

Family and Domestic Violence One Stop Hubs

Evaluation summary report



Government of Western Australia
Department of Communities

Acknowledgements

The project team pays our respects to the Aboriginal and Torres Strait Islander members of our community and acknowledge the Whadjuk Noongar and Wongutha people as the traditional owners of the land on which this work has been carried out.

The project team acknowledges and thanks the women who spoke about their experiences accessing the Hubs. The team also acknowledges and thanks staff from the Hubs and other organisations for their active engagement and participation in and support of the project, and the Aboriginal Advisory Group for their invaluable support and contribution.



Curtin University

This report is a summary of the evaluation completed by Curtin University, *Hodgson, D., Schulze, D., Chung, D., Watts, L., Thomas, S. & Watts, M. (2022). Evaluation report: Family and domestic violence hubs in Western Australia. Department of Communities, Curtin University.*



Innovation Unit was commissioned by the Department of Communities to prepare the following evaluation summary report.

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.

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

Your Toolkit - www.yourtoolkit.com



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

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At a glance

\$11.7m commitment to establish two Family and Domestic Violence 'One Stop Hubs'



Co-designed in 2019 and 2020

Two hubs commenced operations in late 2020



High levels of self-referral by clients



Low (but some) uptake of perpetrator support services

Very low rate of ineligible referrals

Over 90% of clients across both hubs had children in their care



Improved collaboration between existing services



1238

clients recorded total

6 Key Takeaways



Hubs are reaching their audience: Hubs are providing more people with the information, skills and resources they need to keep themselves and others safe; this is likely to reduce the occurrence and impact of family and domestic violence in the community.



Soft entry points are a particularly useful innovation: They're helping to build trust and familiarity that allows for useful engagement with victim survivors.



Connection between services has improved: Hubs are helping to join up existing services and supporting them to work more effectively and efficiently together.



Strong relationships underpin hub success: Co-designing of Hubs supported partners to work together to design a locally-embedded model, as well as to continue to work more effectively together as partners once the Hub is operational.



Hubs enable cross-service advocacy : Hubs are helping clients effectively advocate for services from other organisations.



A creche is more than just a creche: Creche facilities play an important role in providing effective and accessible services to victim-survivors and their children.

1. Background

In 2019, the WA Government committed funding of \$11.7m to establish two Family and Domestic Violence (FDV) 'One Stop Hubs' to improve the help and support offered to people at risk of, or experiencing family and domestic violence.

The Hubs commenced operations in late 2020, one located in Mirrabooka and one in Kalgoorlie. The Hubs are part of the Government's on-going commitment to reducing the occurrence of family and domestic violence in Western Australia and its impact in our community.





This document provides a summary of the key features of the One Stop Hub service model, specifies the outcomes they were expected to achieve, and documents the extent to which progress is evident against these key outcomes over the first eighteen months of their operation.




"It's not just talk...things happen."

What are Family and Domestic Violence One Stop Hubs?

A One Stop Hub is an **enhanced and unique model of family and domestic violence service delivery**. It is intended to provide a range of integrated and place-based specialised support services in one location, such as specialist family and domestic violence services, mental health, legal, housing, and financial counselling services. The primary aim of locating services together is to **support people to find what they need more easily and quickly** with the goal of **reducing the harm of family and domestic violence to the many adults and children whose lives it affects**.

The Hubs comprise a range of fixed or core elements, along with components that have been designed and added with consideration to local needs and conditions. The fixed elements include:

-  **family and domestic violence advocates** that are responsible for risk assessment, safety planning and overall case management. The role of the advocates includes walking alongside victim-survivors to assist with navigating available support services;
-  a way of working that supports **integrated service delivery** (where services organise themselves around the clients, to create a sense of seamless service provision);
-  a **soft entry point** that involves the Hub facilitating activities in their community that informally raise the profile of the service, and provide a 'softer' approach to engaging victim-survivors;
-  **partnerships** within the Hub, and between the Hub and external services, that enable victim-survivors diverse needs to be met;

-  attending to the **unique needs of children and young people** through direct service delivery and in the ways adult victim-survivors are supported, including through provision of creche services;
-  **governance** arrangements that privilege the views and experiences of victim-survivors; and
-  built form design, ways of working, and partnership arrangements that prioritise and promote **culturally safe spaces and culturally responsive services**

The flexible elements that are subject of community co-design include the priority target groups that the Hubs provide services to, the modality of service provision such as outreach arrangements, the soft-entry activities offered and the complementary services delivered within the Hub, such as legal, counselling, financial, tenancy/housing, alcohol and other drug, mental health, and perpetrator services.

In the way Hub models are established, they **create new service capacity** (eg. new/additional funding for core Hub elements and some complementary services) as well as **improving the efficiency and effectiveness of existing services** through improved service coordination.

By doing this, the Hubs assist with making sure that the greatest number of people get the right help for them at the right time, with the least effort.

The goal is to reduce the number of people affected by family and domestic violence, and the impact of family and domestic violence on those and other people's lives, particularly **keeping Western Australian women and children safe**.

How were the Hubs designed?

The Hub model came out of an iterative process of research and community co-design. In 2018, Curtin University was contracted to collate information, research and stakeholder views about Family and Domestic Violence One Stop Hub service models for WA. This research was used to underpin place-based co-design processes in 2019 and 2020, which engaged stakeholders in discussion about applying the principles and learnings from the research to their local community, to inform the design of their Hub. Stakeholders who were part of this process included people with lived experience of family and domestic violence, Aboriginal Elders, community members, peak bodies and people representing service providers and government agencies.

What are the intended measures of success?

The following Service Level Outcomes (SLOs) were established for the Hubs, which document the specific outcomes they are expected to achieve:

- 1 Safety of people experiencing family and domestic violence in WA is increased.
- 2 The trauma from re-telling of experiences of family and domestic violence is reduced.
- 3 People experiencing family and domestic violence in WA with children are able to meet their children's needs.
- 4 People experiencing family and domestic violence in WA are supported and have their needs met.
- 5 People receive personalised care and trust the service they received.
- 6 Perpetrators of family and domestic violence in WA are visible.
- 7 Local services have increased capacity to respond to family and domestic violence.

What is this document?

This document collates and documents key findings relating to the Hubs' first 18 months of operation.

It considers:

- the kind of clients who attended services and the services they wanted and received;
- the emerging evidence relating to the impacts and benefits of model, with reference to the Service Level Outcomes that were set; and
- learnings from experience to date and opportunities for improvement, which may help to make these Hubs as useful as possible to as many people as possible, as well as in planning any future Hubs.

About how data was collected

Curtin University used multiple sources of data to evaluate whether Hubs are achieving their intended outcomes and surface insights about lessons learned and pathways towards improvement of these and future Hub services. This report explores the findings from the following data collection methods:

- Review and assessments of monthly service provider reports generated by the Hubs' SafeNet Client Management System (CMS).
- 3 survey questionnaires completed by 130 clients, and 18 semi-structured client interviews.
- System assessment tool reports from Hub managers and 5 Ripple Effect Mapping focus groups with 42 people from Hubs, professionals from Mirrabooka and Kalgoorlie local service systems, and staff from the Department of Communities.

2. The two locations

Mirrabooka & Kalgoorlie

The government provided funding for Hubs in two locations: Mirrabooka, and Kalgoorlie.



| Location | ● Mirrabooka | ● Kalgoorlie |
|------------------|--|--|
| Name | Naala Djookan Healing Centre | Mara Piri Healing Place |
| Operational from | December 2020 | December 2020 |
| Lead agency | City of Stirling | HOPE Community Services |
| Partner agencies | Australian Childhood Foundation, Ebenezer Aboriginal Corporation, Ishaar Multicultural Women’s Health Services, Karla Kuliny Aboriginal Corporation, Legal Aid Commission of WA, MercyCare, Metropolitan Migrant Resource Centre, Northern Suburbs Community Legal Centre, Sudbury Community House Association, Wadjak Northside Aboriginal Corporation. | Ngunytju Tjitji Piri Aboriginal Corporation, One Tree Community Services, Wanslea Family Services, Aboriginal Legal Service WA and the Goldfields Indigenous Housing Organisation. |

What are some of the unique elements of the Hubs?

