A Healing Journey

Peel Therapeutic Women's Refuge

Co-Design and Stakeholder Engagement Report

March 2020

Thank You

To the people who shared their expertise and ideas informed by their own lived experience.

To the many diverse representatives from community organisations and services who gave their time, expertise and passion to this project as well as their ongoing efforts to support those experiencing the impacts of family and domestic violence.

To the representatives from government and peak bodies who participated with open minds and contributed critical insights and guidance.

To all the people and organisations who contributed to this project. Only with your collective efforts was this project possible.

Acknowledgement of Country

Innovation Unit acknowledges the Whadjuk and Bindjareb Noongar people as the Traditional Owners of the country upon which this project was conducted. We acknowledge the importance of paying respect to their land, their Elders past, present, and emerging, and the continuing cultural and spiritual practices of Aboriginal people.

Caution

Some people may find parts of this content confronting or distressing.
Recommended support services include:
1800 Respect - 1800 737 732
Lifeline - 13 11 14
Women's Domestic Violence Helpline - 1800 007 339
Men's Domestic Violence Helpline - 1800 000 599

This report explores the findings of a co-design and stakeholder engagement project commissioned by the Department of Communities and delivered by Innovation Unit.

Innovation Unit is a not-for-profit social enterprise that grows new solutions for complex social challenges. By making innovation happen we help create a world where more people belong and contribute to thriving societies. We build alliances with ambitious places, organisations and systems around the world to adapt, adopt and scale innovations that deliver lasting impact.

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1.
Introduction

1. INTRODUCTION

The WA State Government's *Stopping Family and Domestic Violence* policy includes a commitment to establish two additional women's refuges. One of these refuges will be tailored to provide person-centred integrated responses for family and domestic violence (FDV) victims with co-occurring mental health concerns and/or harm from alcohol and other drugs. The Peel Therapeutic Women's Refuge (Peel Refuge) will be the first of its kind in WA.

A co-design process to assist in the development of the new service model was conducted from December 2019 to March 2020. There were 125 participants across workshops, sessions and interviews, and 49 completions of the service user survey. The findings from this process have informed service design recommendations, which are outlined in this report.

1.1 Co-Design and Stakeholder Engagement Method

In November 2019, the Department of Communities (Communities) commissioned Innovation Unit to facilitate and support a human-centred co-design and process. Innovation Unit developed a tailored approach to meet the program needs and ensure the service model design is evidence-informed and privileges the voices of those with lived experience.

The co-design process was designed to encourage active participation, creativity and open, non-judgemental communication with a consistent focus on outcomes for women and children experiencing FDV, and the community. The project incorporated co-design tools and ways of working that acknowledge and recognise the importance of everyone being able to participate fully and meaningfully; whether they are service users, government officials, service providers, sector professionals or other stakeholders.

Participant safety was supported through:

- Ensuring no harm is done to self or others.
- Anticipating and preventing potential risk through all stages of the work.
- Creating conditions for everyone to fully participate in, and benefit from the work.
- Recognising and supporting the needs of everyone involved in the work, including respecting diversity in ability, identity and culture.

The Innovation Unit team included an Aboriginal Cultural Co-Designer to support the needs and perspectives of Aboriginal people involved in or impacted by the process.

1.1.1 Mindsets

Throughout this project, participants in the co-design process were encouraged to adopt mindsets for social innovation[1]. Published by Innovation Unit in 2018, these are:

- Curiosity - Being radically open and unburdened by expertise.
- People are the experts - Privileging the views and participation of people with lived experience.
- Learning by doing - Preferring to learn through action to improve our ideas.
- Comfort with failure - Cherishing the learning opportunities failure brings.
- Being in the grey - Being comfortable with ambiguity and not knowing the answers.

1.1.2 Process

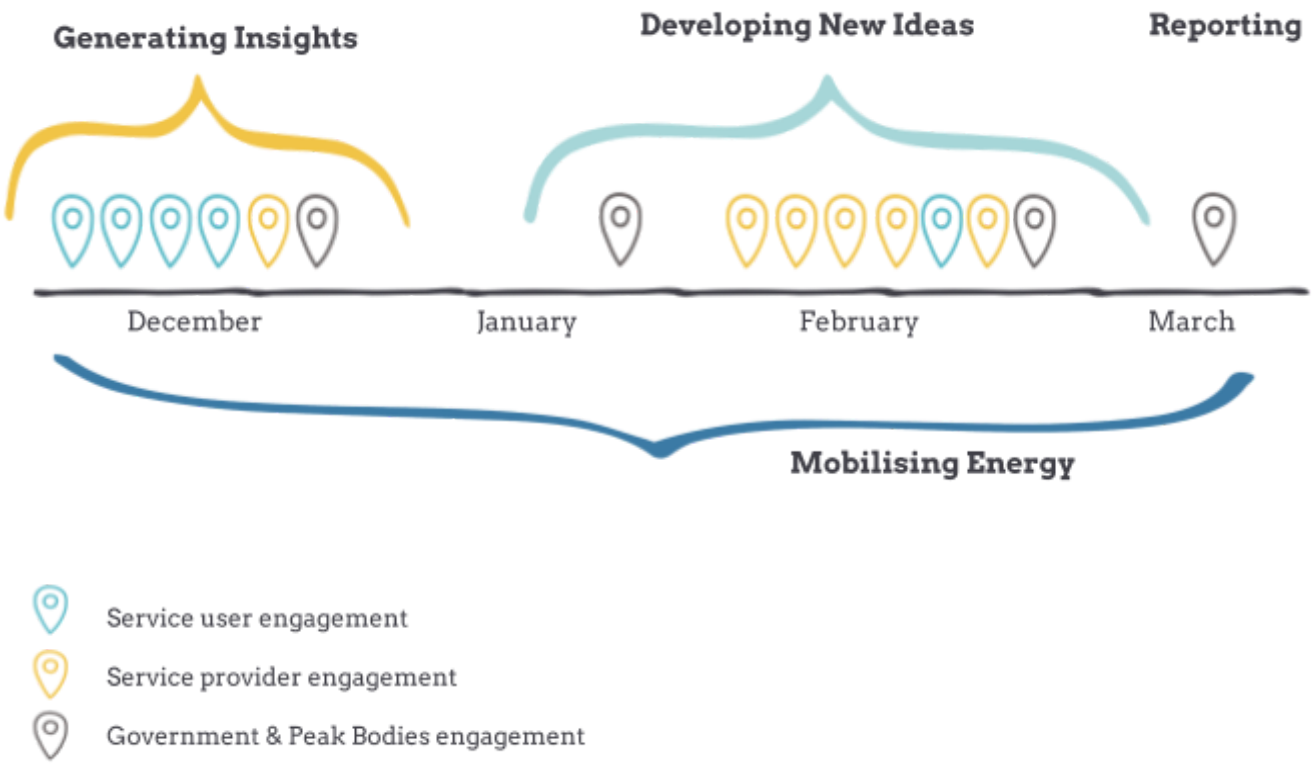
The co-design process was informed by the Innovation Unit Formula for Innovation and Impact[2] (the Formula). In developing new solutions, the Formula features the following areas:

- Generate Insights
- Mobilise Energy
- Design New Solutions

The following timeline demonstrates the points of engagement throughout the process and how they relate to the Formula.

[1] Mindsets for Social Innovation. (2018, 3 December). Retrieved 9 March 2020, from https://www.innovationunit.org/thoughts/mindsets-for-social-innovation/

[2] Innovation Unit, Approach. (n.d.). Retrieved 9 March 2020, from https://www.innovationunit.org/approach/



The table below outlines all the co-design and engagement activities undertaken by Innovation Unit throughout the process.

DATE	ACTIVITY	DESCRIPTION
3 - 18 December 2019	Service User Survey	An online survey requesting responses from a broad range of users of FDV service and distributed by Communities and relevant peak bodies.
4 - 13 December 2019	Service User Interviews	Eight individual interviews were conducted in person or by phone with people who have previously used a refuge service, including women and people who were children when they stayed in a refuge.
16 December 2019	Service Provider Workshop (Peel)	Facilitated workshop with representatives from service providers in the Peel region. 20 participants worked in small groups on activities and discussions around enablers and barriers of the current service ecosystem, and high impact opportunities for innovation during service model development.
17 December 2019	Co-Design Workshop with Government & Peak Bodies	Facilitated workshop with representatives from government and relevant peak bodies. 18 participants worked together on activities and discussions on understanding the service ecosystem, exploring enablers and barriers, and high impact opportunities for innovation during service model development.
23 January 2020	Expert Interviews	Interviews conducted with three FDV service staff who work directly with service users to complement the service user interviews and build understanding of service responses required to meet diverse needs.

DATE	ACTIVITY	DESCRIPTION
29 January 2020	Touch Point No.1 for Government & Peak Bodies	Presentation and facilitated discussion with 9 representatives based on co-design outcomes to date.
13 February 2020	Service Provider Workshop (Perth)	Facilitated workshop with representatives from service providers. 22 participants worked in small groups on activities and discussions around service ecosystem level considerations and high impact areas for innovation during service model development.
14 - 19 February 2020	Intensive Co-Design Symposium	10 service providers (represented by 2 staff each) were selected from an expression of interest process to take part in three days of intensive co-design (17-19 February), opened with a briefing on 14 February. Facilitated workshop days included presentations from other service providers (local and interstate), and activities and discussions around insights emerging from user research, refining the service model (principles and components), building journey maps, and drafting intended outcomes of the new service.
27 February and 3 March 2020	Service User Follow-Up Engagement	One-on-one phone interviews were conducted with three service users in order to test journey maps and concepts for the service model design.
28 February 2020	Co-Design Symposium Debrief & Touch Point No.2 for Government & Peak Bodies	Facilitated debrief session with 22 representatives from the Co-Design Symposium and Government & Peak Bodies group. Presentations and discussions focused on collating and analysising key themes and findings from the Co-Design Symposium.

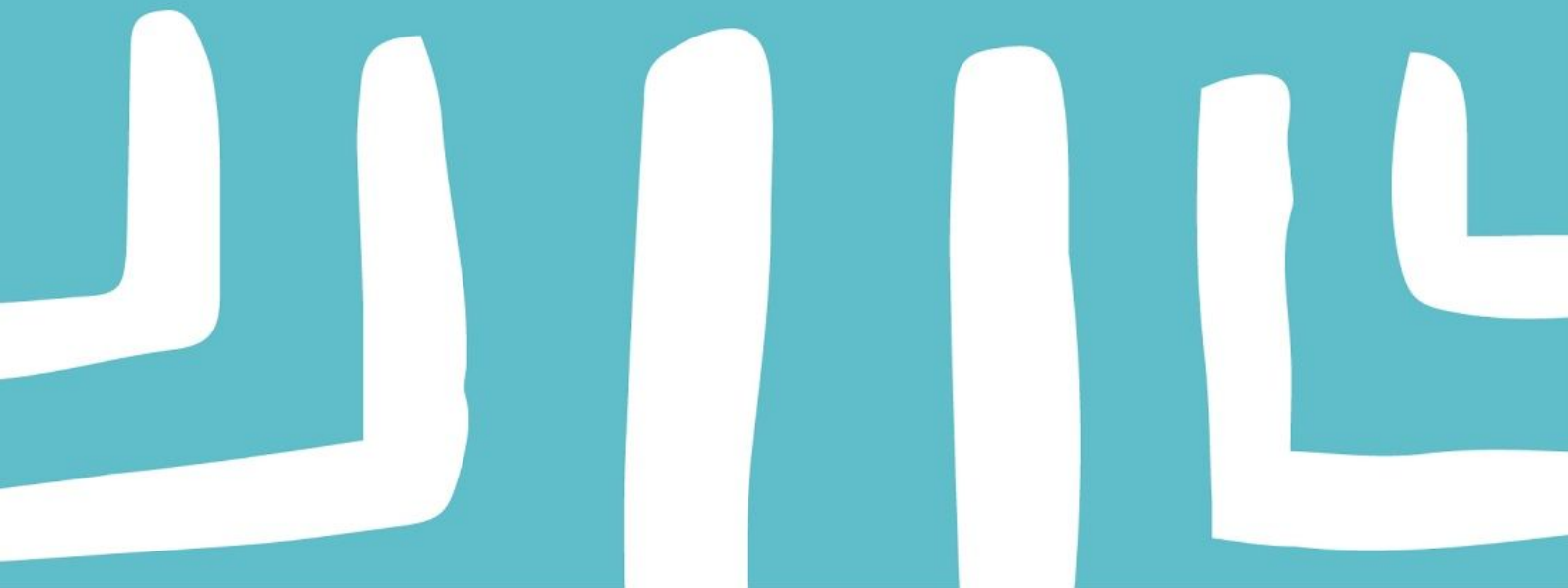
Note that in some cases the target participation rate was higher than the actual participation (stated in the table). All parties involved made their best efforts to ensure sufficient participation rates, however the project timeframes and time of year (over Christmas and summer holidays) may have contributed to limited participation in some cases.

Following the above activities, three collaborative report writing sessions were held with Innovation Unit and Communities staff. In order to receive feedback, reflect and learn from the co-design process, a co-design participant feedback survey and Lessons Learned Workshop are planned to follow.

Communiques with further details were developed for each engagement activity. These can be accessed on the Communities website[3].

[3] https://www.communities.wa.gov.au/projects/two-new-fdv-women-s-refuges/two-new-fdv-womens-refuges-communiques/

2.
Background



2. BACKGROUND

As part of the WA Labor *Stopping Family and Domestic Violence (FDV) Policy*, the McGowan Government has committed to establishing an FDV Therapeutic Women's Refuge in Peel (Peel Refuge).

The Peel Refuge is an evidence informed service model expected to support a wide range of short-term health and wellbeing outcomes, including supporting women and children to live free from violence, facilitating appropriate care for complex and co-occurring health issues including harm resulting from alcohol and other drugs and mental health concerns. Where applicable, the service may also support women to be reunified with their children in care.

The concept for a therapeutic refuge service in Peel was devised following research prior to the co-design and stakeholder engagement process. Further insights arose from the co-design process that support the idea that such a service is required in WA.

2.1 Definitions

2.1.1 List of Acronyms

Below is a list of acronyms used throughout the document and their meaning.

ACRONYM	MEANING
AOD	Alcohol and other drugs
CaLD	Culturally and linguistically diverse
CRARMF	Common Risk Assessment and Risk Management Framework
EAP	Employee assistance program
FDV	Family and domestic violence
MOU	Memorandum of understanding
SHS	Specialist homelessness services

2.1.2 List of Definitions

Below is a list of terms used throughout the document and their meaning.

