations to inform the development of the Hub service model. This resulted in the identification of a preferred model that delivered a reduced cost Hub, operating Monday to Friday during business hours, with full-time co-location of partner agencies. The model aligns with the election commitment by providing:

- a meaningful approach to integrated service delivery;
- prioritisation of information sharing to support service delivery and perpetrator visibility;
- specialist workers to ensure culturally appropriate informed service provision for Aboriginal people, people from CaLD backgrounds and people with disability;
- parallel childcare services (on-site creche); and
- embedded mechanisms for evaluation.

## 1.2. Scope of work

Following a competitive Request for Quote process, the Centre for Social Impact was contracted by the Department to undertake the co-design process with community, community organisations and government within Mirrabooka and Kalgoorlie. The Request document outlined seven key areas of activity:

- project initiation and co-design development
- coordination and facilitation of an information sharing session with service providers and peak bodies,
- coordination and facilitation of co-design workshop with Government stakeholders to determine roles, enablers, barriers to service model.
- coordination and facilitation of ongoing engagement sessions with Government stakeholders,
- coordination and facilitation of co-design sessions with service users, in collaboration with relevant peak bodies where required,
- coordination and facilitation of co-design sessions with service providers, peak bodies, etc.,
- project closure and debrief.

## 1.3. Outline of co-design process

### 1.3.1. Purpose

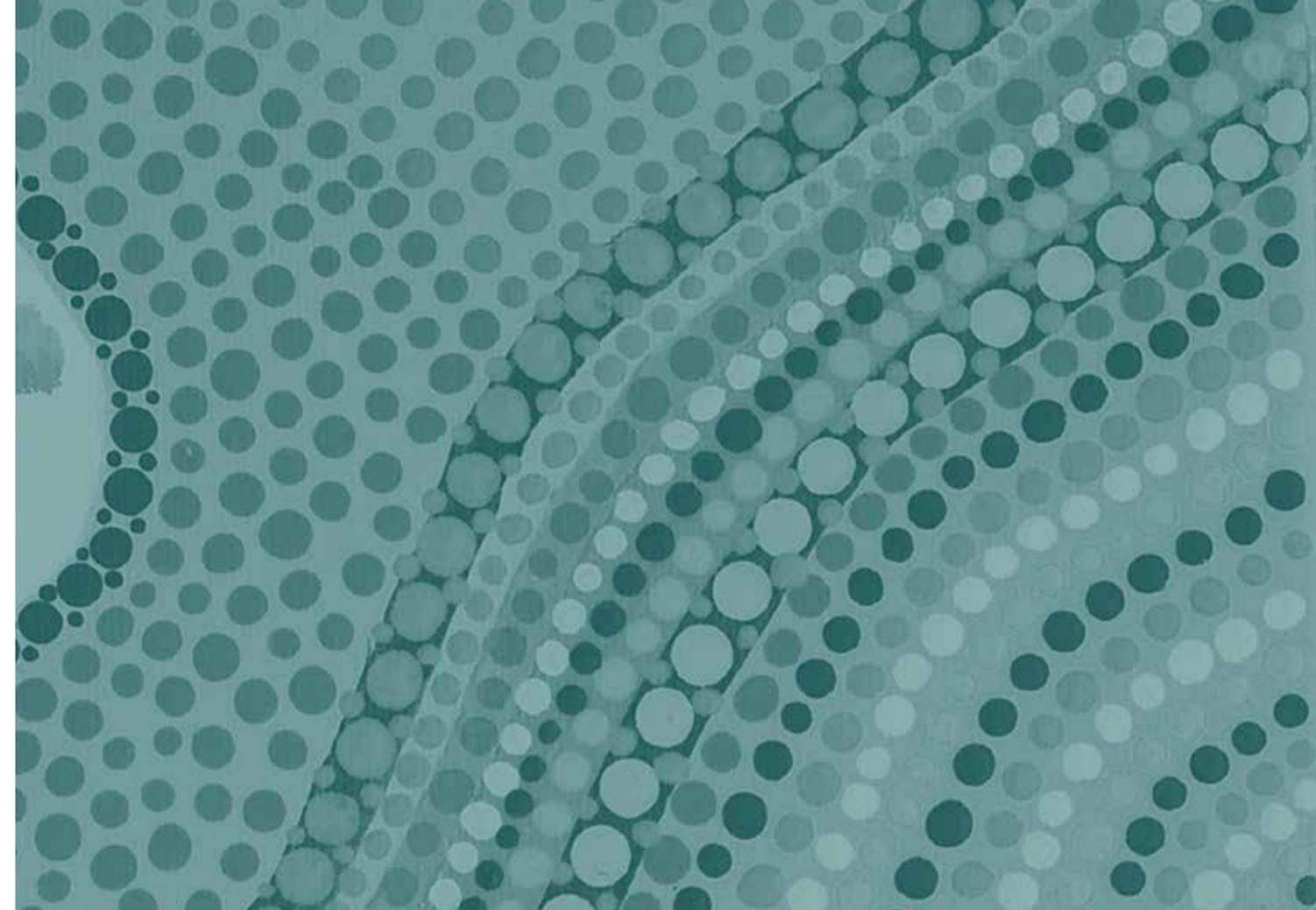
The co-design process engaged stakeholders on a variety of matters depending on the nature of their interests/influence. Throughout the process, the co-design process covered off on the below topics, in addition to many, many more:

- defining service user needs and aspirations, translating to project outcomes;
- defining service provider relationships;
- co-design of the service and its implications;
- identifying possible challenges and solutions;
- limitations of past, current or proposed services; and opportunities for innovation and sustainability.