People affected by family and domestic violence, and those who support them, can get a range of different types of information, help and referral in one central location, rather than having to go to multiple places to find out about or try to get multiple types of services.

The specific services offered vary between the Hubs, but include:

- Services to directly support people to keep themselves and their families safe from violence such as risk assessment, safety planning, case management, and access to emergency relief, in one location;
- Broader advice on housing, finances, legal issues, alcohol or other drug use, and parenting skills.
- Practical support with things like food, clothing, transport, laundry, and shower facilities.

Behind the scenes, integrated client-management processes mean that more of the work of identifying and bringing together help from different places falls to service staff members, rather than the person seeking help. This also means that the person needing help doesn't have to retell their story multiple times in multiple ways - reducing the stress and trauma that comes from this, as well as the inefficiency of multiple services collecting the same kinds of information multiple times. Co-design participants in both locations considered this to be a vital element of any new service model.

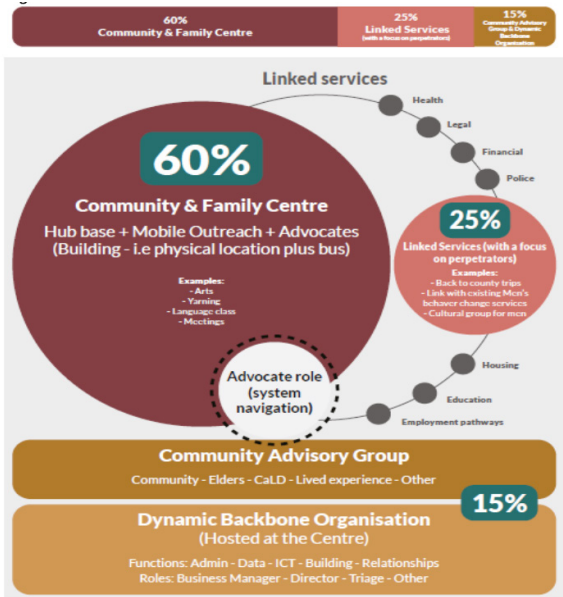
Hubs use a highly personalised approach that considers the whole person and their family in listening to and planning a response to the person's family and domestic violence situation.

Hubs prioritise things that are meaningful to clients and potential clients, such as **cultural safety**, particularly for people from Aboriginal and Torres Strait Islander backgrounds, as well as those from culturally and linguistically diverse backgrounds.

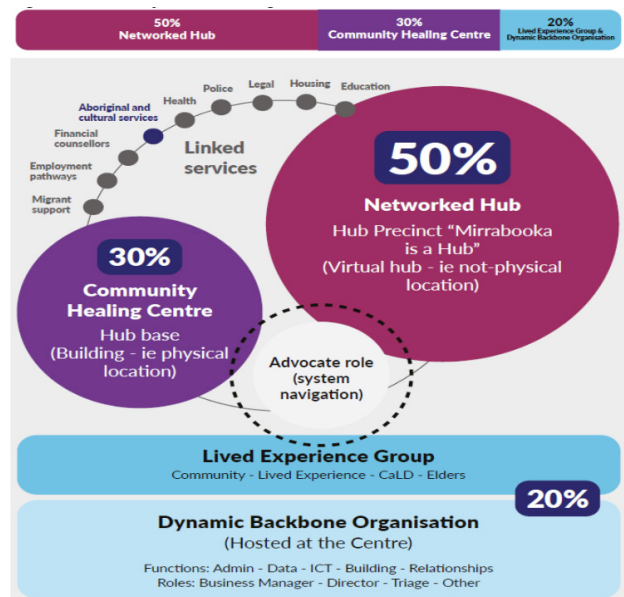
Hubs also play an **important advocacy role**, helping the community to understand what family and domestic violence looks like, building the capacity of the community to support those who are affected, and advocating for system changes.

Both of the Hubs have **specific and dedicated activities to support perpetrators of family and domestic violence**, recognising the integral part such programs play in reducing violence against women and children.

An important aspect of the service is the '**soft-entry**' **community activities** - such as yoga classes, arts and crafts activities, and yarning circles that anyone can access. These allow a range of people to engage with the Hubs which builds knowledge about the service, and confidence in its staff and service across the community.



Mara Pirni service model



Naala Djookan service model

The model is also intended to provide **localised services** that are tailored to the specific needs of local communities. Mechanisms to ensure the services are responsive to the needs of people who use the service include for Kalgoorlie, a **Community Advisory Group** and at Naala Djookan, a **Lived Experience Group**. These contribute to the Hubs' continuous improvement and support advocacy and collective action to improve systems for family and domestic violence needs.

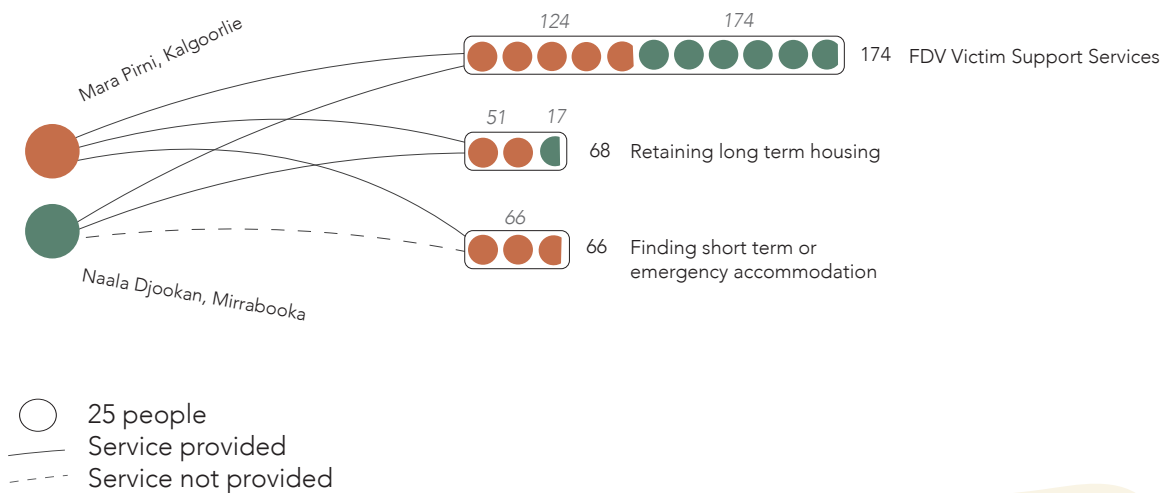
A large majority of Mara Pirni clients identify as **Aboriginal**; this includes clients who come into Kalgoorlie from the lands, as well as those who live locally.

Naala Djookan has a highly culturally diverse client **base**, including a large proportion born outside of Australia and speaking a range of languages other than English. In general terms this reflects the make-up of the local community around Mirrabooka, which has a high level of cultural and linguistic diversity.