TERM	MEANING
Children	Children in this context refers to the children of women who may need to use an FDV refuge service.
Common Risk Assessment and Risk Management Framework	The Framework sets common practice standards for family and domestic violence screening, risk assessment, risk management, information sharing and referral for services – mainstream and specialist, government and community sector[4].
Cultural Intelligence	Cultural intelligence can be defined as "a person's capability to adapt as s/he interacts with others from different cultural regions". It has behavioural, motivational, and metacognitive aspects[5]. In the context of the Peel Refuge, Cultural Intelligence has been considered as the practical application of Cultural Safety. As a set of practices, it is something that can and should continue to be the focus of growth and development in both individuals and services.

[4] https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Pages/CRARMF2.aspx
[5] Earley, P. Christopher (2002). "Redefining interactions across cultures and organizations: moving forward with cultural intelligence". In B. M. Staw (ed.). *Research in Organizational Behavior*. 24. R. M. Kramer. Oxford: Elsevier. pp. 271–99.

TERM	MEANING
Cultural Safety	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive services free of racism[6].
Exit Interview	An exit interview is an interview that takes place at the time a person finishes at a workplace or program, in order to reflect on and discuss the person's experiences. This can then inform learning about and development of the workplace or program.
Outcomes Star	The Outcomes Star is a family of evidence-based tools for measuring and supporting change when working with people[7]. Some examples of stars include Family Star and Recovery Star. The tools were developed by Triangle Consulting Social Enterprise Ltd in the UK.
Photo voice	Photo voice is a tool often used in forms of action research that asks participants to use photographs, images or other visual material to represent their experiences of the research[8].
Most Significant Change	Most Significant Change is an approach to measuring outcomes that involves generating and analysing personal accounts (stories) of change[9].
Safe & Together	Safe & Together is a child-centred model featuring a suite of tools and interventions designed to help child welfare professionals become domestic violence-informed[10].
Three Houses Tool	The Three Houses tool is intended to help bring the voice of children, adults, young people, and families more fully into information gathering processes, assessments, and plans. It contains a simple graphic of three houses which are used to help individuals and families externalise and explore what is happening in their lives, particularly in relation to danger and harm, safety factors, and their hopes and dreams[11].

[6] https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx
[7] https://www.outcomesstar.org.uk/about-the-star/
[8] https://education.nsw.gov.au/teaching-and-learning/school-learning-environments-and-change/future-focused-learning-and-teaching/evaluation/photo-voice
[9] https://www.betterevaluation.org/en/plan/approach/most_significant_change
[10] https://safeandtogetherinstitute.com/about-us/about-the-model/
[11] https://www.communities.qld.gov.au/resources/childsafety/practice-manual/framework-three-houses-tool-booklet.pdf

2.2 Identified Need

Based on research conducted prior to the co-design and stakeholder engagement process, Communities with a reference group identified a gap in the current service offering for FDV refuges in WA.

A Curtin University report[12] outlines the prevalence of FDV in WA according to the Specialist Homelessness Services (SHS) data 2011-2015 as follows:

- While the WA population is 10.9% of the national population, the WA FDV population is 18.6% of the national SHS FDV population, demonstrating an overrepresentation of FDV in WA;
- 91% percent of the WA FDV population were women over 18;
- 39% of all women using services due to FDV are Indigenous;
- 43% of clients were Indigenous children;
- Culturally and Linguistically Diverse (CaLD) clients represent a significant number of SHS FDV clients which add an additional factor in cross cultural complexity for refuges to manage, with international regions of country of origin (in order of prevalence) being South-East Asia, Sub-Saharan Africa, Oceania and Antarctica, North Africa and the Middle East, and the UK and Ireland; and
- Assistance with immigration for SHS FDV clients was required on average 1,000 times a year.

Analysis of the current needs and service gaps demonstrated that there is a cohort of women unable to be accommodated within the FDV refuge sector. This is due to their complex circumstances and the risk they pose to themselves and others, which is beyond refuges' current capability and capacity. Specifically, this cohort of women escaping FDV have co-occurring needs including reducing harm associated with alcohol and other drugs (AOD) and mental health concerns.

The following SHS data 2016-2017[13] supports the links between FDV and mental health and harm resulting from alcohol and other drugs:

- 33% of people experiencing family and domestic violence that accessed homelessness services also experienced a current mental illness, and 8% of this group also experienced harm resulting from drug and/or alcohol use; and
- 27% of SHS clients experienced a mental health issue.

The impact of this service gap is that extremely vulnerable women and children are:

- Being turned away from services for having more than one presenting issue;
- Hiding the complexity of their health issues, which often results in the services provided being ill-informed and ineffective;
- Being treated within existing refuges that do not have the necessary services;
- Being discouraged from seeking further help; and
- Not receiving the support they need to heal.

Based on research prior to the co-design and stakeholder engagement process, the Department of Communities identified the following essential features of the service model:

- Requires a planned and coordinated entrance approach (it is not a crisis service);

[12] Chung, D., Chugani, S., & Marchant, T. (2016). *The Service System Emergency Response Framework Program Evaluation*. Curtin University.
[13] Australian Institute of Health and Welfare (AIHW) (2017). *Specialist Homelessness Services 2016–17*. Canberra: AIHW.

- An annual operating budget of $1 million;
- Is staffed 24/7 with dedicated admission hours;
- Therapeutic service with FDV as it's centre of gravity;
- Designed for women and children;
- A model that is culturally intelligent and responsive;
- Can provide support (through partnerships or otherwise) for women at risk of harm associated with AOD and co-occurring mental health concerns; and
- Support for women and children with disabilities or medical issues.

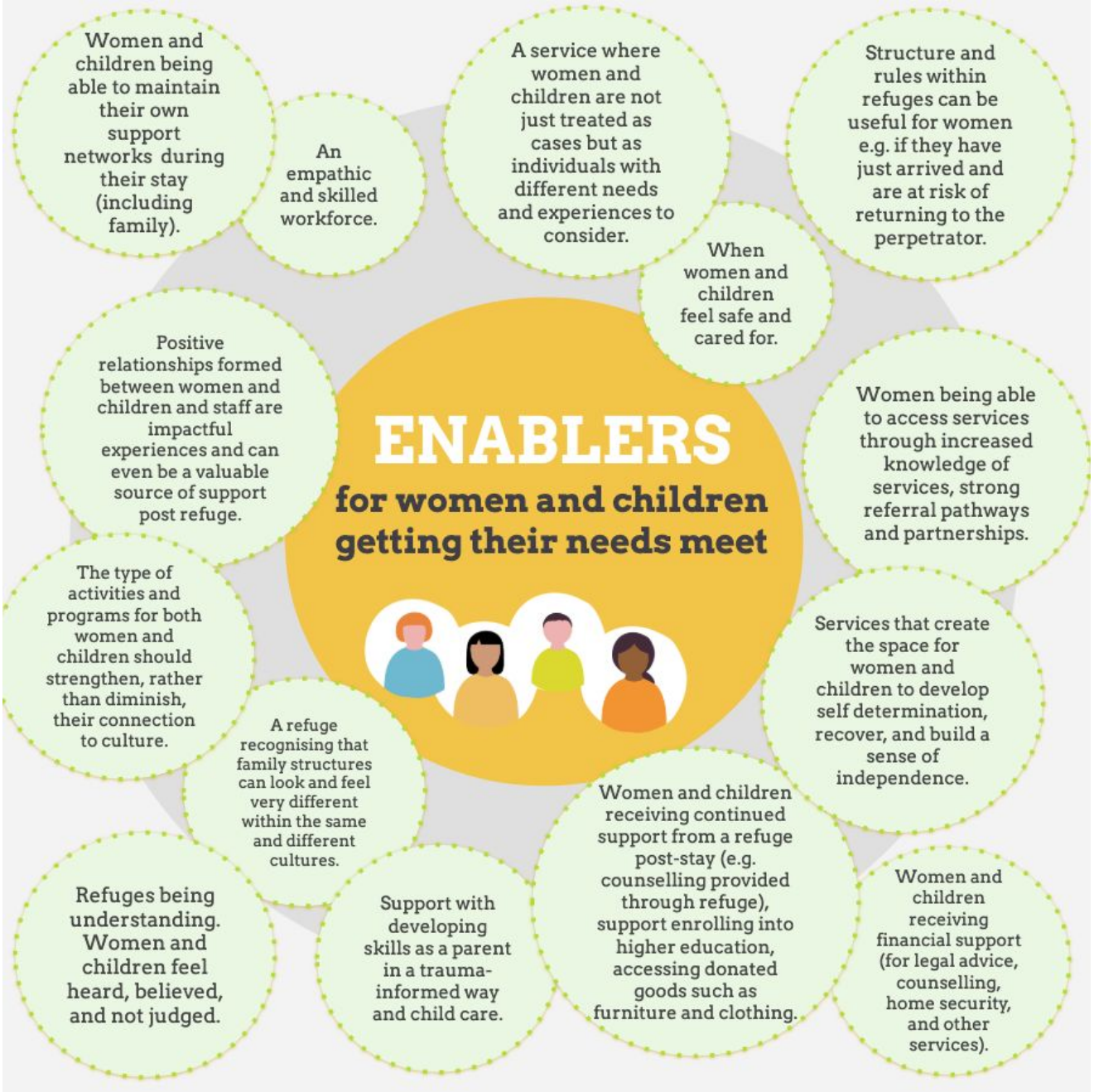
The physical form (building design) was out of scope for this project, as it was approved prior to the co-design process starting.

2.3 Insights from the Co-design Process

The co-design process included a wide range of engagements and activities that resulted in many insights. These were incorporated into the activities along the way and went through iterations. Below is a list of enablers and barriers of the healing journeys of women and children. Other insights were synthesised and developed into the recommendations that are presented throughout the rest of the report.

2.2.1 Enablers

Participants in the co-design process identified the following enablers that support women and children in their healing journey following FDV experiences. Some enablers can be found in the current system, while others are aspirational.



2.2.2 Barriers

Participants in the co-design process identified the following barriers that restrict women and children in their healing journey following FDV experiences.

2.4 Cohort

The intended cohort for the Peel Refuge is represented below. This has been informed by the original research and scoping of the project and further developed through the co-design process.

The Peel Refuge will provide high quality, culturally safe support to women and children who are at risk of the harm associated with FDV. While core to the cohort is their experience of FDV, the characteristics of this cohort are also those who are:

- Making an informed choice (willing and intentional) to engage with the service, knowing the purpose and the therapeutic nature of the approach and their readiness for change.
- Willing to work on possible harms associated with AOD when the time is right whilst being respectful of the refuge's policy positions regarding AOD within the facility.
- Willing to receive mental health support while at the refuge to start working on mental health factors that may be impacting their quality of life.

The Peel Refuge will welcome:

- Women and children who may, over time and at their choice regarding timing, want to address trauma across their lifespan and possible intergenerational trauma.
- Mothers over the age of 16 and mothers who may have children up to the age of 18.
- Those who may or may not have had experiences with the service system including those who may currently be receiving support from another refuge or an extended support network.
- Those with or without children, up to the age of 18, including those who care for non-biological children. All family types including extended family and diverse support structure. Openness to reunification with children is supported, if appropriate.

Pets are also welcome in the refuge.

2.5 Journey Maps

Throughout the co-design process, four personas were developed; informed by the stories of people with lived experience who participated in service user interviews and the survey. These personas include:

- Jane, a 40-year-old woman who recently moved to Australia;
- Marlee, a 30-year-old Aboriginal woman;
- Lucy, a 23-year-old woman who has experienced harm resulting from alcohol and drugs; and
- Ben, a 13-year-old boy who needs to stay in a refuge with his mother.

These personas formed the basis for journey maps representing four possible experiences for people escaping FDV in WA.

Early in the co-design process, journey maps representing the 'current situation' were developed and used in workshops to ensure the voices of lived experience were privileged in these engagements (with service providers, government and peak body representatives). These were then adapted to create four journey maps that represent the 'ideal situation' should the Peel Refuge be operating successfully. These are provided over page.

Jane

40, Russian

What's going on for Jane

Just arrived in Australia - "I was born in Russia and moved to Australia with my son to be with a man I met online. We had spoken to each other for over 6 months before he proposed to me. I moved to Australia to marry him. The abuse started just after we got married, when it got really bad I ran away with my son."

Mother to a young son - "I wanted the best for him. I was so afraid that my husband would find us and so ashamed that I changed our names so they are no longer Russian."

Immigration status - "It is difficult finding help. I don't speak very good English and had no access to money due to my immigration status. Everything is very foreign."

Poor mental health - "The abuse and being so far from my family had left me feeling depressed, lacking confidence and ashamed."

High risk situation - "My husband told me he wont let me leave. The first time I tried to leave he found me and threatened to hurt my son if I didn't return."

Below is Jane's healing journey through the refuge service

BEFORE

	Pre-engagement with services	Awareness	Soft Referral	Empowered to decide	Preparing for refuge
Jane's thoughts	"I am so scared... I can't believe after moving all the way here it's turned out to be such a mistake... I'm so ashamed of myself, I can't believe I'm thinking about leaving him."	"They don't have these refuges in Russia... I don't really understand what it is but maybe they can help me	"...I'm terrified of my husband finding out about this.... How do I know these people won't tell my husband?"	"It feels so nice to be believed... maybe these people can help me change things for my son and I."	"I feel like this would be a step in the right direction for my son and I."
Jane's experience	Jane tried to leave once before and stayed at a friends house which she met at her sons school. She didn't want to be a burden to the family that was helping her and when her husband started to make threats she decided it was safer to return. Jane attends a community event where she sees a stall for an interpreting service. She walks over and sees a leaflet on their table on domestic violence. It is translated into a number of different languages. The person working at the stall notices Jane looking at it and asks her if she is ok. The leaflet and the concern encourage Jane to tell them that she needs help.	The interpreting service is partnered with the refuge, so has a good understanding of domestic violence and understands how the refuge works. The person at the stall makes Jane aware of the refuge and gives her a leaflet that has been translated into Russian. After school drop off one day Jane speaks to the friend that tried to help her leave before to see what she thinks. The friend encourages her to give it a go and tells her in Australia these services are set up to help women just like her. The service will be able to keep her and her son safe and help her develop a plan to live independently in the community safely.	The interpreter reassures Jane that they are trustworthy and her husband won't find out. The interpreter organises a call for Jane with the refuge. The interpreter translates for Jane and the refuge worker. The refuge has a number of trusted interpreters, who also have a good understanding of DV, to call on if their workers don't speak the language. On the call the worker/interpreter assures Jane that there is nothing to feel ashamed of and it is not her fault. They talk about what healthy relationships should look like and the fact that her husband's behaviour towards her is not acceptable and that he is breaking Australian laws. The worker/interpreter asks if they can meet Jane in person and give her some different options for how this could happen. They also check with Jane the safest way to get in contact with her.	Jane is sent a link to the website where she can find lots of information in her language. She can also see a 360 degree view of what the refuge looks like. After having some more contact with the worker/interpreter from the refuge, they ask her if she would like to come and visit. On her visit, it's the friendly and encouraging staff members and physically safe environment that make Jane feel like she can leave her husband. Jane likes the look of the independent units as sharing a room with people she doesn't know was a big concern. Another positive is the fact that staff are at the refuge 24 hrs a day and duress alarms are in each unit. The refuge worker asks Jane some questions to check she is eligible for the refuge.	Jane has decided to go to the refuge. She is offered support to pack up and leave safely. The refuge organises for the Police to attend as a precaution, a staff member comes to help her and provide transport. Jane knows that if she didn't want to go to the refuge, the refuge would still support her to find another appropriate option (e.g. a safety plan). It is decided that Jane's son won't be told until it's time to move because this is likely to trigger his anxiety. Jane and the refuge staff discuss how best this should be done and make sure he has some of his favourite toys in his new bedroom and favourite food in the fridge to make it feel more like home.