### 1.3.2. Team

The team delivering the co-design process was intentionally created to ensure cultural safety, maximum engagement, and the capacity to draw on a variety of different experts as required. It included:

- People with lived experience were included in all parts of the co-design process;
- the Design Squad, which included facilitators, service designers, and Department of Communities staff; and
- the Co-Design Team, consisting of representatives from the system who took up the invitation to participate in design workshops run by the Design Squad. These people held specific lenses that are important for the design context, and were critical team members.



### 1.3.3. Overall engagement in co-design process

In total, over the three-month period, 60 people were engaged in six workshops and activities co-designing the Kalgoorlie Hub.

In particular, the engagement from service providers, and from Aboriginal people and community (identified by the Department as critical), has been very significant.

Detail as to the participants, activities and outcomes of each specific workshop are provided in Appendix B. Further information as to how participants experienced the process will be available in the forthcoming review of the co-design process, as part of the project closure and debrief.

# 2.

## FINDINGS

This section of the report outlines the key findings and insights from the co-design process. This consists mostly of points that we heard over and over again, indicating that they were important to all stakeholders - community, the community services sector and to government. This section also includes answers to questions that we may have held.

The findings form the basis for the recommendations section which follows. It is important to note that there are challenges in very clearly distinguishing between findings and recommendations, and these sections should be considered as closely linked and mutually reinforcing.

### 2.1. Key insights

#### 2.1.1. Community understanding

It was highlighted throughout the co-design process that there is very little understanding in the community of Violence Restraining Orders (VROs) and the 72-hour Police Orders and how they work. It is important to create a common community understanding of what these interventions actually do, and what they don't do.

#### 2.1.2. Regional realities

Couples often have a joint bank account. The co-design process surfaced the significant connection between FDV and homelessness, food insecurity etc; and it became clear that a lack of housing options in Kalgoorlie is likely a factor in people experiencing violence feeling able to leave the relationship. The Hub, then, needs to be part of a place-based approach with pathways to housing and other support.

One statistic which was repeated to us anecdotally across the co-design process in Kalgoorlie was that 84.7% of the prison population are Aboriginal, and that approximately 60% of these are FDV related.

#### 2.1.3. Acknowledging the history, and being able to talk about racism

In order to create an integrated and effective response to FDV in Kalgoorlie, it is important to be able to talk about the presence of racism in the community when it arises. Racism was named as the key issue across all conversations that we had in Kalgoorlie. This pervades community perception, and the likelihood for people who are Aboriginal or from a CaLD background to access the support that they need. It is especially challenging for Aboriginal women to seek support from non-Aboriginal services and people in Kalgoorlie.

Further, the history and current situation is that an unacceptable number of Aboriginal children are being removed from their families across Australia (i.e. not just within Western Australia). There has led to a deep fear from many Aboriginal women towards the Department, and towards Western Australian Police (WAPOL).

#### 2.1.4. Telling the story once

It was emphasised continually that it will be absolutely crucial for the Hub that victims tell their story only once. We heard that the not-for-profit (NFP) sector

has built the capacity to enable this over the last years through more effective referral and support processes; however, concern was expressed that there is still a requirement to repeat stories across government departments and agencies (e.g. WAPOL, Housing, Centrelink, etc).

#### **2.1.5. The need for advocates**

Related to telling their story only once, another key insight was that the Hub must include advocates that act as system navigators. The ability to have a choice of advocate - the person that will stand alongside you potentially for the next year or more - was also emphasised. Advocates will need to be adequately informed and connected to the various services that victims need to navigate. We heard that it is particularly dehumanising to be directed to a computer or form when first reaching out for help, and so an advocate role is required as the first point of contact and the person to walk alongside the victim.

#### **2.1.6. The overwhelming need for legal support and ensuring access to justice**

Legal services were ranked as one of the most needed services for the Hub. Conflicts of interest present a very specific challenge for regional areas - as soon as one party to a dispute contacts the Goldfields Community Legal Centre, the other party cannot access any support from them. This then presents a challenge for the other party to access any legal support at all, given that community legal centres (CLCs) provide one of the only freely available legal services for people experiencing vulnerability and disadvantage. The alternatives then are paying for legal support, and/or seeking legal advice outside of the region.