3. Service User Needs

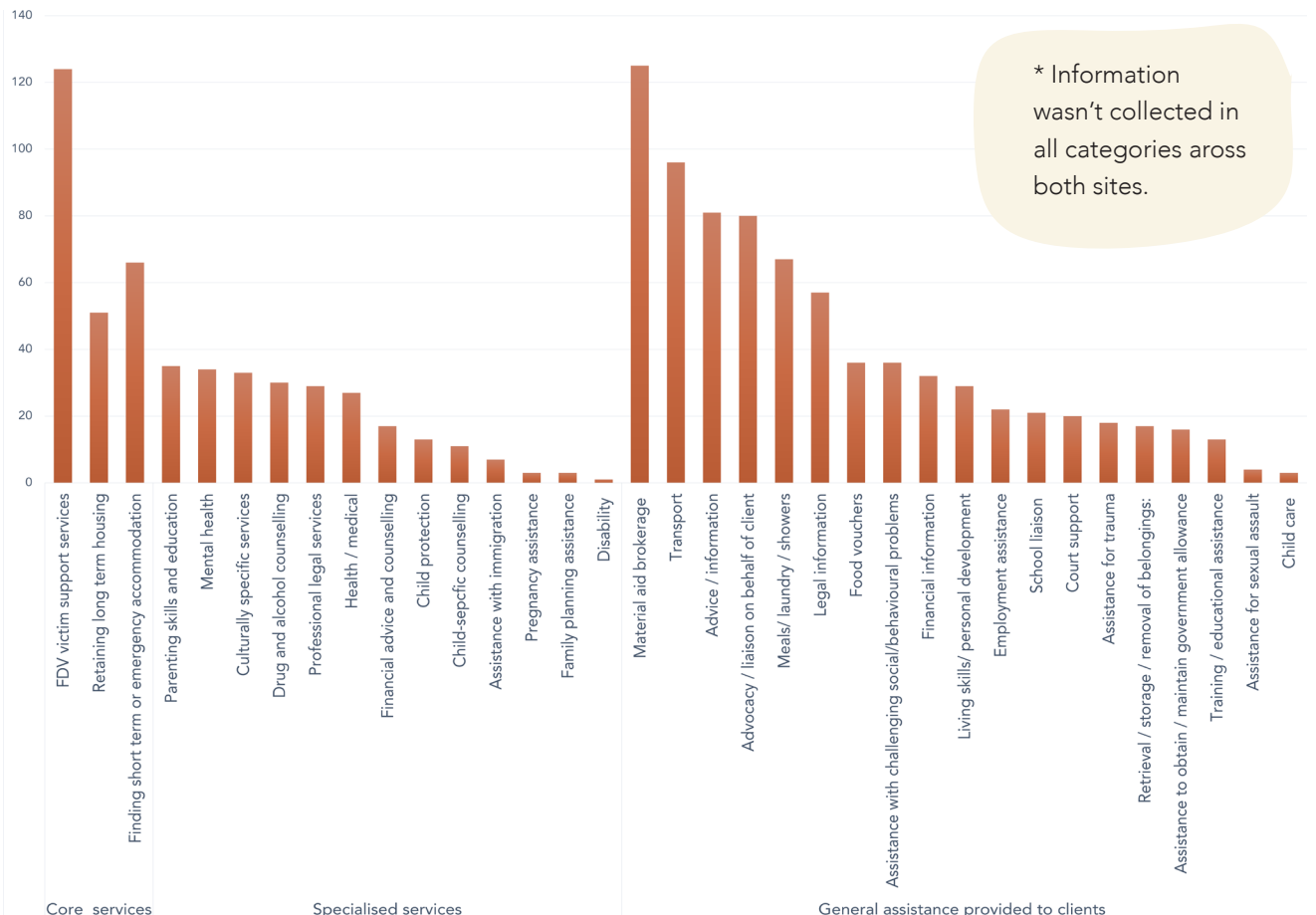
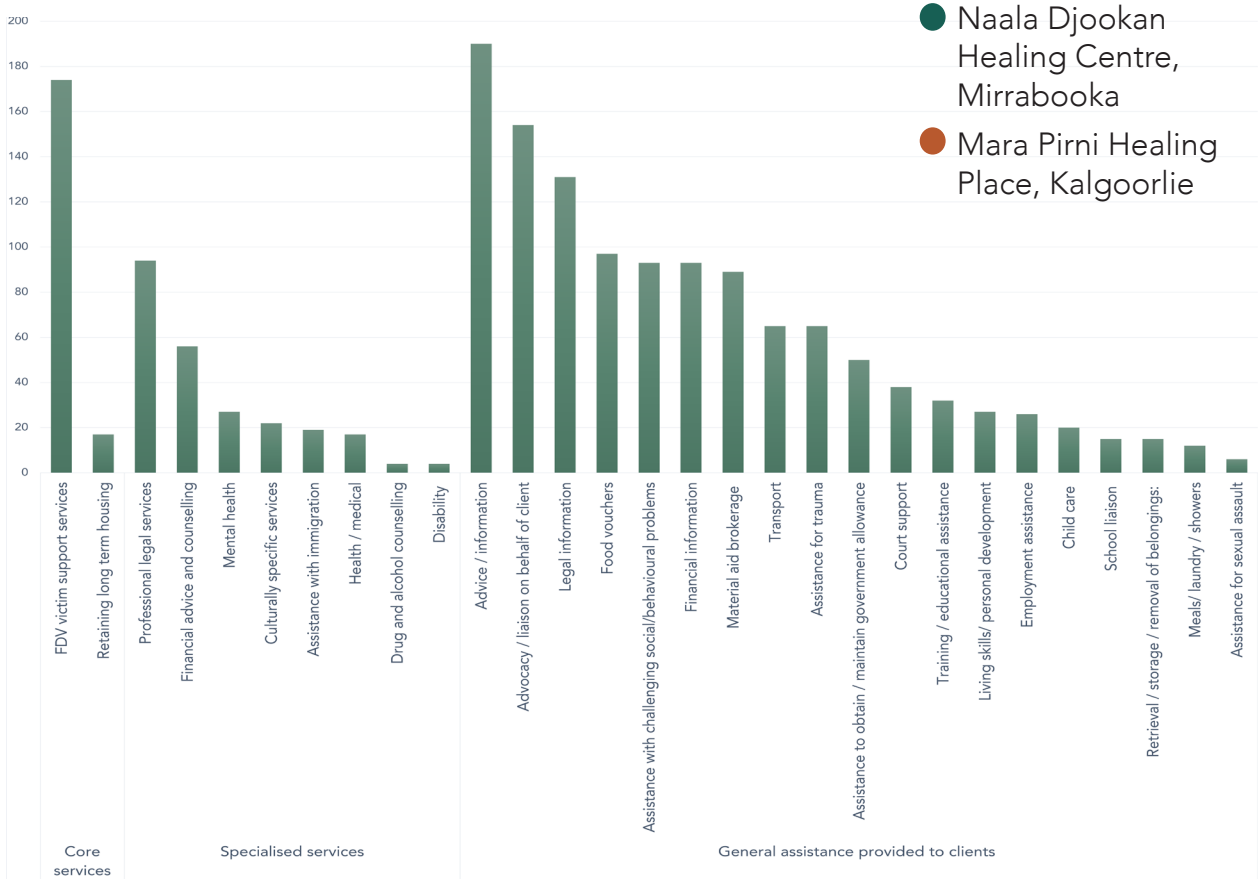
The following represents data* available on clients who presented to the services and the needs recorded for those clients.

Primary needs breakdown



* A note on the data presented: There were some unforeseen issues with the Hubs' client information systems that mean that information was not collected for all clients. The data extracts reported below represent the information available, however some client data is missing; as such, the figures should be considered indicative. Future evaluations may contain updated information that may differ from the data provided below for this reason.

Overall service snapshot*:



Naala Djookan Healing Centre, Mirrabooka

Who used the services?

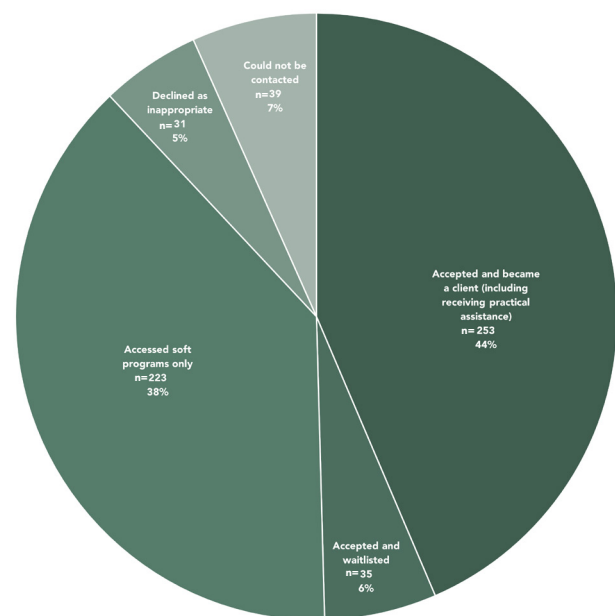
Since opening, Naala Djookan has recorded 661 clients. (Source: SafeNet data, Department of Communities; 2021-22).