DURING

POST STAY

Welcome

"I'm finding it hard to think straight, I can't believe what I have done."

Jane arrives at the refuge at lunch time with the worker that helped her leave her house and the translator. She is shown to her unit. They all have a cup of tea and Jane is given a chance to talk about how she is feeling. She is reassured that she is safe and has done the right thing for her son.

Jane is feeling very emotional and asks for some time to herself before picking up her son from school.

With the refuge worker's help Jane picks up her son from school. They go back to the unit where Jane explains what is happening. The refuge worker stays close by to support and assist Jane if needed.

The refuge worker judges how Jane and her son are feeling. If they are up for it the worker introduces them to other staff, show her around and give her some information about what to expect and answer any questions they have.

Settling in time

"I really, really appreciate the space and time they have given me."

Jane is told that her and her son can take as much time as they needs to settle in. They only have start to participate when they feel comfortable. Jane decides that it is best her son change schools and the refuge offers assistance with this. Jane decides it would be best if her son has a few days to settle into the unit before starting as they are both feeling overwhelmed with the big changes.

She is encouraged to make the space she is given her own. Jane asks to use some of the art supplies she saw on the tour so that her and her son can paint some pictures to decorate the unit.

Jane has access to the translator via telephone or face to face when required. Jane takes up this offer and speaks with her everyday for the first 3 days asking questions to the workers as this is a very new experience for her. She has never been to any place like this before.

Proper induction and assessment

"These people have all been so welcoming, I hope I can repay them in some way."

Jane receives a full induction whenever she has settled in.

This induction can happen anywhere, any time and is an opportunity for workers to be creative. Janes preference is for this to happen while her son is at school giving them an opportunity to talk freely. The refuge uses this as an opportunity to really get to know Jane, her strengths and preferences.

A refuge worker asks Jane if she would be interested in having a buddy. This would be someone who might share a similar quality, interest or experience with Jane who is a bit further along in their journey.

Jane's son talks to the children's worker after school. This is done while playing minecraft which is her son's favourite hobby. Janes son is excited about the activities planned for the children at the refuge.

What Jane needs on her journey to healing

How are her mental health needs being met?

E.g. Feelings and emotions, safety, wellbeing, support services

- During her toxic relationship, Jane rarely had time to focus on or look after herself. She wants to heal but finds talking about herself in counselling difficult at first. The counsellor understands this and reassures Jane that it will take time. The counsellor uses a light hearted approach to make Jane feel comfortable. The non-judgemental space the counsellor creates slowly encourages Jane to open up.
- The counselling helps Jane to process the situation she has been in. The counsellor speaks Russian which means when emotions are high Jane finds it a lot easier to express herself.
- The refuge helps Jane get access to the services she really needs to start building a life in Australia. This includes:
  - Access to legal aid which helps her to get a restraining order against her husband.
  - Help getting access to a computer and filling out the application form to become a permanent resident.
  - English lessons.
  - Information and help getting her son into the local school.

How are her physical needs being met?

E.g. Accessibility of facilities, space, amenities, food, medical

- The refuge receives many donations. Jane finds clothes and toys for her son.
- Physical safety is very important to Jane, especially as her husband is within close proximity to the refuge. The physical building and the fact that there are always people around make Jane feel safe.

How are her social needs being met?

E.g. Relationships with children, extended family, friends, community, sports and hobbies

- Jane really appreciates how good the staff members are with her son. She learns many positive parenting skills from spending time with them.
  The staff members identify that Jane loves to cook in her initial assessment. Staff members encourage Jane to run a cooking class for other women at the refuge. This is a great opportunity for Jane's confidence to be built. Jane enjoys being able to give something back to the refuge.
- A staff member sometimes drops Jane off at the local shopping centre. They tell her to meet them back at the same spot in an hour so that Jane gets some independent time for herself.

How are her cultural needs being met?

E.g. Connection to country, connection to community, practicing my faith, access to healing, etc.

- The refuge has connections to many community services and centres. They find a Russian group and offer to take Jane along to it. These connections remind Jane of home but also give her hope that she might be able to start a happy life in Australia like the people she has meet.

Transitioning time

"I feel like I have made a new family here in Australia...I'm nervous about leaving but I know I will always find support here."

Jane makes an assertive decision on behalf of herself and her son that she is ready to start thinking about leaving.

She engages with a worker to start building the toolkit she will need to leave and live independently. This includes support:

- Sourcing accommodation and support she will need to attain it
- Creating the investigative skills to navigate services herself
- Establishing connections in the future residential community for support, leisure and cultural needs
- Getting access to furniture donations for her future accommodation

Post refuge support

"I am feeling settled in my community - I feel confident to seek help again if I need it."...

Leaving the refuge was scary for Jane but she is able to live independently knowing she has the connections within her new community and the refuge if she needs.

She's got a sense of purpose to her life and has left the refuge feeling more control of her and her son's life.

Jane and her son and invited back to the refuge for events. She keeps in regular contact with the refuge staff.

Marlee

30, Aboriginal Australian

What's going on for Marlee

Aboriginal heritage - "I'm a proud Menang Noongar woman living in Perth. My culture is very important to me, it influences every aspect of my life. The non-Aboriginal workers I have meet at refuges in the past don't understand how it is for me. When we have been the only Aboriginal family at the refuge I have felt uncomfortable and out of place and so have my kids."

Mother to five kids - "I've never stayed long at refuges as they don't often have the space for 5 kids. Having 5 kids also makes it difficult to find the time I need to focus on myself."

Socially isolated - "My partner has always been very jealous and wanted to know where I was going and who I was with, it has just got worse over the years. Now I hardly see my family and have lost contact with my friends. It's hard for me to ask for help from these people now. The only person I really have is my Gran."

Alcohol addiction - "Growing up I saw a lot of drinking and violence involving my parents and other family members. I started drinking when I was 14."

Currently homeless - "I'm worried about the government finding out I'm homeless and what I've been through. I don't want them to take my kids from me, they took my little brother off of my Mum. She never got him back."

Below is Jane's healing journey through the refuge service

BEFORE *DURING*

Pre- engagement with services	Awareness of refuge	Referral to the refuge and telling her story	Preparation for her stay	Welcome to the refuge
Marlee's thoughts				
"I hate everyone knowing my business and putting other people out. I hate asking for help and just want my own space where me and the kids are safe."	"Maybe there is some hope… this might be the best thing for my kids."	"I can't believe someone in my community is able to do the assessment."	"I feel like I am setting the pace."	*"It's so homely! I wasn't expecting this. I love all of the Aboriginal art - it reminds me of home."*
Marlee's experience				
Marlee was evicted from her house 6 months ago due to damage done to the property by her ex-partner. Since then she has been going between family and friends houses with her five kids. Marlee got a Family Violence Restraining Order (FVRO) a few months ago but this hasn't stopped him from harassing her. Moving every few days or weeks has become really exhausting and the older kids are missing lots of school because of this. Her ex-partner has threatened the people she has stayed with and now she can't go back to their houses.	Marlee is made aware of this refuge through her Gran, who is a cultural advocate for the refuge within her community. Gran organises for a woman who has stayed in the refuge before to come over and tell her about her experience. The lady has been through similar things and really understands why Marlee is so scared. The lady gave Marlee her phone number and offered to answer any other questions she has that may come up later. Fears about her children being taken from her are reduced. Marlee starts to genuinely consider the refuge option.	Different options for how Marlee can receive an assessment are offered to her. She decides that she would feel most comfortable with her Gran (the advocate for the service in her community) doing it. Her children also feel more comfortable with their Gran doing the assessment. The assessment happens at Gran's house on the weekend. Marlee's Pop and brother watched the kids play out the back so that she and Gran could have a good yarn. The assessment is done over a cuppa and something to eat at Gran's kitchen table. They talked about what has been going on and what Marlee wants to happen.	To prepare Marlee for her stay at the refuge, she is sent a link to a private YouTube video. The video gives her a virtual tour and a clear description of what to expect. Marlee and the Aunty from the refuge explain the process to her children together to help prepare them for another move. Marlee meets with one of the refuge workers to create her withdrawal management plan. Gran also comes along to ensure she feels comfortable. The withdrawal plan is created considering risk, support, Marlee's preferred timing and her goals and aspirations. If Marlee is feeling unsure, she is given a few days to fully consider the refuge offer.	Marlee has the freedom to choose when she wishes to arrive at the refuge. Marlee arrives with her Aunt and children. She is shown around by an Aboriginal staff member. Marlee admires some of the Aboriginal art and Aboriginal language posters in the reception. She also appreciates how physically safe the environment feels. A few hours later, Marlee receives a Welcome to Country from a local female Elder. This makes her feel more comfortable on this Country and safe in the new home. Marlee is asked if she would like a smoking ceremony for her and her children. Marlee takes up the offer and the Elder does this as well.

DURING

POST STAY

Settling in time / withdrawal management

"I like that they have given me time to settle in and sort out some really practical worries for me. I feel like someone is there for me."

Marlee is given her starter pack. This includes free meals for her first days.

She is not pressured to start her withdrawal management plan immediately and is given time to settle in. She has the option to be around people, but is not expected to engage if she is not ready.

She is also not expected to have to do any paperwork or intensive work early on.

Workers make sure that she knows who to come to when she is ready and these workers are prepared to tackle any of her immediate needs.

Marlee catches up on some much needed sleep. Her kids enjoy the down time and having their own space and toys.

The children's worker offers to do some activities with the kids to give Marlee a break. The kids are excited about spending time with the lady they met at Great Gran's a little while ago.

What Marlee needs on her journey to healing

How are her mental needs getting met?

E.g. Feelings and emotions, safety, wellbeing, support services

- Marlee attends Aboriginal healing services. The healing service comes in and takes place at the refuge. All clients are invited to participate. The healing service could include massages, Australian bush flower essence, art, grief and loss, yarning, dance and smoking ceremonies.
- An Elder comes in at least once a week to yarn and spend time with the families. Sometimes On Country trips are organised, these are a highlight for Marlee's kids.
- Marlee's whole family have access to a counselling session together specifically to work on their relationship together after what they have been through. This happens off--site.
- After the initial withdrawal program, Marlee's AOD support continues throughout her stay. AOD support worker makes sure Marlee isn't made to feel like she's failing and acknowledges that it's going to be a difficult process with its ups and downs.

How are her physical needs getting met?

E.g. Accessibility of facilities, space, amenities, food, medical

- With the help of staff, Marlee lodges a review for her eviction as the family and domestic violence tenancy laws were not considered in her situation. Her debt has been cleared and she is now on the priority housing list.
- Staff at the refuge assist Marlee in enrolling her older children in school and help get all the things they needed.
- Staff assist in purchasing a double pram for Marlee. She had a single stroller but this made getting around with a baby and a toddler difficult.
- The refuge arrange for a child carer to come to the refuge a couple times a week. This means that Marlee has the opportunity to leave her children with them so that she has time to focus on herself. She will often organise to meet up with a relative, do a counselling session or an exercise or art class.

How are her social needs getting met?

E.g. Relationships with children, extended family, friends, community, sports and hobbies

- Marlee's Aunty is invited to join any of the appointments that Marlee feels like she needs her support in. Marlee's Aunty is also able to visit to help with child care. On weekends, the Aunty takes some of the kids for a sleepover; this not only gives Marlee a rest but also gives the kids a chance to see their cousins who they miss a lot.
- The refuge ensures there are many opportunities for Marlee to rebuild connections with her community through either visits or Marlee being able to go out.
- The kids are able to join in different programs at the refuge. Marlee and the kids are told about the rules and who to go to if there is a problem. Marlee is reassured by the staff's involvement in children's activities as her kids have been bullied by other kids when they've stayed at other refuges.

How are her cultural needs getting met?

E.g. Connection to country, connection to community, practicing my faith, access to healing, etc.

- The refuge makes the most of Marlee's strengths and identity. Marlee used to enjoy organising gatherings for her family. The refuge helped her to plan an event for everyone staying at the refuge for National Aboriginal and Torres Strait Islander Children's Day. Local dancers come in to teach the children traditional songs and dances; everyone joined in.
- Once a week the refuge cooks traditional food, they often have damper and kangaroo stew and every now and then one of the Torres Strait Islander ladies does a kup murri. This is something Marlee wasn't able to do for a while because she was homeless. Marlee and the kids are encouraged to join in the cooking and talking about their culture during this time.

Preparing to leave

"I feel so much stronger and I know I'm not alone."

During her stay at the refuge Marlee has been able to reconnect with her family and community through meetings and activities that the refuge has encouraged and facilitated.

This and the fact that Marlee feels more confident and less dependant on alcohol makes Marlee feel like she's ready to take the next step and to start preparing her family to leave the refuge.

Thanks to the refuge Marlee has been able to find accomodation to move into with her family. The refuge helps Marlee to think about all the things she will need to prepare for leaving.

Post refuge

"The kids and I are excited about our future. I know it won't be easy but I feel ready to take the next step having re connected with my family and having made a new family."

Marlee's family help her to move out of the refuge. Marlee finds that a lot of the support she had during her stay at the refuge she can now find in her stronger community.