#### **2.1.7. Trust is everything**

The Hub model relies on strong relationships with WAPOL, the Department and other agencies and organisations. Further, the entire system will need to earn the trust of victims. Trust and relationships must be placed at the centre of everything that the Hub does.

#### **2.1.8. Lack of training and employment opportunities**

Another important regional reality that surfaced through the co-design process was the lack of training and employment opportunities in the region. This meant that a) there is a lack of qualified staff, and/or limited capacity for staff to engage in ongoing professional development and b) there are limited to no pathways in terms of training and/or employment for Aboriginal people.

#### **2.1.9. Understanding the nature of violence, and shifting public perceptions of violence**

An issue raised more than once is that we tend to focus on physical violence instead of all forms of violence. It was theorised that as a community, we have a preoccupation with physical violence because we can prove it; but that so much more of the violence that occurs is psychological, and/or sociological. The Sanctuary model, familiar with many government agencies and NFP providers, talks about the different levels of safety and how they are antecedent to physical violence; but most organisations in the system do not respond until a victim takes out a VRO - there is, in a sense, a requirement for physical violence before we act.

If we are really going to address violence, in all forms, we must ask ourselves why people seek power and control in the first place; and ensure that the community as a whole cares about answering this question.

If the Hub is going to be a critical element of the community's system-response to FDV, then we need to ensure wider movement building, we need our entire community to understand trauma and to think about what constitutes respectful relationships. We need more people accessing counselling, cultural healing, and healing practices as a matter of course rather than at a point of crisis. And, as a community, we need to be crystal clear on what constitutes violence and what we will not accept. This perception-shift, this building of movement, is much larger than what a single Hub can accomplish; but the Hub necessarily has to play a role within it.

#### **2.1.10. Cultural knowledge**

There is significant diversity within the Aboriginal community in Kalgoorlie. As such, a one-size-fits-all approach to cultural knowledge and safety will not work. To ensure cultural safety, there must be multiple access points available for victims; and cultural knowledge and practices, led by people from CaLD backgrounds and Aboriginal people must be embedded throughout the building, the service and the partners.

Further, the community wanted to acknowledge that FDV is not part of Aboriginal culture, or that of other CaLD community cultures. It is important to the Kalgoorlie community to adopt a strengths-based narrative. Keeping families safe, strong and together is the most important thing, and culture is the starting point for that.

#### **2.1.11. What about men? And what do we do for perpetrators?**

It has been raised continuously throughout the co-design process that the Hub should still provide some service for perpetrators, or at least we 'can't forget' about the perpetrators and working with them. It is beyond argument that a whole of community/system response to FDV in Kalgoorlie must consider the work that needs to happen with perpetrators. However, it is likely that, given the limited resources of the Hub, work with perpetrators may not be possible.

However, it must be noted that there are significant points across the perpetrator journey where, if interventions were made, then significant change could occur. The Freedom from Fear Campaign launched in 1995 was stated to be successful both anecdotally through the co-design process and in its review (Wood & Leavy, 2006). We heard that through the Freedom from Fear Campaign men will endeavour to voluntarily change behaviour but require prompting and support. For example, where a 72-hour Police Order is provided, there should be a pathway to access accommodation, removing the perpetrator from the victim/family (rather than the other way around), partnered with a strong wrap-around healing

response to start on the internal heart-mind work perpetrators need to grapple with. There was a strong desire across the co-design process for the 72-hour Police Order to be used in this way, and potentially for this pathway to be mandatory.

Within the Kalgoorlie co-design process in particular, it became clear that it was important to shift the narrative around men. It was emphasised that men need a different and more empathetic story. They have often been victims of FDV themselves, and for those men that do go to prison there are no healing programs and so it is challenging to break the cycle.

There was a strong desire in Kalgoorlie for strong male role models and mentoring programs.

#### **2.1.12. Existing strengths in the region**

Community services are convening, both informally and formally, regularly in Kalgoorlie. This includes Knowledge Circles which happen four times a year, alongside fortnightly BBQs. Further, the community themselves are running several informal activities to address the issues they see.

#### **2.1.13. We have to keep learning**

Any training of any staff engaged with the Hub and its partner services must be consistent. Trauma-informed practice needs to be at the heart of the model, and all training (working with Aboriginal people, with CaLD people, understanding FDV, colonisation, structural racism, white fragility and trauma-informed practice) must be completed prior to the opening of the Hub.

Furthermore, the Hub development must continue to learn from previous, similar work. The concept of a hub is not new. Evaluations of similar projects, both in other jurisdictions (i.e. Orange Door), and here in WA (i.e. DVAS) must be considered and incorporated in the development and implementation of the Hub.

Live prototyping with communities is required once the Hub is opened. This process will also be integral to fostering community ownership of the Hub. The learning with the prototyping must be shared widely, and improvements made.