- Of those for whom age was recorded, 35% were aged between 32-45 years. The third most common age group was 25-31 (13%)
- 6% of clients (n=41) were aged less than 24 years.
- For victim survivor clients for whom gender was recorded, all were female.
- 23% of these for whom data was available were Aboriginal or Aboriginal and Torres Strait Islander cultural backgrounds.
- Recorded regions of birth include: South East Asia, African continent, Middle East, East Asia, South Asia, Eastern and Western Europe, and South America.
- 25 clients were recorded as being Temporary Visa Holders.
- Around one-third of clients (n=98) recorded a first language other than English, with the most common being Arabic, Vietnamese, Mandarin, and Farsi.
- The number of children (for 312 individuals) was 728 in total. 25 clients (8%) for whom data is recorded had no children. Clients predominantly had 1-2 children (64%), although 7% of clients (n=22) had 5 or more children.

Where did referrals come from?

Over the 18 months from January 2021 to June 2022, there were 637 referrals to the service.

Referral outcomes

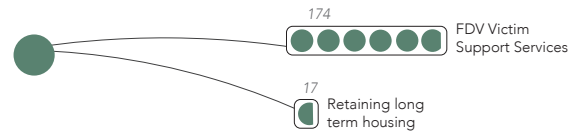


Soft entry activities at Naala Djookan included things such as yoga, craft and meditation; activities promoting or strengthening Aboriginal culture for example Noongar language and Bush Pharmacy; and practical training in things such as protective behaviours and family and domestic violence awareness. There were additional activities such as financial counselling and a drop-in legal clinic.

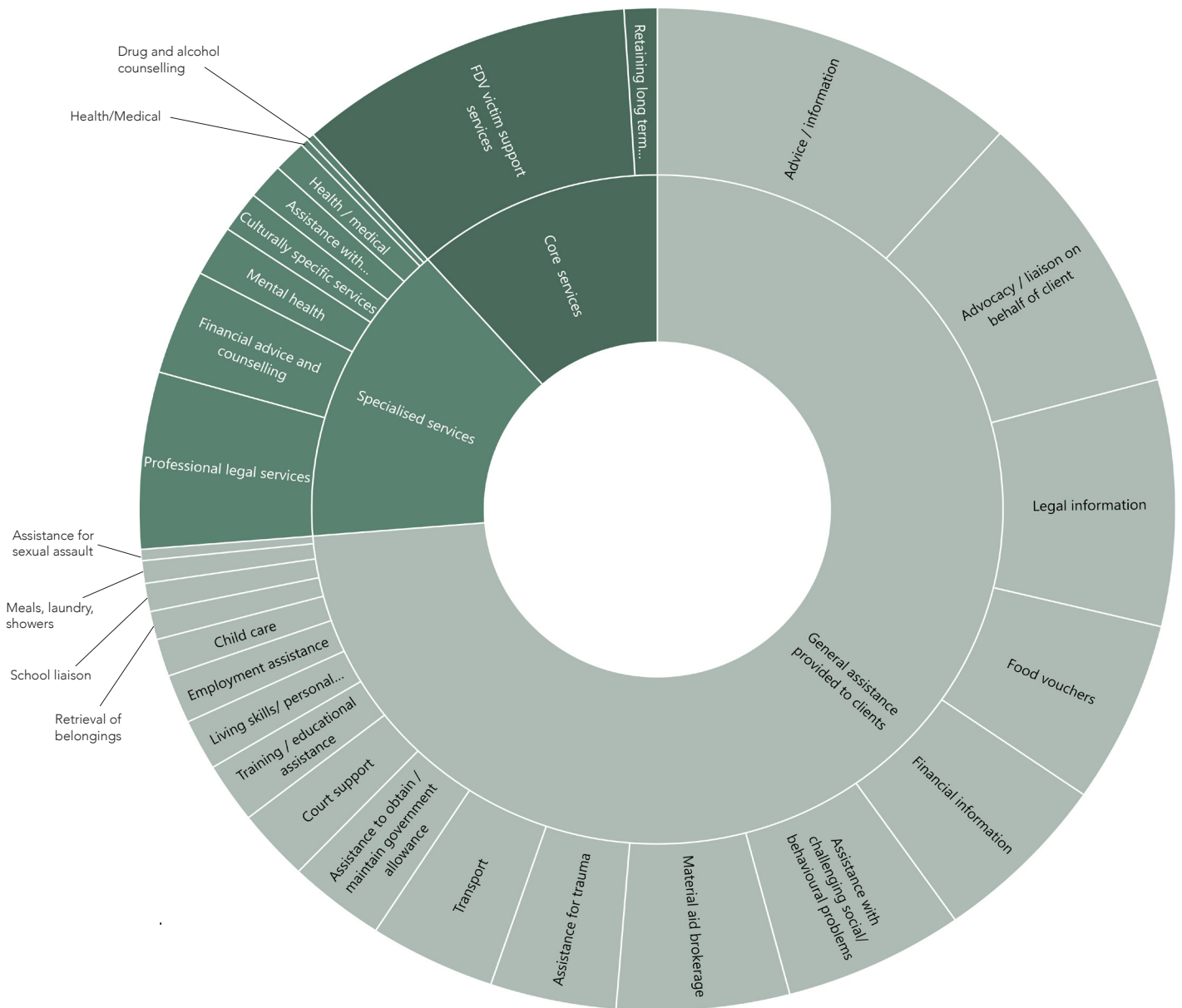
Those accessing soft-entry activities only, overwhelmingly came from self-referral. Others were typically referred from other community services (including family and domestic violence services) and the Department of Communities. Smaller numbers were referred from the police, hospitals, courts, Centrelink, schools, or MPs.

What needs were recorded?

The largest need recorded (n=174) was for family and domestic violence victim support services. A small number (n=17) indicated they required assistance to retain housing.



Presenting needs overview





Mara Pirni Healing Place, Kalgoorlie

Who used the services?

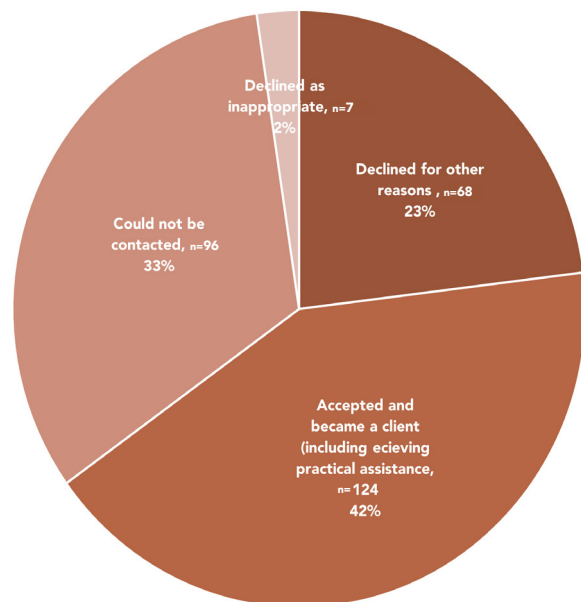
Since opening, Mara Pirni has recorded 577 clients. (Source: SafeNet data, Department of Communities; 2021-22)

- Age was recorded for 71% of clients; for these clients, the most common age group was 32-44 (43%) followed by 18-31 (30%)
- 10% of clients (n=60) were aged less than 24 years.
- For victim survivor clients for whom gender was recorded, 87% were female.
- 85% of these were Aboriginal or Aboriginal and Torres Strait Islander cultural backgrounds.
- Recorded nationalities: Small numbers (7) from southeast Asian countries, the Middle East and Europe.
- First languages other than English (11), including Ngaanyatjarra, Pitjantjatjara, Wangkatha and Thai.
- The number of children (for 92 individuals) was 186 in total. There were few clients for whom data is recorded who had no children. Clients predominantly had 1-2 children, although there was a substantial number of clients with 4 or more children.