Marlee offers to volunteer at the refuge. She is called in to welcome new Aboriginal women and to help out with organising Aboriginal events. She finds this very fulfilling and it helps her stay connected to the refuge community.

Marlee receives a call from the refuge every 3 months for a year after her stay specifically to check in on how she and her children are doing.

Lucy

23, Australia

What's going on for Lucy

Experienced abuse from a young age - "Growing up, my mother and other family members abused me. Sharing spaces with other women can trigger difficult feelings and memories."

Addiction to alcohol and drugs - "At a young age I started hanging out with a group of boys and taking drugs. I have experienced abuse and problems with drugs all of my life. I started drinking more to cope with everything."

Wants to reunite the family - "After a few months of being with my partner I fell pregnant. We had been together less than a year when Chloe was born. I would never have believed that he would have hurt me if you had told me then. His meth use got really bad and he started being abusive while I was pregnant. I really wanted our little family to work, which stopped me leaving."

Negative experiences with a refuge - "When it got too bad, I went to a refuge with my daughter. It didn't take long for me to be kicked out for drinking. This meant I returned to my partner who beat me up worse than ever before. I ran away again a couple of months later to my friends house who told me I needed to do the best thing for my child and go back to a refuge."

Below is Lucy's healing journey through the refuge service

BEFORE

Pre- engagement with services	Awareness	Initial assessment	Waiting for response	Pre-arrival preparation
Lucy's thoughts				
"I'm not safe anywhere, I never have been, that's just life."	"If I don't get out now he is going to kill me."	"I need help and somewhere safe to stay. The worker seems to genuinely care."	"I hope I get in. This place sounds different to other refuges I've been to."	"I've had a few days to think about whether I will go to the refuge and have decided I'm going to give it a go."
Lucy's experience				
Lucy and her daughter have been staying with her friend for a week. Her friend is very concerned and begs her to leave her partner for good. Lucy was taken by ambulance to hospital after the last assault by her partner. She has a black eye, marks around her neck and bruises on her arms. Her body is still sore, her throat is raspy and constant headaches are making caring for her daughter hard. Lucy's daughter saw her mum being assaulted on this occasion and Police spoke to her about their concerns for both of their safety. Police have taken out a 72 hour violence restraining order on Lucy's behalf against her partner and have strongly encouraged Lucy to apply for a two year order.	Child Protection Officers has raised serious concerns for Lucy and her daughter. An officer talked to Lucy about safe supported accommodation that could help her address her alcohol misuse and left a brochure and contact number. A Signs of Safety meeting is booked for next week and Lucy fears Chloe might be placed in foster care. Lucy doesn't have any safe family members Chloe could be placed with which means her daughter will be placed with a general foster carer if Lucy can't find a safe place to stay and reduce her alcohol use. Lucy visits a local refuge where she she is informed of the the Peel Therapeutic Refuge. This refuge looks different to places she been before and she starts thinking about the connection between the abuse, trauma, her drinking and mental health. She gives them a call to get more information.	A refuge worker comes to visit Lucy at her friend's house. There is also the option to have a telephone conversation if she would prefer. This assessment feels like a conversation. The worker makes Lucy feel like: • There are options and she understands them. • She has choice and control. • She has been heard. Lucy is told that a decision can't be made immediately, but that the worker will be in touch within a week. The worker informs Lucy there are other accommodation options if a place at this refuge isn't available right now. The worker encourages her to get the support she needs from services available and not return to her partner at this time. The worker talked about the level of violence Lucy has been experiencing, how it is impacting on her daughter and explained that it is escalating which puts both of them at higher risk. They discuss the connection between strangulation and control.	Lucy is called by the worker during the week. The worker assures Lucy that a decision will be made soon and if she doesn't get a place they will link her up with another service that will assist her in finding safe accommodation. The worker takes the time to listen to Lucy's story. The worker and Lucy are beginning to form a trusting relationship through honest, open conversations. Lucy appreciates the time and effort being made by the worker. For the first time in a long time she feels like she is being heard and that someone understands some of things she has gone through.	There is a place for Lucy which provides the opportunity to Lucy to talk to the worker to help her to make an informed decision as to whether to go to the refuge. The worker also asks Lucy what would make her feel more comfortable at the refuge if she does choose to take the placement offer, for example does she require more private space due to her history of being abused by her mother. The refuge's visiting doctor sees Lucy. When she is in the refuge she can see the Doctor when she needs and feels up to it. The doctor helps Lucy get a Medicare card and any follow up appointments. The worker develops the medical plan for Lucy's AOD needs and discusses what workshops are available during the stay. It is suggested Chloe participates in the children's therapy program which makes Lucy very happy as she has been worried about what all this has done to her daughter.

DURING

POST STAY

Welcome

"This is really really tough. At least there is someone familiar here."

On arrival, Lucy is offered a cup of tea and a hug.

The worker senses where Lucy is at and makes a judgement about how overwhelmed she is feeling. The children's worker offers to take Chloe to get something to eat and a book to draw in, which Lucy accepts.

The worker and Lucy talk about how she is feeling. Lucy does not feel rushed and is starting to feel more relaxed and happy about taking this brave step.

After an hour or so, Lucy and Chloe are given a tour of the place and are shown their unit. The worker acknowledges it has been a big day for both of them and gives them time to themselves to adjust and get to know the place.

Important information

"It feels a bit like being a guest at a friend's house."

Lucy is given a one page important information sheet. This includes practical information, safety information and the wifi password.

This first induction avoids introducing any of the routines and rules at this stage.

Lucy is introduced to one of the other residents who is her assigned peer buddy. Lucy appreciates having someone to come to if she has questions or feels lonely. The buddy is honest with Lucy about the process and the fact that it's going to be up and down. Lucy appreciates this transparency.

Settling in

"That's nice how they've put some food I like in the fridge."

A worker offers Lucy a tour but she is welcome to just show her self around if she prefers.

Lucy and Chloe take some time to set up their belongings in their unit. They didn't have much to bring with them and have been given some clothes, toiletries and food to last them the first few days of their stay.

Chloe is given some books, toys and children's DVDs.

As Lucy walks around, she sees some of the artworks created by the residents and photos of activities mothers and the children have participated in together.

Proper induction

"I'm nervous that I am going to get kicked out again for drinking... I really want to be able to be strong this time."

Lucy received the full induction when she has settled in (this could be 2 days later or longer).

This induction takes place where Lucy feels comfortable. As she is still not feeling very comfortable around other residents, it is done in her unit at the kitchen table. Breaks are taken when needed.

The induction is an opportunity for the worker to get a good understanding of Lucy and Chloe's needs and wants, to set up a safety plan and help decide which workshops they would like to participate in.

Lucy and her buddy engage in the induction together.

What Lucy needs on her journey to healing

How are her mental needs getting met?

E.g. Feelings and emotions, safety, wellbeing, support services

- Lucy develops a mental health plan with her GP and attends follow up hospital appointments. The GP does a referral to a psychologist and suggests Lucy try medication to assist with her low mood.
- It is decided to postpone a dedicated withdrawal program until Lucy feels more settled. The refuge work with Lucy on understanding the journey toward minimising her harm from AOD.
- Staff at the refuge assist her in accessing specialised counseling, provide transport and child care and support Lucy through the medical journey, which she finds daunting.
- Lucy joins one of the workshops and is supported by the staff member running the session, which puts her at ease. Lucy is building her confidence and hopes to join other workshops in time.
- Chloe has a good relationship with the children's worker and is attending the play group regularly.

How are her physical needs getting met?

E.g. Accessibility of facilities, space, amenities, food, medical

- Lucy was supported through detox whilst in the unit with her daughter. As Lucy had no money when she arrived, she was given financial assistance to buy food, clothes and personal items for herself and her daughter.
- An appointment with the Centrelink social worker was organised with the help of staff and issues with payments were worked through.
- Staff informed Lucy of the family violence legislation for rentals and assisted Lucy in having her name removed from the lease agreement.

How are her social needs getting met?

E.g. Relationships with children, extended family, friends, community, sports and hobbies

- Lucy has started parenting sessions and positive changes are being seen between mother and daughter.
- Lucy's best friend comes in once a week to offer support. Sometimes they go shopping together other times they stay at the refuge listening to music and talking.
- Lucy has the option to take part in social activities but is able to do activities individually until she feels comfortable to engage with other residents (if she ever wants to).
- It's important to Lucy that her partner receives the support he needs. The refuge works in partnership with perpetrator services to keep him in the picture. Throughout her stay, a joint decision is made that it is safe for Lucy, her daughter and her partner to begin their family healing journey together.

Preparing to leave

"The refuge is very secure. I feel safe here."

Lucy spent over 6 months at the refuge and during this time has started to work on challenges in her life.

Strong connections with refuge staff, medical professionals and a small number of community services have been formed during her stay and her confidence and self esteem have grown significantly.

Lucy is now feeling like she can tackle the next part of her journey living outside the refuge with ongoing support and encouragement.

As Lucy has made such strong local connections she looks into relocating close to the refuge. Suitable local accommodation is being explored with the help of refuge staff as well as household goods. The refuge staff look over their ecosystem for different accommodation solutions.

Post refuge

"I'm glad I have some time to rest. I didn't get much sleep on the couch at my friend's."

Refuge volunteers assist Lucy to move into her new home. Whitegoods have been donated and bedroom furniture purchased with the assistance of the Department of Communities.

Lucy has weekly or fortnightly appointments which she and/or her daughter and/or her partner attend. These keep her on track and feeling positive. She worked with these services whilst she was staying in the refuge and has developed a trusting relationship with them and feels she can speak up when problems arise.

Lucy continues to attend AA meetings as well as individual counselling.

Ben

13, Australian

What's going on for Ben

A protective older brother to two little brothers - "I am Ben and I have two little brothers. I'm the chatterbox of the three of us. I love playing games outside and watching sports. My little brothers are annoying sometimes but it's my job to keep an eye on them."

Doesn't want to turn out like his father - "My Dad started hitting my Mum when I was very young. My mum took my brothers and I away from home, leaving all of our stuff. We moved around different relative's houses and refuges for ages."

Distrustful of adults - "I have been forced to see my Dad by the courts. I told them I didn't want to and I hate that I wasn't listened to and believed. Now I find it hard speaking up and trusting adults. My little brothers miss Dad and want to see him but I really don't want to. I told the kids at school that he was dead so they wouldn't ask about him."

Poor communication with mother - "I don't like talking about what worries me because I don't want Mum to worry. She has enough to worry about already. I wish Mum was happier and could spend more time with me. She's always busy going to appointments and speaking to people on the phone. We never go anywhere fun together."

Below is Ben's healing journey through the refuge service

BEFORE *DURING*

Pre- engagement with services

Ben's thoughts

"I feel invisible, nobody listens to me"

Ben's experience

Ben's mum is referred to this therapeutic refuge by another refuge they have been staying in.

Ben feels worn out and stressed at this stage. He's had enough of moving all the time. He's given a lot of his energy to his younger siblings and worrying about his mum. He tries to be strong for them. He feels like he must take on more of the work because he's the man in the family now.

He worries a lot about turning out like his dad and his mum. He's not sure how best to help his mum and often feels useless or like everything is his own fault.

Although Ben doesn't want to see his Dad he does miss having a man around. He will be going to secondary school next year and would like to talk to someone about his worries. Ben finds it hard to talk to his mum about some things and has no male role models that he sees regularly.

One of the refuges that Ben and his family have previously stayed in have been great supports to he and his mum. One of the support options they suggested was a new refuge in Peel.

Initial assessment

Ben's thoughts

"They actually listened to me for a change... maybe they're right and it's not my fault."

Ben's experience

Even though they initially rejected the idea, his mum has begun to consider it more. The initial refuge arranges for two workers from the Peel refuge come to meet Ben, his mum and siblings in a cafe that they decide together is safe and convenient for them.

One of the workers spends a lot of time getting to know Ben. They talk about football and who the best AFL team is. The worker tells Ben about one of the workers at the refuge who kicks the footy around with some of the boys after school a few days a week. Ben gets excited about this.

When Ben starts to feel more comfortable the worker asks about how he feels coming to the refuge. The worker appreciates that Ben might be worried talking about certain things in front of his little siblings. The worker makes Ben feel comfortable and assures him that he won't have to repeat it again until he's ready. The worker takes time to hear Ben's thoughts, feelings and views.

Preparation for stay

Ben's thoughts

"I'm feeling really nervous about going... but I want to do whatever will help my Mum and this place might be fun."

Ben's experience

In preparation for his stay at the refuge Ben is sent a welcome pack that's targeted specifically for his age group. The pack has lots of information about what to expect on their stay at the refuge and pictures of the workers he will get to spend time with.

The worker that Ben has already met gets in contact with Ben again to check in, gets to know him a little better and ease some of his anxieties.

The worker is creating a support plan considering Ben's needs, strengths and interests before he arrives.

Ben and his family are invited to look around and stay the night if they wish. They decide to try it out. Ben is especially impressed with the basketball area and kids club room. He's given his own basketball as a welcome gift.

Welcome

Ben's thoughts

"I have been getting angry at my brothers lots lately. The worker said this is normal before a big move.I really like talking to her, she listens to me."

Ben's experience

On arrival Ben and his siblings are welcomed by their key worker who they have already met.

Their worker assures them that they are safe now at the refuge. The calm way the staff members are acting makes Ben and his siblings feel safe. One of the workers reminds him of his Aunty who Ben mentioned as being really important to him and his mum but whom they haven't seen for a long time. Ben can't believe that the workers remembered that from the first conversation. He feels listened to and understood - which for him has been rare as he is a kid.

Ben gets out his things from his bag and starts to put them on his drawers and bedside table. He is asked what bed cover he wants for his bed and chooses the West Coast Eagles one.

The worker lets Ben know the staff member that plays football with the kids will be in tomorrow and she will bring him around to introduce him. She lets him know they are going across to the park and he and his brothers are welcome to join them if they want to.

First day

Ben's thoughts

"I hate having to go through my story - I'm glad everyone knows."

Ben's experience

Ben and his family are given a meal. After this they are shown around the refuge. Ben is relieved to see that his family will not be separated.

The worker knows that Ben loves sports from their early conversations so suggests they go to the park for a game while his mum rests. Ben and his key worker form a good connection quickly through this activity.

Settling in

Ben's thoughts

"I like that they aren't treating me like a kid,"

Ben's experience

Over the first couple weeks Ben's mother is doing the withdrawal management program. This means she is very busy.

The key worker helps Ben understand what is his mother is doing. Ben appreciates being told, it makes him feel as though he is being treated his age and relieves some of his worries about his mum.