## **2.2. Additional insights from service users**

### **2.2.1. Overall additional insights from service users**

Service users felt that FDV is misunderstood by most people that are not working in service provision. There is so little education about FDV and what it is. Most people in communities don't know that there is something wrong that they can talk about.

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, both from the perspective of shame and stigma, but also given concerns around safety. It is a myth that perpetrators are stupid. They are clever and determined, they will know what this is - and there is a sense that they can 'outsmart' services. There must be another, very compelling reason to visit this

building (e.g. health services), and/or a number of different entry points through other services/touch points.

Aboriginal women with lived experience should be employed as advocates, engaged in peer support and ideally sit in leadership positions within the Hub. They are uniquely placed to understand violence and advocacy from a position of living intersectionality. Further, this will organically increase the cultural competency of all workers and partners of the Hub.

### **2.2.2. Additional insights from Aboriginal service users**

- Due to institutionalised and structural racism it is harder for Aboriginal victims to gain help. Anecdotally we hear that it is less likely that Aboriginal women will be believed.
- Cultural healing programs that address intergenerational trauma and the effects of colonisation are of highest priority.
- For Aboriginal people to feel comfortable it is important to have yarning sessions, arts and cultural activities, cooking, gardening area, and outside space to support connection to country and nature.
- It is critical to ensure that there are men's programs, ideally through back-to-country trips.
- In Kalgoorlie, especially there are many different language groups and it is important to note that some groups may not feel comfortable sharing the same space at the same time. This will need to be considered in the design of the Hub, either in terms of physical design and/or in terms of the design of the model itself.

### **2.2.3. Perpetrator perspective**

- Often, perpetrators do not feel that they have done something wrong.
- In so many instances, there is past trauma in their history which perpetrators need help navigating.
- Perpetrators identified that there are 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.

# 3. RECOMMENDATION

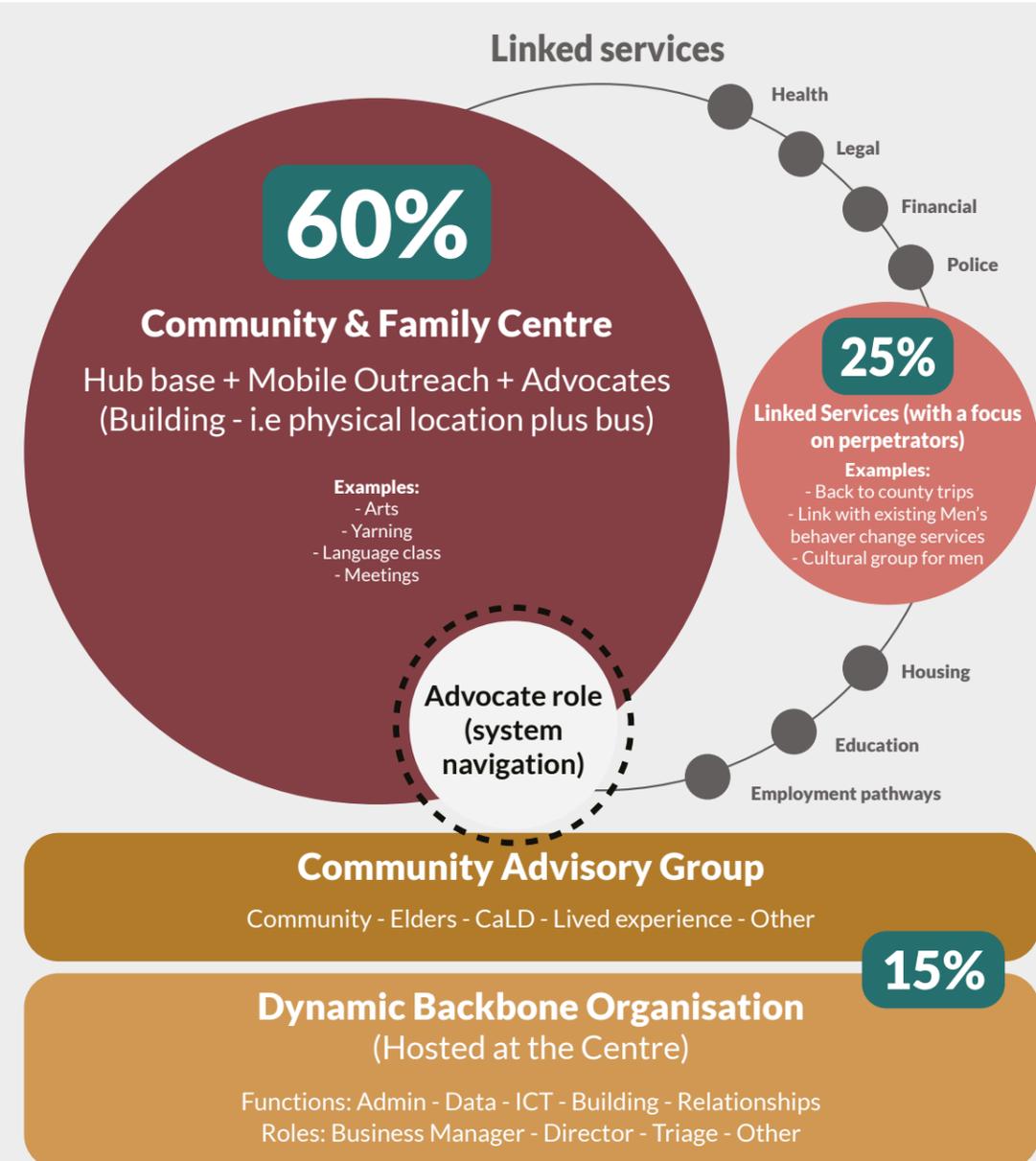
This section outlines the recommendations, taken from the findings, for the Kalgoorlie Hub.