Where did referrals come from?

Over the 18 months from January 2021 to June 2022, of 295 referrals to the service where an outcome is recorded, the following outcomes occurred:

Referral outcomes

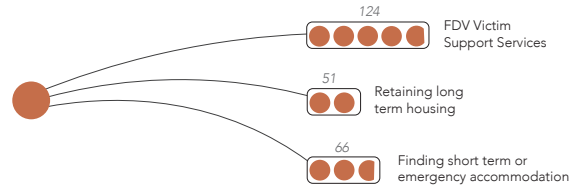


Referrals for Mara Pirni overwhelmingly came from the Department of Communities (n=142), followed by general self-referral (n=56). Referrals also came from other community services (including family and domestic violence responses), as well as some from hospitals and the police.

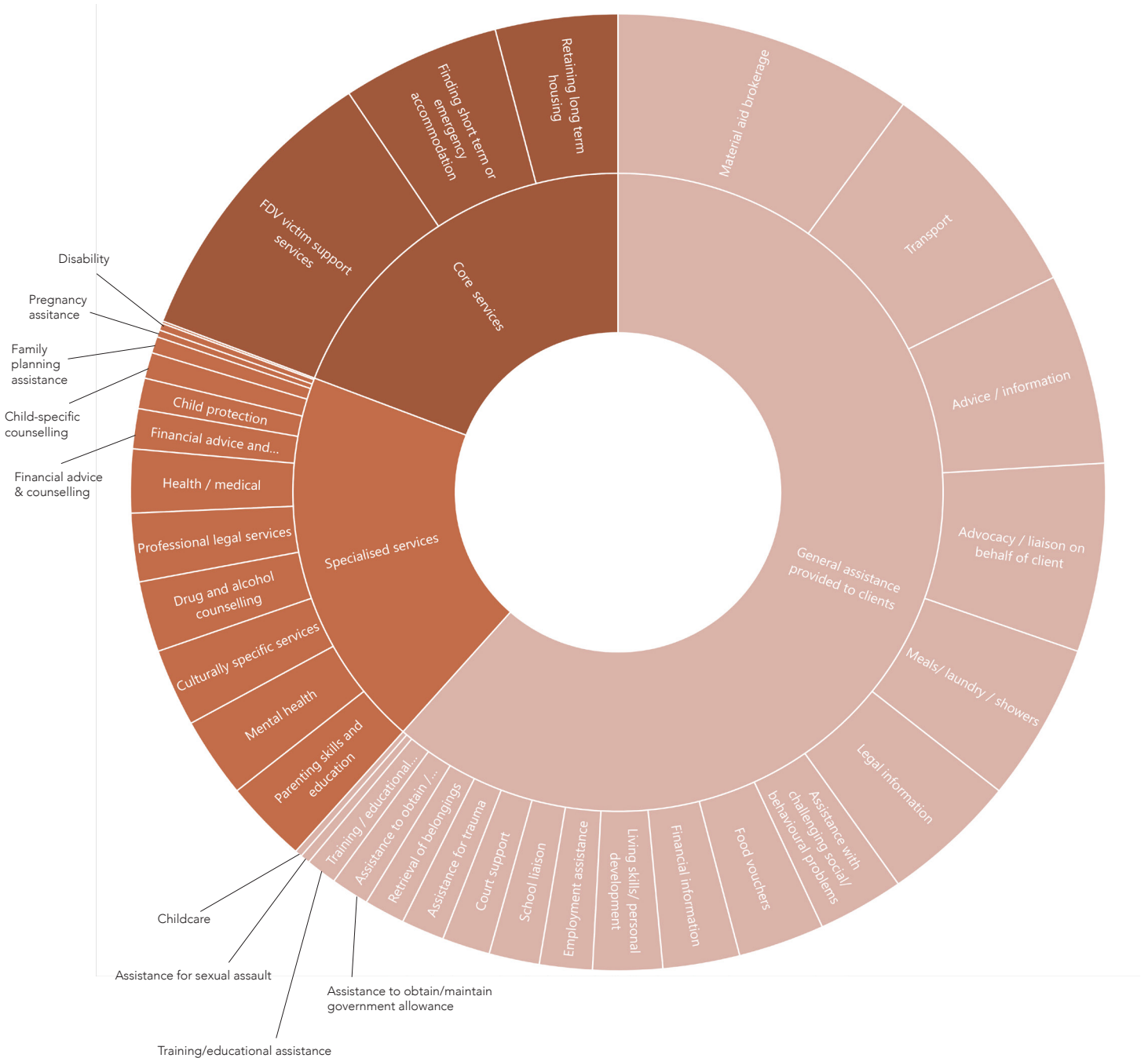
Soft entry activities at Mara Pirni included things such as arts and crafts; activities promoting or strengthening Aboriginal culture for example Women's Bush Trips and NAIDOC painting. A creche service was also offered, which was used approximately 200 times.

What needs were recorded?

The main need recorded (n=124) was for family and domestic violence victim support services. This was followed by short-term or emergency accommodation (n=66), and those indicating they required assistance to retain housing (n=51).



Presenting needs overview



4. Outcomes

The following provides an overall assessment of the evidence available to date regarding the extent to which each of the SLAs is being achieved, in the Hubs' first 18 months of operation.

1. Safety of people experiencing family and domestic violence in WA is increased.

The overwhelming majority of people surveyed who sought support from Naala Djookan and Mara Pirni Hubs reported that they were offered choices to help them feel safe within and beyond the Hubs. Further, they said that Hubs felt like safe spaces for them.

Hubs provide practical and useful help, through risk assessment and safety planning processes, to assist victim-survivors improve their safety. This included through conversations, planning, and effective advocacy with partner agencies such as the police.

Risk assessment and safety planning processes are core to the operation of the One Stop Hubs. They inform all case management plans and decisions and support victim-survivors to make and enact plans to keep themselves, their children, and other household members safe.

- At Mara Pirni, 100% of clients had risk assessments and safety plans completed between January 2021 and June 2022.
- At Naala Djookan, around 60% of clients had a risk assessment completed and 100% of clients had a safety plan completed between January 2021 and June 2022.

Clients were able to articulate ways in which safety planning at the Hubs was practical and offered specific strategies to help them stay safe.

"...it's more than just talking, like, they've actually helped to provide security and safety. It's more than just, okay, so who are your safe people? Who can you go to? They were actually there, you know, in the background there helping to ensure that not just I was safe, but that my children are safe, and our house was safe and secure". (Client)

Clients also described how Hubs were able to advocate for them to other services such as the police, as one element in increasing safety.

"[the staff member] intervened, (the police) weren't really going to do anything. They were just, like, "Oh yeah, come in and make a statement." But once [Hub worker] got in there and said, "Hey, you know, this is happening all the time. She really needs help," then they took it seriously". (Client)

The Hubs staff are focused on building relationships with victim-survivors and maintaining contact through a person's recovery and re-establishment.

“They were actually there, you know, in the background there helping to ensure that not just I was safe, but that my children are safe, and our house was safe and secure”.

Ongoing relationships developed between Hubs staff and their clients create an ongoing sense of safety. Victim-survivors often keep their experiences under wraps for fear of judgement, creating a sense of isolation that can be a barrier to seeking help at times of need. Informal check-ins between staff and clients, where appropriate, keep the conversation going so clients know they have someone to talk and turn to.