During this time the refuge invites their relatives to come and visit Ben and his siblings. When organising this the workers prioritise Ben and his siblings' safety.

Ben is getting used to his routine that his key worker has created with him. Things are different at the refuge but Ben appreciates being able to keep up his hobbies and activities in his new routine.

Ben and his siblings are invited to a kids night. This takes place in the kids room. Ben is able to watch a film with some other kids his age while his siblings play games.

What Ben needs on his journey to healing

How are my mental needs getting meet?

E.g. Feelings and emotions, safety, wellbeing, support services

- Ben has the option to receive both individual and family counselling, neither is forced. The refuge realise that to deal with Ben's trauma he will require an independant space where he can talk openly and not worry about saying the wrong things in front of his family. Equally, the refuge appreciates that family counselling is an important way for the family to come together, understand each other and develop their relationships to heal as a family.
- Staff members encourage Ben to do the things that he enjoys. They also know that these activities are good opportunities to encourage Ben to talk, while he is at ease and feeling comfortable.
- Ben finds it difficult telling his story and so is not expected to have to repeat it. Ben takes comfort in the fact that everyone in his support team already know. Staff members help Ben develop a narrative around his story that he feels comfortable to communicate to others.
- Through taking the time to listen to Ben and asking the right questions staff members realise that Ben feels a lot of responsibility for his mother and little siblings. Ben's key worker reassures Ben that it's not his job to have to always protect his mum and siblings and that the refuge will make sure they are safe. This shift of responsibility and reassurance means that Ben doesn't feel as much pressure to e.g go visit his dad with his siblings (who want to) when he doesn't.

How are my physical needs getting meet?

E.g. Accessibility of facilities, space, amenities, food, medical

- Ben and his siblings make the most of the outdoor space and local facilities. There is a pool near by and some great parks which he likes to make the most of.
- Ben appreciates the structure of the physical space. The unit is large and the the fact that the furniture is on wheels has meant they can rearrange it to suit their family needs. Whilst his young siblings want to sleep near their mum, Ben has been able to create some privacy by moving the tall bookshelf on wheels to create a partition in the room.

How are my social needs getting met?

E.g. Relationships with children, extended family, friends, community, sports and hobbies

- The members of staff have made Ben feel comfortable to open up and approach them if he needs. Ben and his siblings feel more comfortable around different staff members. Ben gets to know the gardener who ends up being a great male role model for Ben. The gardener reassures Ben that, apart from certain situations, whatever he shares with him will be kept confidential.
- The refuge works collaboratively with Ben's school and teachers to support him in the transition to the new local school. This means that Ben doesn't need to worry about explaining his situation to teachers and that the school can help out with logistics.
- At the refuge there are large and shared cooking facilities which can be booked to use. Ben and his family do this sometimes so that they can invite other families to all cook a meal together.
- The refuge also organises family trips out to parks, the cinema and theme beach. These are great opportunities for the family to connect.
- Ben's key worker uses resources in the community to find activities that he would enjoy and are age appropriate. Ben goes to the football club weekly and his new coach has talked to Ben's old coach so Ben knows that he can return to his old team.
- The kids club, buddy system and camps help Ben create positive social connections with other kids at the refuge. Ben likes spending time with them as they have all gone through something similar.
- Ben is supported to remain connected to his network in his home community and he is able to bring his closest friends to the region for pre-arranged social engagements.

Preparation for leaving

> "I feel so safe here, I have mixed feelings about leaving..... Mum is doing so much better though."

Ben's mum is feeling ready to leave.

The key worker has been talking to Ben about leaving. It's their job to make sure Ben feels supported and equipped to leave. The key worker also tries to help Ben understand the value of the journey he has been on.

Ben and his key worker have maintained connections with his home community so Ben already feels supported and less anxious in the impending transition.

Post refuge

> "I never thought that the refuge would change me so much..."

Ben has the option to meet up with his key worker after he has left. They also text a lot.

He is still engaged in lots of activities that he started at the refuge.

Ben and his family are invited back often for events at the refuge.

3.
Recommendations

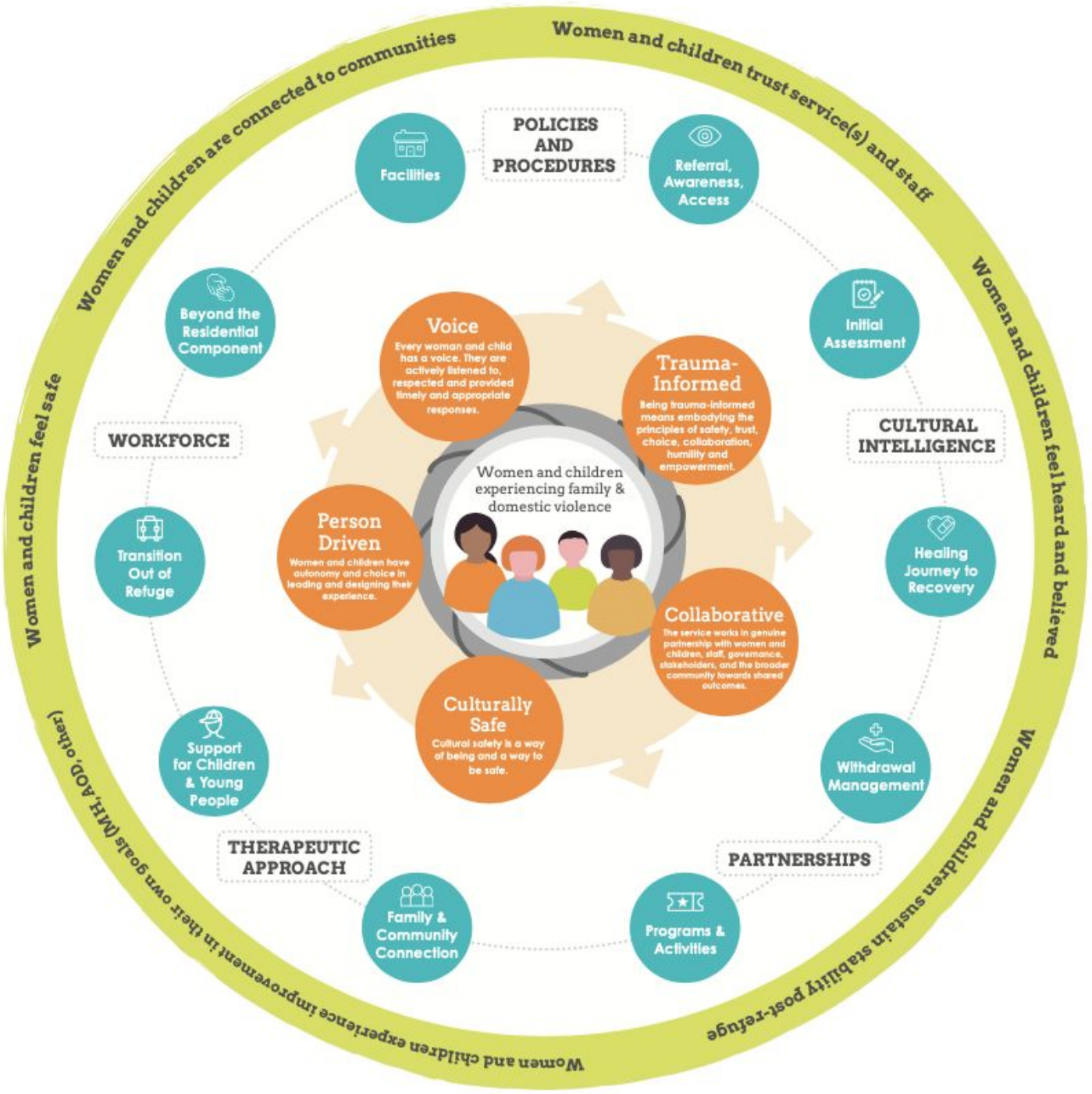
3. RECOMMENDATIONS

This section outlines the recommendations for the Peel Refuge, which have been developed through an iterative co-design process, incorporating input from service users, service providers, government and peak body representatives, and other relevant stakeholders involved in the process. The recommendations are organised into the following:

- Guiding Principles - the core belief system that drives the design and delivery of the service;
- Enabling Conditions - the practices that are integrated across all components and support the successful functioning of the service; and
- Service Components - the practices that describe what will take place in the service.

The recommendations are presented as suggestions for how the service provider(s) operating the refuge should design and deliver the service. A range of examples of how these Guiding Principles, Enabling Conditions, and Service Components may manifest if implemented successfully are offered throughout this section, but it should be noted that this is not a comprehensive list and other opportunities are also possible.

A service blueprint has been developed to help in understanding the service model at a quick glance (see the following page).



Guiding Principles

Service Components

Enabling Conditions

Desired Outcomes

3.1 Guiding Principles

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

3.1.1 Culturally Safe

Cultural safety is a way of being and a way to be safe.

The new refuge service should be culturally safe (see definition on page 12). This is particularly important due to the overrepresentation of Aboriginal and Torres Strait Islander people in the cohort of women and children accessing FDV services in WA. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism[14].

This means:

- 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 (for example, there are no 'token' workers);
- Women and children have the opportunity to heal and strengthen their mind, body, soul and spirit;
- Women and children can engage regularly in Aboriginal healing practices pertinent to them for example traditional smoking ceremonies and healing massages;
- Women and children have an opportunity to yarn;
- The service is supported by culturally appropriate documentation and tools (for instance FDV screening and well-being screening procedures);
- Culture is reflective of the women and children and not of the service location; and
- Women and children have access to culturally appropriate role models and peers to support them.

As a result, everyone feels a sense of belonging and all women and children receive the support they need.

This principle should be evidenced by demonstrating the culturally safe practices that take place. This could be in the form of visual documentation, or captured narrative from women and children who have utilised the service.

3.1.2 Trauma-Informed

Being trauma-informed means embodying the principles of safety, trust, choice, collaboration, humility and empowerment.

The new refuge service should be trauma-informed. This approach requires awareness, sensitivity and responsiveness to women and children's trauma when supporting and interacting with them.

This means:

[14] Australian Health Practitioner Regulation Agency. (2020). *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*. Accessed from: https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx

- Staff have a commitment to do no harm - practices do not re-traumatise people, instead working from people's strengths and building upon coping strategies to achieve positive outcomes;
- 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 increases self-awareness and reflection;
- Allowing ample time is key to the success of a trauma-informed approach and therefore it may extend women and children's stay in the refuge;
- An informed and skilled workforce is critical, which will require ongoing training to embed trauma-informed practices; and
- 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. Programs that utilise a trauma-informed practice model report a decrease in symptoms, an improvement in service users' daily functioning, and decreases in the use of hospitalisation and crisis intervention. An increase in people's self-efficacy is achieved, which can be observed by staff and the individual through increased capacity to undertake daily activities.

Evidence of this principle in practice may be achieved through qualitative responses such as self-reports and capturing and contrasting stories over time. Observational assessments can also be utilised to measure progress, including observations of the style of engagement and indications that the individual woman or child is breaking the cycle.

3.1.3 Voice

Every woman and child has a voice. They are actively listened to, respected and provided timely and appropriate responses.

The new refuge service should acknowledge, respect and respond to the voice of every woman and child who accesses the service. Women and children who have experienced long term violence and oppression are often accustomed to not having choice or the ability to express their voice and therefore need to be in an environment where they are safe to speak.

This means:

- 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 demonstrate their commitment to honouring women and children's

voices;
- The voices of women and children should inform ongoing monitoring and evaluation of the service; and
- 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.

As part of monitoring and evaluation, women and children should be asked whether they feel listened to, e.g. through exit interviews and residential meetings over time to observe any changes in responses.

3.1.4 Person-Driven

Women and children have autonomy and choice in leading and designing their experience.

The new refuge service should be person-driven. A person-driven approach privileges the experiences, voice and agency of women and children; calling into question assumptions and biases of external parties, and placing women and children at the centre of the service.

A key principle for the new refuge service is that women and children have autonomy and choice in leading and designing their service experience.

This means:
- 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 in approaches to supporting women and children 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 women and children; and
- 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.

Demonstrating the person-driven principle could include using methods such as Outcomes Star, self-evaluation methods, the Most Significant Change method and photo voice.

3.1.5 Collaborative

The service works in genuine partnership with women and children, staff, governance, stakeholders, and the broader community towards shared outcomes.

The new refuge service should be collaborative; ensuring that it works in partnership with all organisations and people required to fully support the women and children that it aims to serve. This approach delivers

efficiency across the service delivery system and ensures improved responsiveness to the diverse needs of different service users, thus delivering better outcomes.

This means:

- 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; and
- The partnerships allow more responsive services and offer specialist services to meet diverse needs.

As a result, women and children feel broadly and deeply supported by a connected team of service providers.

Collaboration may be measured by evidence of Memorandums of Understanding (MOUs), successful shared outcomes, cross-organisational professional development opportunities, governance implementation, and shared vision and mission statements.

3.2 Enabling Conditions

The following Enabling Conditions emerged through the co-design process and need to be considered by the service provider when designing the service, so that it is most responsive to the needs of women and their children in the Therapeutic cohort. They are practices that should be integrated into every service component and essential in ensuring the successful delivery of the service.

3.2.1 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 FDV.

The new refuge service will facilitate women's and children's recovery from the impacts of physical, psychological and emotional trauma resulting from experiences of FDV. The service should prioritise the women's and children's FDV needs and experiences, with mental health and AOD alongside. However, we recognise that each woman and child has their unique trauma history across their life span and that the service needs to respond to this holistically. A trauma-informed approach understands that trauma can be passed through generations through a variety of mechanisms and therefore addressing trauma history is central to stopping the passage of trauma into future generations.

The safety of women and children is paramount. The safest and most effective responses to FDV involve collaboration and coordination with other agencies and services. This may include working with men's behaviour change programs. The 'Safe and Together' model may inform this approach.

A therapeutic approach requires that the service is designed and delivered in a way that is trauma-informed, dignity-driven, holistic and culturally inclusive. In this approach, children are considered service users in their own right. The healing journey is considered at both an individual level and 'whole of family' level.

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

- Support for women's withdrawal needs when they are assessed as low risk with no complicating factors.
- Therapeutic counselling intervention.
- Working on underlying factors, not just symptoms.
- Holistic healing services and support.
- Cultural, social and emotional well-being for healing.
- Increase 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.
- Understanding and responding to each individual's trauma history.
- Provision of psycho-educational 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 women and children 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.