## 3.1. Proposed Model - An Outline

Further information about the elements of the Model are provided below.

Model Version 2.0 is the second iteration of the Hub model that was co-designed through the co-design process. For further information on the previous iteration (Versions 1.0) please see **Appendix B**.

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



### 3.1.1 Community and family centre

The community centre is a place where everyone feels welcome, where there are arts, crafts and yarnning. Having a community healing centre in the building of this Model reduces the stigma of walking into a FDV Hub.

It is a space where Elders meet and talk (important for establishing and maintaining cultural authority). It encourages the building of relationships through 'soft' activities; and enables community to feel safe, and to meet a variety of advocates who may walk alongside them in their journey to navigate systems and recover from the trauma of violence.

#### Name of the Hub

Many Mara: Community Centre was one of the names that was suggested. In each session it was clear that in order for this to be a place without shame or stigma it needed to be referred to as a community or family centre.

The word Mara translates to hand. This word is used across many Aboriginal languages in this region so is seen as being inclusive. It was suggested that this could be accompanied with the word 'welcome' in many different languages to ensure that others feel welcome at the Hub too. Although, it was said that the building needed to be strongly identifiable as having an Aboriginal focus. The words 'community' and 'family' came up as being very important to include in the name of the Hub.

Additional specific recommendations on a) the internal design and layout and b) the types of activities proposed by the community are provided below in brief, and in more detail at Appendix B.

### 3.1.2. The community group

Located within the 'community group' are the Elders, community leaders and peer support; and advocates to support victims in system navigation, to advise the backbone organisation and ensure that the Hub model works and evolves.

#### The role of advocates

The role and importance of advocates was the single most agreed upon element through the co-design process. Advocates can be seen as a kind of 'case manager'. They 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, she is not telling her story more than once. Advocates will be based at the Hub, but much of their work will likely be outreach and/or accompanying women where-ever they are.

Note further, as previously mentioned, that the co-design sessions emphasised the importance of women being able to choose their advocate. As such, having a diversity of advocates will be critical.

### 3.1.3. The dynamic, backbone organisation

The backbone organisation is (presumably) the organisation that wins the tender. The requirements for the backbone organisation are outlined both in the Model above, and in Appendix B.

Role: Shared vision, coordination and communication, fostering connection and relationships, capacity building, shared databases, constant improvement and innovation, support and liaison 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 services to adjust service so every lesson/client/staff experience is also about finding solutions for 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

## 3.2. Other Key Principles/Elements of the Model

This section outlines additional elements or principles that are recommended for the Model that are not covered off by section 3.1.

### 3.2.1. Target service users

It was noted during the co-design process that Aboriginal women were still the most likely to be affected by FDV in Kalgoorlie, and that there was a lack of culturally-appropriate services for the Aboriginal communities.

The service will be open to all, though there needs to be a focus within Kalgoorlie for:

- Aboriginal women,
- Aboriginal families,
- People with disability.

It is important to note that FDV is often spoken about in crisis moments at its most acute point in the journey; however, for many, FDV is more chronic than acute (it is long-term and consistent). Participants throughout the co-design process felt that the Hub needs to address chronic FDV and not be solely for acute/crisis moments.

### 3.2.2. A 24/7 experience

People experiencing FDV require 24/7 support services. 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. FDV does not occur only in business hours. During interviews we were told that the peak times for FDV are after business hours. For this to be supported, the service providers will need to consider how to link or refer people after hours.

### 3.2.3. Interior/building design recommendations

Note that further recommendations on interior/building design are provided in Appendix B.

- Warm,
- Welcoming,
- Safe,
- Back door entrance and safe way out of the building,
- Outside space,
- Creche,
- Office space,
- Art space,
- Yarning spaces,
- Secure fences,
- Not-clinical,
- Local artwork,
- Feels like 'home' more than an office,
- Bean bags, comfortable couches,
- Welcoming and inclusive gestures (e.g. flags).