“Every probably month, she’ll ring me, and she’ll say, “What’s going on?” and I’ll fill her in and I’ll say, “Well, this is happening, and that’s happening,” and she’s, like, “Well, let me know if you need anything,” or we could just have a laugh. ... my friends at work, I don’t want to tell them everything”. (Client)

Hubs provide access to skills and information that help people experiencing or at risk of family and domestic violence to make informed choices about their safety and wellbeing.

Naala Djookan offers a range of education activities to support women to protect themselves and their children. Between January 2021 and June 2022, this included protective behaviours for female caregivers (5 times, 28 attendees); protective behaviours for children (3 times, 18 attendees) and family and domestic violence education sessions (4 times, 17 attendees).

Naala Djookan also offered financial counselling workshops and drop-in legal clinics.

These activities were available to members of the community as part of the Hubs soft-entry program, providing opportunity to reach out to victim-survivors or their supporters, who were not yet ‘clients’ of the service to give them an opportunity to learn about the One Stop Hub but also to access important information about staying safe, including where to go for help.

Having these activities available through soft-entry means there are less barriers to attending.

The Hubs are specifically designed to be accessible by people who might not otherwise have sought help as well as family and community members who might support victim-survivors informally. This means more people will have information, skills and resources they need to keep themselves and others safe, reducing the occurrence and impact of family and domestic violence in the community.

Family and domestic violence services have typically had low visibility in the community, in part because of the importance of protecting the safety of people who are accessing them, as well as to reduce or manage the stigma and shame people can associate with needing such services.

The visible locations of the Hubs and provision of soft-entry activities are a key departure from many existing models, providing a non-threatening and non-stigmatising way of engaging with the service. In doing so, they are able to engage and support women and children who may not otherwise seek out such services. Groups who may particularly benefit include Aboriginal and Torres Strait Islander women and women from CaLD backgrounds who can be especially reluctant to seek help.

In being broadly accessible, the Hubs are also able to support community members who play important roles in supporting their family, friends and neighbours experiencing family and domestic violence.

2. The trauma from re-telling experiences of family and domestic violence is reduced.

Hubs set out to ensure that trauma from re-telling stories is reduced. Evidence suggests that they are very successful in achieving this goal.

Almost all the clients who were asked said that they didn't have to repeat their stories.

Having to recount experiences of abuse can be incredibly traumatic for victim-survivors, and one that in many cases is avoidable with the right systems and procedures in place. The majority of clients from both Hubs said that they didn't have to repeat their story over and over again.

- 17 of 17 of Mara Pirni's respondents strongly agreed that this was the case.
- 17 of 18 Naala Djookan respondents agreed that this was the case.

"You don't have to repeat yourself and go through the same book all over again"
(Client)

Clients also reported how appreciative they were that they could ask staff to tell stories and advocate on their behalf when dealing with external services.

"She asked me if I wanted to repeat myself, or if I was comfortable with her disclosing part of the story, and I asked her to do that for me, so I didn't have to, like, go through the trauma again" (Client)

In the early stages of establishment and during the evaluation, Hubs did not have an operational Client Management System (CMS). This resulted in time-consuming manual data entry, ad-hoc workarounds and additional administrative burden. Staff were nevertheless able to implement effective strategies to reduce burden on victim-survivors from having to re-tell their stories. As improvements are expected in the CMS in the future, achievement against this SLO should increase further over time.

3. Victim-survivors are supported to meet their children's needs

The vast majority of victim-survivors who attend the Hubs have children in their care. The impacts on children of exposure to family and domestic violence are well-established, as are their unique needs for safety and recovery. The Hubs assist victim-survivors to meet the needs of their children through dedicated service provision and through improving victim-survivors own safety and wellbeing, which in turn increases their capacity to attend to their children's day-to-day needs.

Almost all Hubs' clients had children. A substantial proportion had 4 or more children.

Based on available data, over 90 percent of Hub clients had children in their care.

- For Mara Piri, clients with children had an average of just over 2 children each, with 15 clients having 4 or more children.

- Naala Djookan clients with children had an average of 2.3 children each, with 52 clients having 4 or more children.

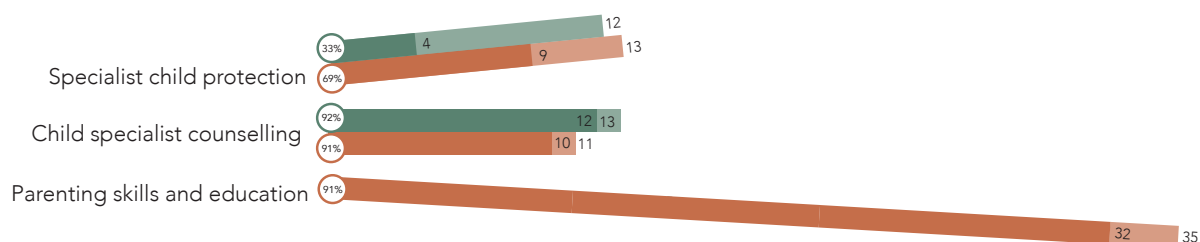
There is evidence that the Hubs created environments that were welcoming of victim-survivors with children and had dedicated strategies and services to meet the unique needs of children.

Hubs directly help parents to plan for the safety of children in their care.

Hubs directly help parents to keep their children safe in a number of ways, including:

- advocacy with partner agencies to intervene with the perpetrator including to enact strategies to reduce or manage risk of harm;
- direct support of the victim-survivor to develop and implement safety plans focused on safeguarding themselves and their children;
- information and education like the soft-entry activities at Naala Djookan that provided protective behaviours education;
- pregnancy assistance and family planning services at a point in women's lives when they, and their unborn child, are extremely vulnerable; and
- through a close working relationship with Communities (child protection) where the Hubs play a key role in assisting to keep victim-survivors and their children safe and together.

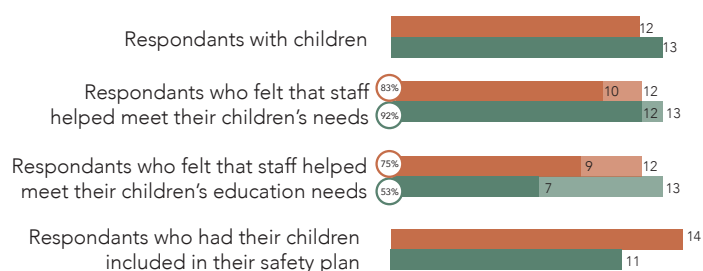
Hubs identify and act on a range of children's needs, directly and/or through referral.



Both Hubs identified and acted on children's needs, including parenting skills and education, child-specific counselling, school liaison, and referrals to child protection.

Specifically:

- Mara Pirni identified 13 cases where there was a need for child protection services and in 9 of these cases a referral was provided. Mara Pirni also identified additional needs among clients for child-specific specialist counselling (need identified in 11 cases; service provided (directly or by referral) in 10); and parenting skills education (need identified in 35 cases; service provided (directly or by referral) in 32).
- Naala Djookan identified 12 cases with a need for child protection services, 4 of which were referred. Child-specific specialist counselling (need identified in 13 cases; 12 referred); and parenting skills education (need identified in 33 cases, referred in 14 and service provided (directly or by referral) in 19). Here, clients identified their major co-occurring needs as being in relation to themselves rather than their children, however 12 out of the 13 clients with children surveyed felt that staff helped them to meet their children's needs and 7 said that staff had helped them to meet their children's educational needs. 11 of the 13 had their children included in their safety plan.



Clients overwhelmingly said that the services provided helped with the needs of their children.

- At Mara Pirni, 10 of 12 clients said staff helped them to meet their children's needs.
- 9 out of 10 said that staff had helped them to meet their children's educational needs.
- 14 clients had children included in their safety plan.

When asked whether clients feel more connected with their children since going to Mara Pirni and whether going to the Hubs has helped them improve the relationship with their child, 11 out of 12 agreed.