3.2.2 Cultural Intelligence

The service ensures Aboriginal women and children feel safe, accepted, and 'at home'.

Cultural intelligence represents a set of practices that draw on the values underpinning the Guiding Principle of Cultural Safety and should be integrated throughout all the Service Components.

It is essential for the new refuge to involve Aboriginal people in the ongoing design and production of the service. It should provide an environment where Aboriginal women and children feel safe, accepted, and 'at home'.

The workforce needs to include Aborignal people, be skilled to work in culturally safe ways, and be open to continuous learning and improvement in this area.

Examples of how cultural intelligence can be integrated into the new refuge service, as identified through the co-design process, include:

- Partnerships with Aboriginal organisations.
- 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.
- 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.

3.2.3 Diversity & Inclusion

The service is able to meet the diverse needs of women and children with different abilities, identities, ages, and backgrounds.

The refuge service needs to be designed and delivered in a way that ensures all women and children accessing the service feel included and have their needs met. In this way, it is important people are not grouped together based on a culture or identity, but rather all women and children are considered as individuals.

The workforce needs to be diverse, be skilled to work in inclusive ways, and be open to continuous learning and improvement in this area. Staff should have a high awareness and understanding of different cultural practices and accessibility requirements.

Examples of how diversity and inclusion can be integrated into the new refuge service, as identified through the co-design process, include:

- The physical space should meet accessibility standards and needs of women and children.
- Unisex toilets.
- Provision of translation services as required for women and children who speak different languages or have hearing or vision impairments.
- Translators for children as well as adults (as children should not be expected to act as translators).
- Staff to undertake necessary training in accessibility, diversity and inclusion.
- Capacity for carers to be on-site 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.
- Celebrate traditions and important days of recognition for different cultures and identities.
- Age and gender considerations.

3.2.4 Partnerships

The service is delivered in partnership with relevant agencies and organisations and using appropriate governance mechanisms.

It is essential that the new refuge service works collaboratively to develop partnerships that support a holistic approach with people at the centre of delivery. Shared language, goals, and information (with consent) will support successful partnerships, along with an agreed to and implemented governance structure.

In finding partners and building relationships, it is vital that the guiding principles are upheld. In the case of multiple organisations working to deliver services, it is important that the governance model supports this collaboration and is understood and agreed by all parties involved. Trust and mutual respect between partners will give partnerships the best chance in successfully delivering positive outcomes for women and children.

Examples of how partnerships can support the new refuge service, as identified through the co-design process, include:

- Including all the experts (community, government, mainstream agencies).
- There is a 'hub' - central point - of information and resources that can be shared amongst partners.
- A sense of community between partners.
- Work with partners to develop shared, simple language and commitment, e.g. avoiding acronyms.
- Collaboration beyond FDV services, including police, health, housing, Centrelink, culturally and linguistically diverse and Aboriginal services.
- Partnerships with secondary services and support (for example legal advice, financial advice, medical services, healing therapies, counselling, adult education and training).
- Referral partners need to have all the necessary information to be able to refer to the right service at the right time.
- Build local, place-based relationships as necessary.

- 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 few partners, to support women and children.
- Partner with schools to develop targeted responses to 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.

3.2.5 Workforce

The service is delivered by an appropriately skilled workforce that is flexible and responsive to the diverse needs and experiences of women and children.

People are at the heart of a service and therefore the workforce is incredibly important for the new refuge service. The workforce culture needs to be embedded from the outset with a foundation in therapeutic, trauma-informed and culturally safe approaches. Policies and procedures that support staff wellbeing and ongoing professional development should be integrated into the model from the beginning.

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 harm resulting from AOD or mental health. Partnerships between multiple agencies may be required in order to fulfil the necessary diversity of expertise and skills required.

Strong relationships between staff and women and children need to be fostered. Peer workers and peer mentors should be considered as part of the workforce.

Examples of how the workforce can support the new refuge service, as identified through the co-design process, include:

- 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-agency teams have a collective vision and work as one (for example shared voice, language, name).
- Staff are provided the necessary training and support to co-design and co-produce the service with women and children.
- Staff receive ongoing development in therapeutic, trauma-informed, and culturally safe approaches as well as understanding the cycle and behaviours of FDV.
- 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.
- 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.

3.2.6 Policies & Procedures

The policies and procedures are designed meaningfully and respectfully, honouring the experience of women and children.

The policies and procedures that underpin the practices within the service should be designed to support the Guiding Principles of safety while allowing for some flexibility in addressing diverse needs of the women and children accessing the service. Needs will vary depending on age, gender, culture, identity, and experience. The voices of women and children must be heard and there needs to be a willingness to review and adapt policies and procedures over time to ensure they are responsive to needs.

Boundaries and structures can sometimes impose control and therefore care must be taken to ensure these are designed to benefit women and children. The perpetrator in each situation must be in sight and therefore policies and procedures should allow for this. There needs to be policies and procedures that support collaboration and ensure women's and children's unique needs are appropriately supported by partner organisations, as well as within the refuge service.

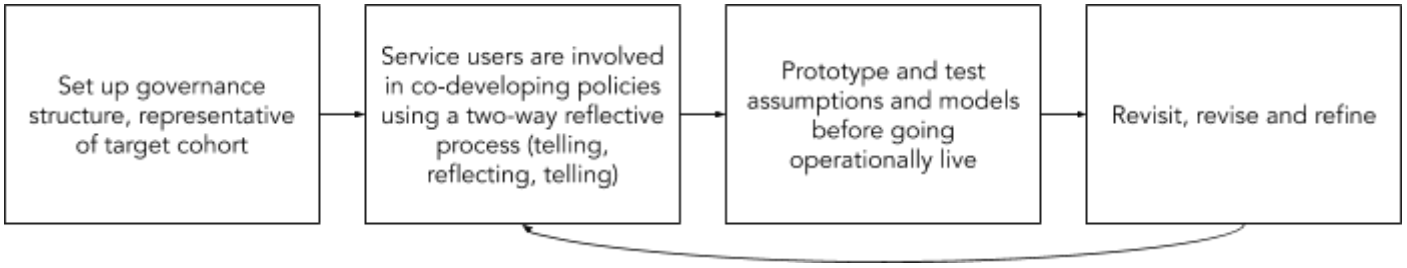
The service provider will need to develop a governance structure to oversee the policies and procedures. They may draw on a variety of expertise in setting up governance and developing policies and procedures, such as the Mental Health Commission website.

Examples of how policies and procedures can be designed and implemented in the new refuge service, as identified through the co-design process, include:

- Implementing, monitoring, and evaluation a governance model to oversee policies and procedures.
- Governance may include a community reference group and cultural advisory committee.
- Focus groups of women and children can be involved in design and evaluation.
- The standards of practice of the Women's Council for Domestic and Family Violence Services WA standards of practice should be incorporated (noting these need to be reviewed).
- Flexible guidelines are used, rather than 'rules'.
- The duration of women's and children's stays will need to be flexible.
- Integrate FDV informed, responsive, trauma-informed, recovery-oriented 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 continual interaction, checking and refining.
- Accountability is vertical in both directions - to both the service agreement manager (state government) and the women and children.

The following process demonstrates some suggested steps in setting up and developing policies and procedures in the new service.



3.2.7 Monitoring & Evaluation

Ongoing monitoring and evaluation ensures the service meets the needs of women and children and adapts and improves over time.

As a new service, it is critical that sound monitoring and evaluation systems are set up from the outset. This is essential and not an 'add-on' to the service model.

Monitoring and improvement is usually focused on those parts of the service that get measured, so it is important to measure the most vital elements, such as the service user experience and the implementation of principles and Enabling Conditions into practice.

A co-production approach should be adopted in this area where women and children are involved in designing, revising, and improving the various components of the service.

- 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 women and children and make improvements immediately.
- Women and children set their own aspirations, so progress on outcomes for women and children must be measured against these.

3.3 Service Components

The Service Components are essential parts of the service that the lead organisation must be able to deliver. For each component, some examples of practices are provided. Where these relate to specific Enabling Condition(s), a key is used to demonstrate this:

- Therapeutic Approach TA
- Cultural Intelligence CI
- Diversity & Inclusivity DI
- Partnerships P
- Workforce W
- Policies & Procedures PP
- Monitoring & Evaluation ME

3.3.1 Referral, Awareness & Access 

All women and children who need the service can access it with support, clarity and ease.

The Peel Refuge is not a crisis service and therefore only accepts women and children who most need the therapeutic service. The refuge needs to work in collaboration with the greater service ecosystem, using shared language, to ensure no women or children fall through the cracks. Other refuges in WA will play a vital role in referring appropriate women to the therapeutic refuge.

Referrals and access should feel streamlined and easy, and women and children should only have to tell their story once. Throughout the process, women should have access to relevant information that can support them to undertake informed decision-making, which may include online information and communication.

All women who need the service should be able to access it, no matter which service organisation they first reached out to and regardless of their varying needs (for example large families, pets, regional locations). The whole family is considered throughout the process, which may include supporting women who may be considering returning to the perpetrator to do so safely.

Examples of how referrals and access will operate, as identified through the co-design process, include:

- Referral to the therapeutic refuge is triaged, not crisis-driven. TA
- Planned referral pathway in partnerships with other organisations (for example lead refuges) to receive and 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 that have a shared language. P
- Consistent information and processes to help clients navigate the system. PP P
- Consider location and logistical issues associated with staying in the refuge (for example proximity to schools).
- Multicultural organisations to be utilised during referral pathways. DI
- Use translators where required. DI
- Financial support for women where required, e.g. fast-track special purpose payments.
- Strong communication across sectors for effective and quick referrals. P
- First access point should have a 'package of information' for the women and children.
- Face-to-face assessment in collaboration with the women, current service support and other supports.
- Women and children are offered different tools (for example storyboards) to tell their story. PP
- Look to other service types for good examples of tools and procedures (for example child health nurse referral form). PP
- Online communication to help inform potential service users (for example 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. ME

3.3.2 Initial Assessment

Trauma-informed principles are adopted in assessing the needs of the whole family.

A successful initial assessment in the new refuge service model requires the tools, collaboration and skills to assess women and children holistically and in a trauma-informed way. This requires a full understanding of an individual's complex and unique situation and the context it sits within. It also means ensuring women and children do not have to retell their stories multiple times.

It is important that staff members are able to collect the information they need to appropriately assess a woman or child accessing the refuge, however approaches must consider the nature of domestic violence. At the point of initial assessment there may be immediate risks or needs to address; there may be other family members to consider and the situation will be impacting how the woman is acting and feeling. There must be the options available, and understanding and flexibility to meet these varied requirements.

The workforce not only requires relevant experience and understanding of FDV, but also clear knowledge on the scope of the therapeutic refuge to be able to make fair and well-informed assessments. The

workforce should also be encouraged to approach assessment in a flexible way, ensuring they can respond to a diverse range of circumstances.

Examples of how the initial assessment could operate, as identified through the co-design process, include:

- Screening tool(s) that appropriately respond to the Guiding Principles, which may involve using the widely-adopted Common Risk Assessment and Risk Management Framework (CRARMF) in addition to other tools, or a different tool altogether if deemed necessary. W
- 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 woman'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. TA
- Adopt an authentic approach and non-clinical way of recording women's and children's needs. TA
- The 'Three Houses' tool could be used, particularly for children.
- Gather information from all relevant sources. CI
- Workforce development required to ensure fair and objective assessments. W
- Use translators where required. DI CI

3.3.3 Healing Journey to Recovery

Women and children are supported in their healing journey, drawing on their strengths and meeting their diverse needs.

The new refuge service model will adopt a new approach and language towards supporting women and children, moving away from 'case management' and towards a 'healing journey'. The new language reflects the desired healing experience and relationship between staff and women and children that we intend to create.

The journey to healing will not be seen or treated as something that starts when a woman or child enters the refuge and ends when they leave; rather their stay at the refuge is seen as part of a longer journey.

This journey should be co-produced from the outset with women and children. Their healing journey should not only meet their individual needs, but draw on their strengths, aspirations and interests. The refuge understands that creating this can be a difficult process, so provides a patient, comfortable and consistent environment based on trusting relationships.

Healing for women and children with complex needs will require collaboration from different agencies and the coordination of FDV, AOD and mental health services. While the process will draw on many resources, there should be one agent accountable for each woman and child; walking alongside them, ensuring they are set up for success and helping them appreciate the journey they are on. This agent will not only support them to steer the direction of their own recoveries during their stay but also ensure they have the right tools to live independently after their stay.

Examples of how women and children could be supported in their healing journeys, as identified through the co-design process, include:

- Planning of necessary support and other services.
- Balancing the support to transition out of the refuge while always recognising safety, vulnerability and risk in the healing journey of women and children.
- Ensure wrap around support for women and children.
- Multi-disciplinary team with ongoing involvement. P
- Support and services integrated across FDV, mental health and AOD service organisations. P
- Ensure a variety of options of counselling and intervention are available in which AOD, mental health and FDV needs are addressed holistically (for example one-on-one or group).
- Support the use of a storytelling or narrative approach in processes. TA PP
- Incorporate financial well-being 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 women and children new to the service. W
- At an appropriate stage in the journey, women and children are supported to develop a plan for transitioning out of the refuge.
- Support women and children to 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, culturally appropriate, and FDV informed.
- Focus on enabling independence and work towards aspirations rather than goals.
- The safest and most effective responses to family and domestic violence involve collaboration and coordination with other agencies and services, this may include Men's Behaviour Change programs. P
- Identify and ensure support services are culturally appropriate. CI
- Use tools such as the Outcomes Star for measuring engagement and progress. ME
- Offer advocacy in order to break down barriers to other services.
- Use translators where required. DI

3.3.4 Withdrawal Management 

Women and young people who are experiencing harm as a result of alcohol and other drugs can access appropriate non-medical or low-medical withdrawal management support.

As a therapeutic service designed to accommodate people experiencing harm as a result of AOD, the new refuge service will offer non-medical and low-medical withdrawal management for women and young people who need it. This should adapt for varying needs and it is understood that not everyone in the refuge will require withdrawal management.

The refuge environment needs to feel safe and have all the necessary requirements for the detox process to be managed appropriately. There cannot be any judgment of the women and young people going through this and it is okay for people to fail and try again.