### 3.2.4. Information and communication technology (ICT) requirements

Service users, service providers and government staff all provided perspectives throughout the co-design process on the plethora of largely siloed databases, tools, and frameworks which lead to different forms, different 'counting' methods, different referral processes and the repeating of stories for people experiencing FDV. The challenge, especially for coordinating reporting and data sharing (more below) across government agencies, is which database, tool or framework presents the 'source of truth'. Due to the nature of the services provided by government, all of them have to provide the source of truth for their particular area. If the Hub were to be a truly collaborative and coordinating place-based initiative for Kalgoorlie, there would be a system by which data (and therefore ICT) is shared across partner organisations and agencies.

During some interviews, there was discussion about how investment in an app that would effectively operate as a Client Management System (CMS) could sit alongside all three FDV projects which the Department is currently investing in. This would, however, not be able to be financed by just one Hub alone and would require a coordinated response, likely from the Department, to action.

It was noted that many in Kalgoorlie were unaware of the Common Risk Assessment and Risk Management Framework (CRAMF) and most thought that it would be a good idea to implement it across agencies.

### 3.2.5. Data and information sharing requirements

Throughout the 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 providers, and record their story on multiple, different forms. This is a particular challenge for organisations and agencies with statutory or other very strict confidentiality obligations, including WAPOL and legal services.

As described above, a possible solution is a Client Management System (CMS), where all stakeholders (services in the Hub) can access the data/information. A similar example might be 'myhealthrecord' or the mechanism by which homelessness data is captured (SHIP).

Issues in sharing information are often cited, but are in fact relatively easy to overcome. It is possible to enable legislatively for governments to share information with NFP organisations who are working with shared clients; the information simply needs to be managed strongly. We heard examples throughout the co-design of government agencies being able to share information with ease, and of government agencies and NFP organisations being able to share information where there is consent in place, or through other creative means to ensure safety of NFP workers (e.g. WAPOL are statutorily constrained from providing drivers license or lock-up photos of perpetrators to partner organisations, but are able to show them photos, though they can't take them away with them). We are confident that, given the Hub is an election commitment, that any challenges in data sharing will be overcome. It's also important to note that when the Children and Community Services Act was updated it included greater provisions for information sharing, therefore consent not needed in all circumstances.

It will be important to pay closer attention to this requirement based on which organisation(s) become the coordinator of the Hub. If we don't clearly map out how Department and WAPOL information is used, mapped, shared, then we can potentially increase risk for victims and children.

Real-time data sharing is ideal; however, uploading key information/records to the client's file regularly in the CMS is likely more feasible and cost effective. In this way, the data upload is similar in nature to the utilisation of the CLASS database utilised by Community Legal Centres. A dedicated officer to enter, monitor and analyse data might add value.

### 3.2.6. 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 Kalgoorlie services

It is also important to note that, as any collaboration across agencies and organisations needs to, the Hub will need to navigate the geographic boundaries for WAPOL, the Department, other government agencies, and the funding contracts for different service providers. These rarely (if ever) align.

### 3.2.7. Connections with WAPOL and the Department

1. Concern was raised throughout the co-design process at having WAPOL in the Hub, especially for people from CaLD backgrounds. Interviews with people from CaLD backgrounds with an experience of FDV suggest that they want WAPOL there, and still want them as a first point of contact (where appropriate and required), but they must be trained/informed in culture, DV and trauma.

Given the nature of election commitments and the announcement of the FDV Hub location, perpetrators of violence within the community will know what the building is. As such, it will be important to protect victims seeking support there (and ensure the safety of other members of the community who may be accessing the healing centre and/or other activities).

Given all of the above, it is recommended that there is a WAPOL presence at the Hub; but that the presence is ideally female, and in plainclothes (not uniformed).

2. Where there are very real, present and significant safety concerns, NFPs will often refer to or engage with the Department. The Department has the 'force' of the state government behind it, and is able to take actions which would not be possible for NFP organisations.

The Department and WAPOL are concerned for the very high risk FDV families which likely cannot be managed by a NFP-coordinated Hub. As such, it is very important that there are strong relationships between the Hub, the Department and WAPOL.

The relationship with WAPOL is articulated above. Perspectives throughout the co-design process were highly varied as to whether there should be a co-located child protection worker. Considering all of the factors, it is recommended that there is a co-located child protection worker, but that they provide support for the Hub staff, a type of safety net, rather than directly seeing people coming to the Hub. A further possibility is that there is a dedicated worker at the Department whom the Hub staff/advocates call upon for help and support.

### 3.2.8. 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 a Family and Domestic Violence focus the greater the risk is for someone entering, especially as the location is so visible.

Some points that were raised during the co-design process:

- Good communication about the services on offer need to go through other services in the Goldfields and also through educational newsletters
- Public advertising could focus on respectful relationship education, self-care workshops, friends of people who are in abusive relationships and the other 'soft activities'
- Where possible there are strengths based language used and a strong focus on being for the community with a variety of specialist services in financial counselling, FDV and legal support.