Some of the soft-entry programs were designed to include children. Mara Pirni facilitated a sewing program attended by 28 Year 8 girls. They also offered other activities accessible to children (and adults) including arts, painting, and bush trips.

Hubs offer material support to people caring for children, which also benefits children.

Both Hubs had high numbers of people seeking material aid, food vouchers, toiletries, laundry and showering (at Mara Pirni), as well as assistance with financial information and management. This suggests that many people accessing the Hubs are facing challenges in meeting the basic needs of their children and families, and are accessing support for these needs through the Hubs.

The creche facilities available at the Hubs supported people with children to access the Hubs and get help; which is a clear point of difference from some other services.

Creches played an important role in both Hubs. A number of people describe how the creche facilities at the Hubs are supporting victim-survivors to engage in counselling without parents having to make arrangements for child-care. Clients were able to focus on their time with staff, safe in the knowledge that their children are being looked after in a secure environment. This was said by some to be a unique point of difference.

I also wanted to mention some of the counselling agencies that are in town have also used our premises and services from here and oftentimes you find that when there's family and domestic violence, [they] are aware that there's a child with the mum or the victim survivor and that they wouldn't be disclosing any information because they wouldn't because they've got a child with them like they can't engage in counselling...they [often] come to the Hub and engage in the counselling [because] we've got the creche on site. (Agency worker)

Having children on-site was also credited with helping to promote a family-friendly and non-clinical feel to the Hubs.

4. People experiencing family and domestic violence in WA are supported and have their needs met.

There is strong evidence that the Hubs have been successful in meeting a diversity of needs of victim-survivors. This appears to be in part due to the range of services and entry points available at each Hub, coupled with a welcoming environment that encourages people to attend. The productive relationships developed through the Hubs design process have also created stronger referral pathways and support timelines.

Hubs offer useful services for people experiencing family and domestic violence, with the variety of services offered at Hub premises allowing for flexibility in meeting the diverse needs of victim-survivors.

The majority of victim-survivors accessing the Hubs attend for advocacy (including risk assessment, safety planning, and case management) along with allied supports such as legal services, financial advice, and counselling. In addition to these core offerings, there are a wide range of other services and supports available and provided (either directly or via referral), including housing support, children's learning and care, and parenting support. Hubs also cater for basic needs including material aid and food vouchers.

Having this diversity of services all in one place and able to meet a variety of needs through a single service point is one of the key elements of the Hub model. Clients provided positive feedback that this is being achieved:

- 17 of 18 surveyed clients of the Mara Pirni Hub agreed that the services provided met their needs, while 18 of 19 at Naala Djookan agreed.
- At Naala Djookan, clients who received referrals to legal, parenting and financial counselling services and were surveyed agreed that the services met the needs they set out to address and have helped them practically with legal, parenting and financial/budgeting matters.
- Mara Pirni Hub clients also universally agreed that they could easily and quickly access Hub services.

Providing access to basic needs and services can help to empower women as they navigate life in or after violence, often in circumstances where the perpetrator still has control over basic aspects of their lives like access to money. One client shared:

"It was actually relieving, to be honest, knowing that there was another service that I actually didn't know existed in Kal that was going to help me, whether it was financially with just, say, a little bit of food, or pointing me in the direction of the Food Bank, or just other small services that they've helped me link up with, as well as not helping just me, but my elder daughter as well". (Client)

The service is perceived to be a safe and welcoming place, increasing the likelihood people will access the service and continue to engage.

All Mara Pirni clients surveyed agreed that staff were welcoming, treated them with respect and demonstrated respect for their culture. In interviews, clients from both Hubs talked about the welcoming atmosphere and the friendliness of staff members:

"It was very welcoming. Like, I always liked the vibe at Naala Djookan, like, it's very relaxed and you feel really safe". (Naala Djookan client)

"Look, you know what, everyone was very, very friendly, especially the ladies at the desk.....You know, it was a community feeling". (Mara Pirni client)

The physical location of the Naala Djookan Hub was considered to be accessible to the community and near other infrastructure that clients would likely be familiar with and use.

Soft entry points help to create a welcoming and non-threatening gateway.

The use of soft entry points at Naala Djookan, which emerged from service co-design activities, has proven to be effective in helping the Hub develop a safe atmosphere where women feel comfortable.

This provides important opportunities for workers to get to know victim-survivors in a low-stakes way. The Hub's intention is that participation in wellness, creative and administrative activities will increase familiarity and the likelihood that women will then seek out the service if and when needed.

Those who attended and were surveyed about the legal drop-in clinic, a parenting program and a financial counselling workshop all agreed that the workshops helped them gain the knowledge they set out to learn and were practically useful.

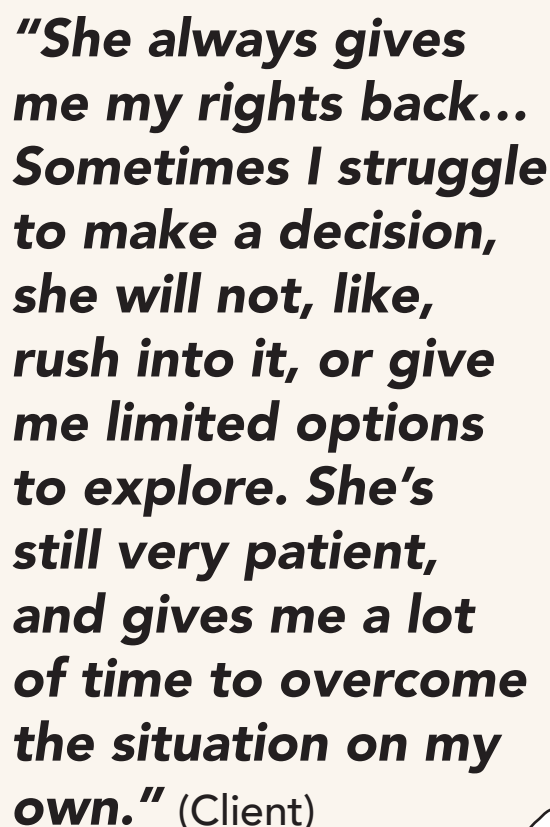
"I would say, even if they don't need support, go for a yoga class. [Laughs] Yeah, go attend a workshop, financial one, you know, because it does help, you know, it's not only when you are very vulnerable, or not only in that situation when you are really seeking help or support ... They are really... very good people, welcoming". (Client)

5. People receive personalised care and trust the service they received.

In both Hubs, it is clear that a range of strategies are in play to make sure that clients are supported in ways that are unique to their needs, at a pace that is right for them, and that this approach is developing trust in the service. In both Naala Djookan and Mara Pirni, all surveyed clients strongly agreed or agreed that they trusted staff and felt able to tell their stories about their experiences of family and domestic violence.

The Hubs work in client-centred and empowering ways

In the Client Outcomes survey, 18 of the 19 respondents from Naala Djookan shared that they felt included by staff in discussions about their goals and needs, including their social and spiritual needs. At Mara Pirni, the 9 clients who responded to this question strongly agreed.



"She always gives me my rights back... Sometimes I struggle to make a decision, she will not, like, rush into it, or give me limited options to explore. She's still very patient, and gives me a lot of time to overcome the situation on my own." (Client)

Clients said that staff are patient and non-judgemental, careful to not rush them to make decisions and are there to provide the support and scaffolding they need to make choices for themselves.

As reported under Service Level Outcome two, in some cases clients shared that they trust staff to tell their stories to third parties where arrangements needed to be made that required some background of the situation, and do what they say they will do:

“Even though I think other places could give me help, I know if I go to [advocate], she actually follows through on things. It’s not just talk... things happen”.

(Client)

Hubs’ approach to culture helps to build trust.

A high degree of cultural responsiveness is required to support many of Mara Pirni and Naala Djookan’s clients. Both Hubs developed a strong cultural foundation from the outset: at Naala Djookan, three Aboriginal Organisations were involved in the setup of the Hub and one organisation provides cultural supervision to Hubs staff, while at Mara Pirni the establishing consortium included multicultural and CaLD agencies influencing its direction and practice.