Examples of how withdrawal management could operate in the new service, as identified through the co-design process, include:

- Non-medical and low-medical interventions provided, with support of a GP or visiting nurse, and links to crisis services and medical admission where required. P
- Women and young people (13 years or older) can access withdrawal management. PP
- Non-clinical environment.
- Workforce must include specialists in withdrawal management and remaining staff should be appropriately trained to understand it. W
- Integrate withdrawal management throughout service, ensuring through-care.
- Partner with in-home/in-reach detox programs through a suitable and experienced provider to provide services on-site. P
- AOD impacts are assessed in the context of trauma.
- Staff adopt a non-judgmental approach, understanding that relapse is part of recovery. W
- The process is open and transparent. PP
- 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.

3.3.5 Programs & Activities

Women and children can choose from a range of different programs and activities that support healing and social connection.

The service should offer programs and activities - beyond those associated with withdrawal - that aim to increase the independence, self-determination and confidence of the women and children. Through these activities, women and children will be able to build and nurture positive social connections to each other, their peers (i.e. other service users, peer mentors or workers), and staff.

The needs and preferences of women and children will vary greatly - for example ages (particularly for children) and cultural backgrounds - so the programs and activities will need to be varied and adaptable. Women and children should be supported to make their own choices, including control over whether or not they participate in programs and how they participate.

All programs and activities need to be designed and delivered in a trauma-informed and person-driven way, including harnessing the strengths of women and children and limiting the risk for re-traumatisation. In addition to planned and scheduled programs and activities, women and children may choose to make voluntary contributions to everyday running of the refuge (e.g. cooking or gardening).

Examples of programs and activities, as identified through the co-design process, include:

- Provision of Aboriginal healing and other cultural healing opportunities. CI
- Culturally appropriate activities and programs designed by Aboriginal elders, community and women and children (where appropriate). CI
- Welcome to Country for women and children. CI
- Regular smoking ceremonies. CI
- Aboriginal facilitators for Aboriginal programs and activities. CI
- Partner with other services, organisations and activity facilitators as required where internal capabilities are not appropriate or sufficient (e.g. Aboriginal activities, arts, specialist programs, etc.). P
- Prepare external facilitators for disability and access requirements, cultural intelligence, and trauma-informed practice. DI CI
- Education in legal terminology and rights of women and children.
- Personal development programs.
- Therapeutic and development programs focusing on life skills (including financial).
- Child development.
- Family planning.
- Sport and recreation activities, for example gym workouts or yoga.

- Using art and music as healing activities.
- Educational opportunities, for example 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. W
- Regular and easy feedback mechanisms in which women and children feel safe to provide input to ensure programs and activities are meeting their needs. ME

3.3.6 Family & Community Connection

Women and children are supported to maintain and strengthen healthy relationships with each other, their family and community.

The service values family bonds and community connections and considers them throughout the women's and children's healing journeys. This means ensuring important and supportive family and community dynamics are not disrupted and also providing opportunities for women and children to rebuild the bonds that may have been lost or weakened.

The service understands that families vary as much as the individuals within them, and every family and individual will be affected differently by FDV. The service is responsive to this and actively creates an environment that is accepting and open-minded to different family structures and needs. In practice, this means appreciating different cultural concepts of family, opening doors to extended family members and pets, and helping to facilitate contact between family members and a perpetrator where appropriate.

The service understands that not all work can be done for a family as a group and individual work is an important part of the healing journey. This means providing the options for family and individual development as well as the logistical support to enable this to happen, for example childcare.

Examples of how the new refuge service can foster family and community connection, as identified through the co-design process, include:

- Capacity for large families to stay in the refuge (i.e. more than three children). CI PP
- Capacity for pets to stay with women and children in the refuge. PP
- Flexible age of access, including age limit of 18 for boys in the refuge.
- 'Whole of family' (women and children) counselling and check-ins. TA W
- Involvement of elders, grandparents, and other supporting family and friends as required and appropriate. CI
- Trusted family and friends are allowed to attend meetings when consent is given. CI
- Development of parenting skills through programs and services. W

- Provision of sufficient access to child care with consideration of women with multiple children and varying ages of children. DI
- The service offered attends to the strength of the mother-child relationship and offers specific support and referral to support the recovery of this relationship.
- Support for children with behavioural challenges. TA
- Create a safe space for children where they can begin to address the trauma of what they have experienced. CI
- Create positive opportunities for children to engage with males and peers. P
- Build practices around the Safe and Together model (a child-centred model). TA
- Enhancing women's and children's safety may involve collaboration and coordination with other services including Family and Domestic Violence Response Teams, Men's Behaviour Change Program providers, Police, Justice etc. TA P

3.3.7 Support for Children & Young People

Children and young people are individuals who are heard and supported to meet their unique needs.

The Peel Refuge will strive to support children to maintain or build a positive childhood. The disruption that FDV causes to children's lives should be neutralised wherever possible through maintaining a sense of normality and routine at the refuge. The traumatic experience a child has been through must also be acknowledged and responded to from the outset, to ensure the service does not trigger trauma, cause more harm or allow for the cycle of violence to continue. A trauma-informed approach that values the voice of children, along with the right services and relationships should be used to achieve this.

Fundamentally, children should feel understood, comfortable and safe at the refuge. This will require the right workforce who have the resources, training and soft skills to meet these needs throughout the entirety of the experience. In practice, achieving this will look different for every child.

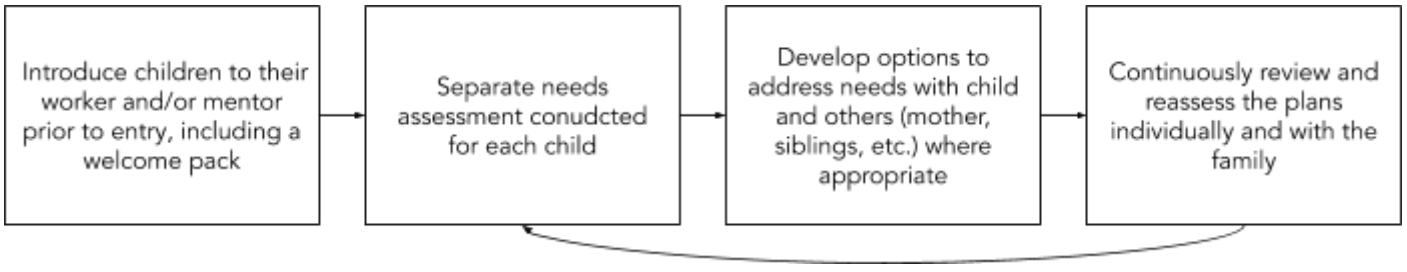
Not only should children's varied needs be catered for, but their preferences should be taken into account as well. Children should leave the refuge with new positive relationships, strong existing ones, increased confidence and new skills.

Examples of what support for children and young people could look like in the new refuge service, as identified through the co-design process, include:

- Utilising local community and cultural centres.
- Risk assessment and safety planning for children.
- Free and confidential therapeutic services for children. TA
- Positive male role models for teen boys.

- Keep perpetrator in sight and provide optional opportunities for children to connect with their father (where relevant).
- Support and encourage children to play and build social connections with each other.
- Design experiences to avoid vicarious trauma (for example the location of services in proximity to others experiencing trauma). TA
- 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. TA
- 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. CI P
- Specific advocates (for example child advocate) or youth workers are available to support children.
- Work collaboratively with the school and teacher to support a 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.

The following process demonstrates some suggested steps in supporting children in the new service.



3.3.8 Transition Out of the Refuge 

Women and children are supported to plan and prepare for exiting the refuge and experience a smooth, supported transition.

The service provides a structured approach to the transition of women and children out of the refuge. It is considered in the early stages of women's and children's healing journeys.

Different women and children will feel ready to leave at different times. During their stay, the service will make sure that women and children have the support they need to exit into a safe and stable environment. The service will not exit anyone into a vulnerable situation such as homelessness.

While preparing for exit, women and children can also look to the future knowing that support will not end on their exit (see Beyond the Residential Component).

Examples of how transitioning out of the refuge could look in the new refuge service, as identified through the co-design process, include:

- Create a plan for exit as early as possible, however ensuring this is at a safe and appropriate stage for each individual. PP
- Women and children are supported to develop a sense of purpose and goals for life after the refuge. DI
- Continue supporting women's and children's healing journeys through transition to ensure continuation of care. TA
- Exit strategies need to consider access to appropriate and safe accommodation, financial well-being and other services required. P ME
- Partnership with Department of Communities (Housing) and community housing providers to ensure access to safe, appropriate housing for women and children who need it. P
- Encourage women to access the private market for housing where appropriate and possible.
- Support for women who may be considering returning to the perpetrator to do so safely.
- Incorporate children's as well as women's feedback about their exit support plan.
- Engage with services and activities in women's and children's future communities in preparation for exit. P
- Access to programs to build independent living skills (if needed) and resources while in the refuge to support life beyond the refuge (for example financial counselling and planning). W
- Peer mentoring and support for women and children. W

3.3.9 Beyond the Residential Component 

Women and children receive flexible and non-judgmental support after their stay to ensure long-term, sustained well-being.

Women's and children's healing journeys do not end upon their exit of the refuge and so the service support does not either. The refuge service should ensure - through their own service offering or through partnerships - that women and children receive a seamless exit with flexible and tailored support for their life after their stay in the refuge.

The plan for support beyond the residential component should be considered throughout the women's and children's healing journeys when it is safe and appropriate to discuss. It is critical that women and children are not judged or blamed for their choices including staying in the relationship where FDV was previously experienced. An open door attitude means that women and children who previously stayed in the refuge are supported to return if they need to and will always find support at the refuge.

Examples of how post-residential support could look in the new service model, as identified through the co-design process, include:

- 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. W
- Tapered aftercare with post-service check-ins (in-person or over the phone), for example every few months, to ensure needs are being met beyond the refuge stay. TA
- 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).
- Peer support structure (for example, outreach workers and peer support groups). W
- Big brother/sister program for children.
- 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). P
- Support for school and adult education enrolments or applications. W
- Women have the option to drop in and out of the refuge service as needed. TA
- Volunteering opportunities in the refuge for women who have secured stability after their stay in the refuge. P
- Toolkit for being independent and understanding how to access support when needed. ME

3.3.10 Facilities

The facilities make the refuge feel safe and welcoming to all women and children and staff, including the opportunity to adjust and adapt for individual needs.

The physical features, including furniture, fit-out, and layout of the Peel Refuge should support a welcoming and nurturing environment that promotes healing and well-being. They must support a safe environment for all who stay and visit the refuge. This includes robust risk assessments and screening processes for crisis planning.

It is important that the facilities are adaptable to meet different needs, e.g. family sizes, ages of children, cultural needs, disabilities and the place is accessible to women and children no matter where they live, which may include transportation options. The facilities can also be adapted and changed on an ongoing basis, in collaboration with the women and children themselves.

Examples of how post-residential support could look in the new service model, as identified through the co-design process, include:

- Facilities designed to feel like home and not clinical, e.g. colour, music, and 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.
- Staff work with women and children to co-design facilities, e.g. spaces, layout. W
- Flexible configuration of spaces.
- Assisted transport for people who need it, including children's travel to and from school.
- Encourage use of cooking facilities within units (for cultural, independence and family time). CI
- Space to accommodate visiting services such as hairdressing.
- Space for fitness, health, meditation, yoga, and other health and well-being activities. P
- Access for other agencies to attend the refuge rather than women having to seek support externally (where desired or needed). P
- Space for visiting GP. P
- Include desks for studying, access to technology and a secure network.
- Aboriginal culture reference points. CI
- Yarning circle, fire pit. CI
- All facilities designed to meet access and disability requirements. P

4.
System-Level Considerations

4. SYSTEM-LEVEL CONSIDERATIONS

Throughout the process, service users, service providers and other stakeholders identified conditions and potential changes required at a system-level for consideration by Communities and their partners. The levers of change have been adapted from systems change research[15] globally, whilst the considerations include recommendations for the Peel Refuge and the broader FDV service system.

<table>
<tr><th colspan="3">LEVER</th></tr>
<tr><th>MINDSETS FOR TRANSFORMATION AND CHANGE</th><th>THE GOALS OF THE SYSTEM</th><th>THE DISTRIBUTION OF POWER OVER THE RULES OF THE SYSTEM</th></tr>
<tr>
<td>
<u>For Peel Refuge</u>

• Build a movement of learning and change within the FDV sector around the model adopted for Peel Refuge so that more women and children can benefit from what is learnt.

• Continue to facilitate engagements that create high levels of buy-in, collaboration and collective action with key stakeholders.

<u>For Communities and sector-wide</u>

• Nurture bipartisan political support.

• Develop a culture that supports transformative efforts, encourages informed risk-taking and is passionate about outcomes.

• Continue to engage senior stakeholders across the system and secure their active sponsorship and support.
</td>
<td>
<u>For Peel Refuge</u>

• Utilise what is learnt through the new approach at the Peel Refuge to contribute to the development of an outcomes framework for the FDV sector that is owned by all stakeholders.

<u>For Communities and sector-wide</u>

• Communicate a compelling, human-centred case for change to the FDV sector that inspires people to act. This includes ongoing analysis of reasons, pressures, needs for transformation and the “cost” of not acting.

• Develop a powerful vision for the FDV sector within wider social, cultural and economic goals for WA.
</td>
<td>
<u>For Peel Refuge</u>

• Develop new governance arrangements and maximise the value of existing networks and partnerships. Consider new services as ‘of the system’ rather than ‘of Communities’ to increase collaboration and reduce the potential for competitiveness, e.g. system-wide change to the referral system with the possibility for a panel to assess referrals and support for services to develop common referral and assessment tools on behalf of the system.

<u>For Communities and sector-wide</u>

• Continue to make porous the boundaries within Communities for the services they are responsible for (e.g. housing, perpetrator programs and child protection).
</td>
</tr>
</table>

[15] For example Donella Meadows, Innovation Unit for the Global Education Leaders’ Partnership, NESTA through States of Change

LEVER		
THE RULES OF THE SYSTEM (INCENTIVES, PUNISHMENTS, BARRIERS)	WORKFORCE	DRIVING POSITIVE FEEDBACK LOOPS AND REGULATING NEGATIVE FEEDBACK LOOPS
<u>For Communities and sector-wide</u> ● Create enabling conditions and enact legislation allowing leading FDV services to transform rapidly and permitting new (transformational) providers to enter the system. ● Analyse and eliminate potential disablers and disincentives especially those that continue to privilege predominantly large and non-Aborignal organisations. ● Provide appropriate reward and recognition for organisations in the existing service system including creating funding regimes, accountability frameworks and development opportunities that reward transformation and improvement, especially for organisations that could be at risk.	<u>For Peel Refuge</u> ● Differentiate roles and responsibilities required to deliver a therapeutic approach and support the development of new professional identities standards of practice across the sector. <u>For Communities and sector-wide</u> ● Identify the strengths and assets within the system and determine how they can be utilised for maximum impact. ● Prepare the profession for new models and services (particularly those at the intersection of FDV, mental health and AOD) by working with training institutions, universities, and other organisations preparing, interning, and certifying or licensing entrants. ● Nurture system leadership capacity by intentionally developing and sustaining executive leaders individually and collectively within service provider organisations.	<u>For Peel Refuge</u> ● Create and resource approaches that privilege ongoing learning and evaluation to drive continuous improvement. <u>For Communities and sector-wide</u> ● Develop meaningful accountabilities and performance measures. ● Identify the new metrics and measures of success that will drive change. ● Provide support in monitoring and evaluation - be flexible to enable tailored progress on outcomes.