### 3.2.9. Outcomes, monitoring and evaluation

As per the Delivering Community Services in Partnership Policy (DCSPP), the Department will procure based on a series of service level outcomes that have been co-designed with the community. Ideally, with more time, planning and resources, we would then test our final report with all stakeholders involved in the co-de-

sign process; and another phase of planning for procurement would begin which would specifically focus on co-designing the outcomes.

Without that time, planning and resource, this co-design process has provided the body of work upon which service-level outcomes are proposed in the following section of the report.

The monitoring and evaluation then, depends on agreement on the outcomes, and then agreement between the coordinator of the Hub and 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/coordination amongst service providers - though, being cognisant of the fact that it is possible the model will impose an additional administrative burden on services,
- Continuing to learn, and improve the model, based on feedback and experience of service users and of service providers.

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).

Possible indicators and measures that could be considered include:

- Target service users use the Hub,
- People experiencing FDV feel supported by their community and services,
- People experiencing FDV feel safe in their community,
- The trauma from re-telling of experiences of FDV is reduced,
- People perpetrating FDV are accessing other services that decrease incidence of FDV e.g. AOD,
- People experiencing FDV in WA are kept with their children and able to support them (link with Department's own framework),
- An increase in number of organisations, services and agencies that are using trauma-informed practice,
- Survivors of FDV in WA feel more confident and independent (link with Department's own framework).

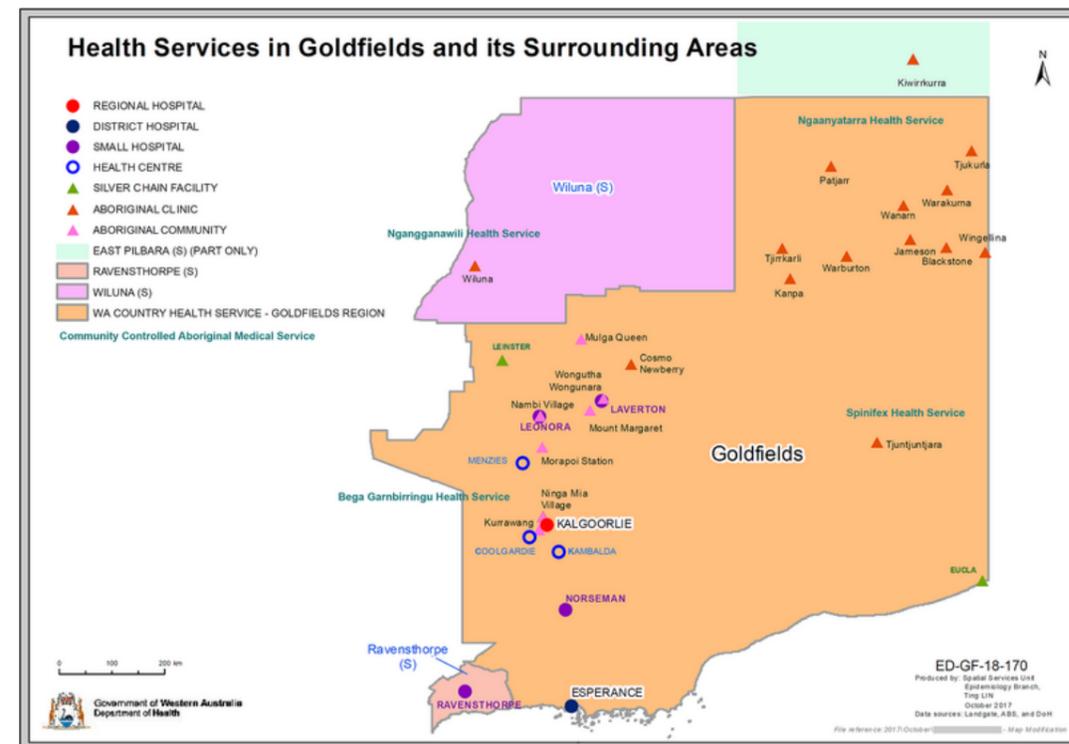
Note that these are all possibilities that arose throughout the co-design process, and that the indicators and measures have to be relevant to the specific service-level outcomes upon which the contract is designed.

### 3.2.10. Geographic boundaries

There was some discussion through the co-design process as to how far the Hub should reach, whether that be Kalgoorlie-Boulder, the broader Goldfields region, or something in between. Whilst the process did not land on a specific position on this topic, it was highlighted as important that the Hub does provide outreach to surrounding areas including Laverton, Leonora, Norseman and the communities further east out to Wingelina.

Self-referrals should be accepted from the broader Goldfields-Esperance region.

Participants noted the limitations, however, with respect to resourcing outreach and the servicing of a large proportion of self-referrals from the greater region. There was a general consensus that a review of demand early in the implementation of the Hub should be undertaken.



In the co-design sessions it was noted that other programs that had worked in Kalgoorlie had mobile buses to reach communities. One example of this was the Western Desert Kidney Health Program.

### 3.2.11. Other recommendations based on key insights

1. Proposed models must demonstrate how they support women to tell their story only once, and allow for service users to have a choice of advocate.
2. Proposed models must consider how the Hub shifts public perceptions of violence. It is important to note that the recommendation is not that the Hub holds responsibility for shifting this, and creating community awareness. There are not sufficient resources to mandate this. However, as outlined in Findings, this is an important element of the community's response to FDV which the Hub must play a role within.
3. Proposed models must be culturally safe for women from CaLD backgrounds, and Aboriginal women.
4. Trauma-informed practice needs to be at the heart of the model, and all training (working with Aboriginal people, with CaLD people, understanding FDV and trauma-informed practice) must be completed prior to the opening of the Hub.
5. Proposed models must have a mechanism for continuing to prototype and learn with community and stakeholders.
6. Women of colour - Aboriginal women (multilingual) and CaLD women (multilingual) - with lived experience should be employed as advocates, engaged in peer support and ideally sit in leadership positions within the Hub.

# 4.

## PROCUREMENT OF THE KALGOORLIE FDV HUB

This section takes the findings and recommendations as outlined above and locates them into the context of the procurement for the Kalgoorlie FDV Hub. Specific recommendations for the procurement process including draft service-level outcomes, recommendations for the Request itself, and recommendations for assessment of tenders are provided here.

### 4.1. Contract outcomes

#### 4.1.1. Population-level outcomes (linked with WA Outcomes Measurement Framework)

For reference, the population-level outcomes that this procurement process should orient towards are:

- We are free from domestic and family violence (Safe domain),
- The impact of domestic and family violence is reduced (Safe domain),
- We are, and we feel, safe and free from harm (Safe domain),
- Our physical, mental, emotional and spiritual health is as good as it can be (Healthy domain),
- We act to protect and promote our health and wellbeing (Healthy domain),
- We are financially secure and have suitable, stable and culturally appropriate housing (Stable domain),
- We have access to the services and support that we need (Equipped domain),
- We feel loved, supported and that we belong (Connected domain),
- We have access to justice (Empowered domain),
- We lead fulfilling lives because we choose how to live our lives (Empowered domain).

#### 4.1.2. Draft service-level outcomes

Based on the above, and on the co-design process, the recommendations for the draft service-level outcomes are:

- Victims of FDV have a safe space from which to access the services and support that they need, when they need it.
- Victims of FDV are supported along their journey by their choice of advocate, and do not have to repeat their story.
- The Hub plays an important role in the community's awareness of, and response to, FDV.

As noted above, the specific indicators and measures that form the evaluation and measurement for the contract must be co-designed by the Department and the successful tenderer.

### 4.2. Qualitative criteria

These recommendations are made with the understanding that State Supply Commission policies, the DCSPP and other policies and procedures still need to be adhered to - as such, this is not an exhaustive list of the requirements which Requests will have to provide.

#### 4.2.1. Service model

The components of the criterion as articulated in the Empowering Communities tender seem as though they can be used to meet the needs of this process:

- Philosophical alignment,
- Community profile,
- Overview of proposed service model,
- Example activities and
- Stakeholder engagement.

Across these areas (perhaps with the removal of Example Activities), respondents should be asked:

- Outline how your service model draws upon, and builds upon, the community's needs as identified through the co-design process.
- Outline how your service model builds on the strengths of existing services and networks in Kalgoorlie.
- Outline why your model is the best one for the current state of FDV in Kalgoorlie?
- Articulate the role that the Hub should play in the broader system/community response to FDV in Kalgoorlie.
- How does your model engage with other services in the Goldfields and Kalgoorlie?
- How will you continue to prototype and learn with the community and partners?

#### 4.2.2. Personnel, organisational capacity and demonstrated experience

Responses should provide the following organisational data:

- Aboriginal, CaLD and women employment statistics;
- Aboriginal, CaLD and women in leadership positions across the entire organisation and within Kalgoorlie;
- Turnover rates of staff (in general and for Aboriginal and CaLD staff).

Further, responses should be able to articulate the following:

- How will you employ and measure the performance of the advocates?
- Relevant Examples, demonstrating that they have undertaken work similar to this previously.
- Examples which demonstrate how they have worked with their proposed organisational partners in the past.
- Examples which demonstrate how they have built trust with the community.
- Professional development plans for staff and Hub partners that meet the requirements of training as described in 3.2.10 (common, culturally safe, trauma-informed).

#### 4.3. Selection/assessment process

- The Department should form a Community Advisory Group to play a role in the assessment of tenders. They could, for example, be a non-voting entity providing expert advice to other panel members.
- The Department should provide an opportunity for organisations to present for 20 minutes to the Panel (the equivalent of opening statements). It has been noted through the co-design process, that Q&A would not be possible, and the statements would need to be recorded.

#### References

Wood, L., & Leavy, J. (2006). Review of the Western Australian Freedom From Fear Campaign. Perth: Family and Domestic Violence Unit, Department for Community Development, WA