5.
Outcomes

5. OUTCOMES

During the co-design process, participants were asked to identify outcomes they would expect to occur as a result of the Peel Refuge operating successfully. These are outlined on the following page. It should be noted that these are not comprehensive and do not constitute a logic model for the service.

Examples of possible tools and methods to use in measuring outcomes, as identified in the co-design process, include:

- Service user surveys.
- Outcomes Star.
- Self-reporting and changes in stories.
- Photo voice.
- Exit interviews.
- Most Significant Change method.

SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
• Women and children can navigate the FDV service system • Women and children understand the system, their choices and rights • Women and children feel believed and heard • Women and children have trust in service and staff • Women and children feel safe • Women and children are safe • Family members are accommodated together (as needed) • Women and children feel empowered - can make decisions/choices; have control/autonomy • Women and children have a voice/ young people have a voice and a say in what happens to them • Young people have an understanding of what happened to mum in an age-appropriate way • Everyone who works in the service has an understanding of Aboriginal culture and history • Cultural practices are embedded in the service/ the service is culturally safe, secure and appropriate • Service is linked in with (internal and external) culturally appropriate services • Service is an informed space	• Women experience improvement in their mental health and AOD concerns • Women have the skills and knowledge to manage AOD • Each child forms a positive relationship with at least one other significant person in the refuge • Women and children are able to create their own goals (short, medium and longer term goals) • Each young person leaves having learnt or strengthened something of value to them • Children's wishes with regard to the person using violence are understood and managed/fulfilled • Women and children stay in the refuge/use the service for the full duration of time they require • Women and children feel hopeful • Outcomes are being measured and used to evolve/improve the service • The mother-child relationship is strengthened	• Young people go on to lead healthy, balanced lives - not victims of FDV or people using violence • Women and children maintain/rebuild connection to culture and community/they feel like they belong to a community • Women are able to reach and sustain stability • Women and children access safe and supported accommodation that is suitable to their needs • Families are united and connected • Women and children want to successfully engage in services to meet their needs post-refuge and are supported to do so • Women and children build and maintain positive relationships • Parenting issues where domestic violence has been are factor are managed • Decreased prevalence of FDV in the community
POSSIBLE INDICATORS		
• Rate mental health pre- and post-service (service user-identified) • Rate safety pre- and post-service (service user-identified) • Increase in age-appropriate skills and understanding regarding FDV and societal issues (for young people) • Willingness to engage	• Women and children are supported to assess their own needs • New skill or credential documented • Ask women and children: How does your life differ now from before? • Number of times extended family is utilised for additional support • Evidence of MOUs • Retention of staff and staff well-being indicators	• Number of times a young person is linked in with community • Young people not presenting in youth justice • Young people attending and completing school • Decreased incidences of FDV in the community

Appendix 1
Survey Results

APPENDIX 1: Survey Results

Responses

The survey received a total of 89 qualifying responses (respondents were qualifying if they had experience as a female victim of FDV).

Of these responses:

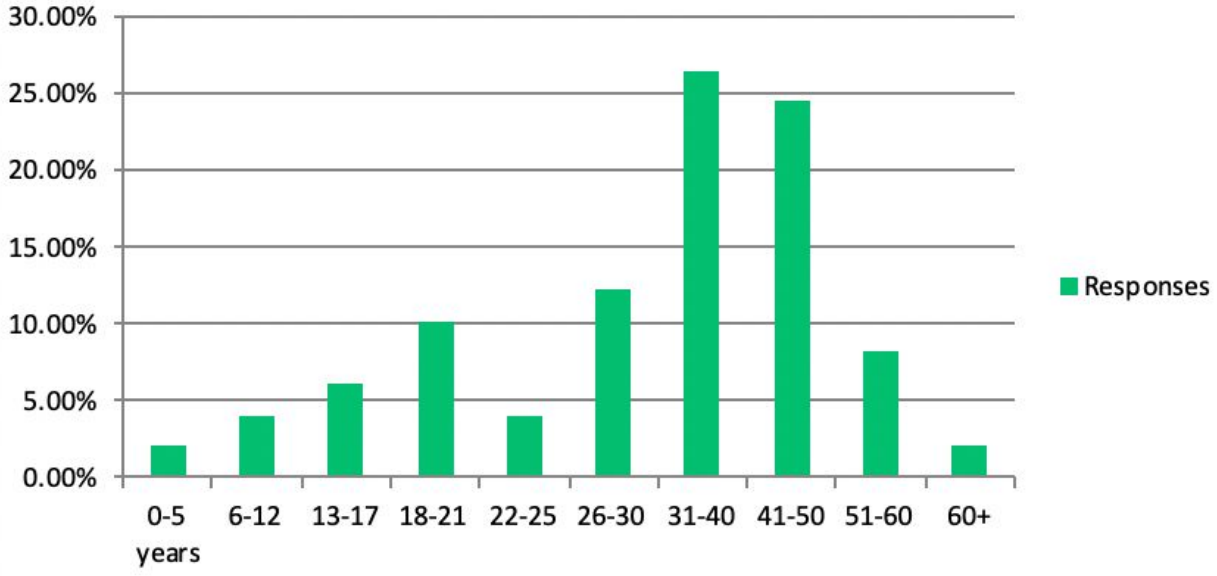
- 26 were completed
- 49 were completed partially to an extent that is useful for the project

Of the 49 partially completed responses:

- 20.41% (N=10) have experienced both alcohol and/or other drug and mental health challenges
- 76% (N=20) have accessed services in the last 5 years
- 16.33% (N=8) were Aboriginal or Torres Strait Islander
- 18.37% (N=9) speak languages other than English* at home

*Other languages spoken: Aboriginal dialects such as Noongar, Mandarin, Maori, Hebrew, Arabic, Auslan/sign, Dutch

Age when first accessed FDV services:



Question Summaries

Below are summaries of responses to the survey questions.

Q: Have you accessed FDV services in WA?

- Yes 53.06% (N=26)
- No 46.94% (N=23)

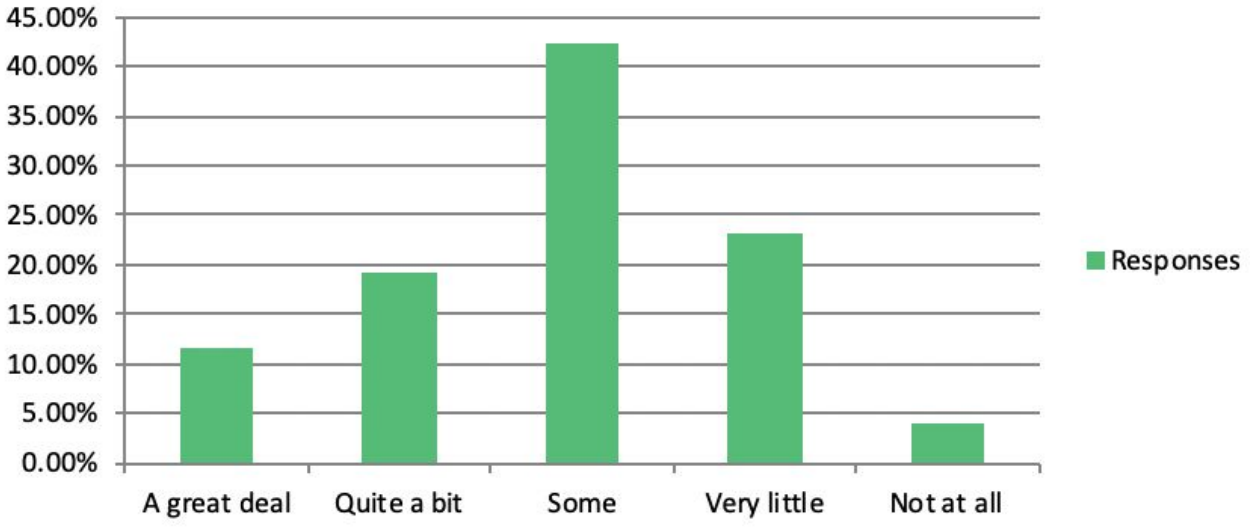
Common reasons for *not* accessing services:

- Lack of awareness of the services available (some unaware of any services, others unaware of appropriate services)
- Lack of availability (of beds/places)

Other reasons for not accessing services:

- No culturally appropriate service for Aboriginal women at the time
- No programs for young teenage females at the time
- Lack of trust
- Partner received help and resolved DV issue
- Language barrier

Q: Thinking about your experience accessing FDV services in WA, were your needs met?



Q: Thinking about your experience accessing FDV services in WA, what did you hope would be provided?

- Counselling for yourself 61.54%
- Court support 57.69%
- Healing programs 50.00%
- Mental health support 50.00%
- Counselling for your children 46.15%
- Legal services 42.31%
- Financial assistance 42.31%
- Peer support groups 38.46%
- Referrals to other services 34.62%
- Education programs 30.77%
- Other emergency accommodation 30.77%
- Refuge accommodation 26.92%
- Culturally specific services 26.92%
- Medical services 23.08%
- Child care 15.38%
- Transport 11.54%
- Non-medical withdrawal support 7.69%

Q: What services were offered to you?

- "FDV support at court is not easily accessible. Very few staff available (1 or 2 per day) which means that the applications (FVRO/ VRO) of victims are postponed hours or days if they speak with the FDV support team prior to court."

- "I got a referral through my GP."

- "[A refuge] have given me specific DV counseling and financial support via a food bank voucher and Christmas presents. [A service provider] enrolled my son in FAIR. I did it alone for the first 8 months, so I only contacted services when I ran out of money, as I'm being abused through the system in court every month."

- "I sought my own medical GP for support, was told by the police about some local agencies, the aggressor had already gone to the free local legal [service] so I was referred to the next town some 30 minutes away. I sought my own counselling services (at no cost to me)."

- "Financial counsellor through [a service provider] and therapist through work EAP and [the service provider]."

Q: Thinking about your experience accessing FDV services in WA, what helped the most in having your needs met?

- Counselling (1800 Respect line, "someone having time to listen")
- Understanding (being heard, believed and supported; not being judged by police or other services)
- Financial support (for legal, counselling, home security, and other services)
- Legal and court support (however private legal representation is costly)
- Own support networks (including family)
- Knowledge of services (and comfort in knowing services are there)
- Emergency accommodation
- Self-determination ("my decision to heal and move on no matter what")
- Not sharing accommodation with others with lots of issues
- Just knowing I could access something
- Food bank vouchers and Christmas presents
- Being separated from the perpetrator
- Therapeutic programs
- Police (for issuing FVRO)

Q: Thinking about your experience accessing FDV services in WA, what was the biggest barrier in having your needs met?

- Lack of understanding about FDV in services (such as courts, police, legal) and resulting lack of support in these systems (for example lack of urgency in working on issues, lack of empathy and understanding by legal professionals)
- Not being heard or believed (for example being unheard because perpetrator is wealthy)
- Community perceptions and understanding of FDV
- Lack of availability of services (underfunded services, waitlists)
- Lack of cultural security (no suitable culturally specific service available for women and children, lack of customised advice for different cultural backgrounds)
- Lack of availability of suitable services in regional and remote areas
- Lack of support when leaving emergency accommodation
- Lack of financial support (for example for legal matters)
- Perpetrator behaviour (for example lying to police and courts, intimidating and threatening victim financially and legally)
- Lack of knowledge about where to access services
- Fear of some of the other women in accommodation/service

Q: Thinking about FDV services, please rate what you think would have the biggest impact in helping you meet your needs (all responses)

Top 15 most popular responses*:

- Low or zero cost 95.92%
- Friendly and professional staff 95.92%
- Welcoming and friendly staff 95.92%
- Counselling services 93.88%
- Clear and relevant information 93.88%
- Safety and security measures 93.87%
- Support for children 87.75%
- Connections to other services (outside the refuge) 87.75%
- Legal advice and support 85.72%
- General medical services and support 85.71%
- Suitable location 83.68%
- Healing services (cultural healing, therapeutic healing) 83.67%
- Specific mental health support 81.64%
- Suitable private spaces (e.g. bedroom, quiet spaces) 81.63%
- Financial advice and assistance 79.59%

*% represents the sum of responses: "A great deal" and "Quite a bit"

Q: Thinking about FDV services, please rate what you think would have the biggest impact in helping you meet your needs (responses from people who had experienced both alcohol and other drug and mental health challenges)

- Most popular responses*
- Low or zero cost 100.00%
- Friendly and professional staff 100.00%
- Welcoming and friendly staff 100.00%
- Counselling services 100.00%
- Safety and security measures 100.00%
- Suitable location 100.00%
- Legal advice and support 100.00%
- Suitable private spaces (e.g. bedroom, quiet spaces) 90.00%
- Clear and relevant information 90.00%
- Financial advice and assistance 90.00%
- General medical services and support 90.00%
- Connections to other services (outside the refuge) 90.00%

*% represents the sum of responses: "A great deal" and "Quite a bit"

Q: What would you expect or want to be featured in a 'therapeutic women's refuge'?

Responses listed from most common to least common:

- Safe and secure accommodation 89.80%
- Wrap-around support 81.63%
- Access to appropriate therapeutic programs 77.55%
- Case management 75.51%
- Withdrawal management (for AOD use) 59.18%
- Other (below) 22.45%

Other ideas:

- Fitness
- Meditation and calming atmosphere
- Links to community mental and general health services
- A support worker for after care and help to sustain support and safety after leaving a refuge or emergency accommodation
- Practical immediate support including housing, white goods, etc.
- Support for children, child care/creche services and activities for kids
- Education sessions
- Psycho-education groups
- Programs that help to redevelop women's self-esteem and self-worth
- Connection with others with similar experiences
- Peer support
- Ability to look after pets
- Sufficient staff to be available and able to support demand/workload

Peel
Therapeutic
Women's
Refuge