“Yeah, well, I’m Aboriginal and [staff member is] a white Australian, and that one, you know, I’ve worked with [her] that long, so has the girls, and they’ve made this kind of connection with [her] that it doesn’t matter whether you’re black or white. And they’re there to help”. (Client)

Some soft-entry activities explicitly aim for cultural strengthening, particularly at Mara Pirni. Activities such as NAIDOC week painting (3 times, 40 participants), Women’s Bush Trip (~10 times, ~160 participants) have been well attended, and contribute to building the cultural safety of the service, and the cultural strength of Aboriginal women and girls, particularly.

When services create a culturally safe environment, they increase the likelihood that culturally diverse members of the community will come forward for support when they need it.

For Naala Djookan in particular, it is also important to cater for the diverse cultural and linguistic needs of community members given the Hub culturally diverse suburb of Perth with around a third of clients speaking languages other than English at home.

Clients say they would recommend Hubs to others.

Recommendations are one of the strongest signals available about whether a service is trusted. Mara Pirni clients who responded to the outcomes survey all strongly agreed that they would recommend the service to others. At Naala Djookan, all but one responding client agreed they would recommend it.

“A hundred percent. A hundred percent. I think it’s an amazing service”. (Client)

There were also high levels of self-referral to services, particularly Mara Pirni (56 self-referrals), indicating a high degree of trust in the service.

Another client suggested that Mara Pirni advertise on TV so that more women are aware, acknowledging that there are many women facing challenges with family and domestic violence but may not hear about the service through professional channels. This raises an important point about how women find out about and seek help, especially in regional areas where some potential clients may not have permanent addresses or access to phone services.

In part, thanks to the soft-entry point activities, Hubs have an opportunity to promote their services through a wider range of channels including community level networks. This combined with a strong community reputation for being responsive and trustworthy, supports victim-survivors to come forward earlier in their experiences of family and domestic violence, enabling intervention before there are significant escalations in risk.

6. Perpetrators of family and domestic violence in WA are visible.

Hubs are also intended to support perpetrators to change their behaviour. Support for Hubs to overcome legal and logistical barriers to helping perpetrators may be required to fully give effect to this goal.

Perpetrator intervention is essential for achieving outcomes related to victim-survivor safety. Unless perpetrators stop using violence, or their behaviour is able to be contained in another way (eg. legal or statutory intervention) then the risk of harm

will continue, either to the current partner or prospective future partners and children (or both).

The Hubs have a key role in creating accountability for perpetrators through a range of strategies. However, it is not their sole responsibility to achieve perpetrator behaviour change.

Effective intervention with perpetrators requires action from a range of services and agencies including specialist perpetrator services, allied professionals including alcohol and other drugs, civil and criminal justice systems and other statutory services including child protection.

The role of Hubs in relation to perpetrator intervention, varies between locations, related to their relevant service partners. However, where they are both the same, is their work to maintain visibility of the perpetrator in all aspects of their practice, including:

- recording details about the perpetrator and their acts of violence in case documentation;
- focusing their risk assessment and safety planning processes on identifying and managing the risks posed by the person using violence, which also assists with limiting victim-blaming;
- sharing information with service partners (within and external to the Hub) to inform their own assessment and management strategies related to the person using violence; and
- depending on their alliance partnerships, direct engagement with the person using violence including case management and behaviour change intervention.

Both Hubs deliver specific services to support family and domestic violence perpetrators. Nearly 80% of perpetrator referrals were not able to be contacted regarding support; only small numbers of clients have accessed perpetrator services to date.

The Good Way Program was co-located at Mara Pirni Hub building, although the program activities with perpetrators were run offsite. In total 89 referrals to the program were received from Western Australia Police Force, however, of these the overwhelming majority were not able to be contacted (~70, 79%). Eight received once-off practical support, and 3 appear to have become a service client.

Services available to perpetrators who become clients include case management, counselling, practical support and assistance to access other interventions including drug and alcohol counselling.

The relationships that have been established due to the Hubs are considered to have the potential to allow for continued work with perpetrators in the future.

Currently, Hubs rely on police to make formal referrals but require consent from the perpetrator to do so. While numbers doing so remain low, Hub staff identified specific ways in which they considered the Hub model to have the potential to gain access to the perpetrators of family and domestic violence in the future.

“The only problem that we face, is that we do need consent, which is a big barrier for ... police, to be honest, because they’re generally dealing with everything else, and they can’t ask the question of whether [the perpetrators] consent to a referral at the time. And again, a lot of our clients, or people that we deal with, don’t have mobile phones and aren’t in regular contact. But we’ve sort of got an agreement where we can, you know, put through those non-consent referrals, and then at least if they do happen to come in contact with them, that that sort of consent can be gained down the line. But without that FDV Hub perpetrator service, we wouldn’t have anything. We’d have DV Assist in Perth, which is useless to us (in Kalgoorlie).” (Staff member)

7. Local services have increased capacity to respond to family and domestic violence.

There is evidence that Hubs are making a positive impact in terms of supporting all existing services to respond to family and domestic violence. Service workers particularly credit Hubs with joining up the existing services and making them work more effectively and efficiently together. The two elements identified that have particularly contributed to this are the co-design process, which brought people together at the design phase, and the consortium arrangements overseeing governance, which keep them together through operation.

Hubs are supporting more joined up services for people experiencing family and domestic violence; In doing so, they contribute to a more effective and efficient response to family and domestic violence across the service system.

Service providers report that the Hubs are contributing to increased connectivity and better pathways for clients, while lessening the expectations that victim-survivors move around to different places to get their unique and often complex needs met, often with their children in tow.

"I think that having multiple agencies involved but having them involved at the operational level or at the practice level, really helps families to be visible, for children to be visible, and also for other members in the family to be visible as well. So I think that that would go a long way to answering whether there's improved safety for women through collaboration." (Agency worker)

In both Hubs, services such as paralegal and family support were co-located to enable cross-agency cooperation and collaboration. Consortium members worked with Hub's leadership and staff to develop culturally responsive approaches to client needs, of which the establishment of soft entry is one clear example.

"...Recently we were referred a quiet high risk case...an attempted murder and initially the victim-survivor wasn't interested in engaging in FDV services...[as part of our follow up] I just happened to call her at a time [when] she was feeling a little vulnerable and the need for support, and she said to me that she really wanted and needed some mental health support and some FDV counselling, which we actually don't provide. But I was able to call upon [another agency] who do deliver those services and they then responded very quickly and sent a counsellor out within an hour of that phone call and from that that victim survivor is now engaging with us and [that agency]. I'm not too sure if that would have been the case if we didn't have that relationship." (Staff member)

The co-design of the Hubs was said to be a key element of delivering more joined up services once the Hubs were up and running.

The co-design of the Hub model represented an innovation in service design, resulting in improved knowledge of the Model among local services, and improved relationships between local services once the Hubs were up and running. Hence, it is likely that the co-design contributed to an increased capacity for local services to respond to family and domestic violence through increasing goodwill, information and cooperation among existing services.

Once the Hubs were up and running, stakeholders said that the collaboration between the different agencies that had been started and built through the design process had better outcomes, including in terms of:

- Better tying the service into its local context and responding to local needs.
- Innovations that resulted in greater cultural safety.
- Quicker and stronger support for the Model once it was up and running due to understanding of its history and involvement in its design.

"There's many service providers at Naa-la Djookan, but because all those service providers came along to that co-design and kind of you know, that's what made it work..." (Agency stakeholder)

The opportunities for working together and listening to each other afforded by the co-design process was said to have helped:

- Overcome initial scepticism and build support among organisations for the future model.

- Build on and strengthen existing relationships and creating new partnerships (between government, non-government agencies as well as the community).
- Allow for a space to challenge assumptions and create new and innovative service responses.
- Allow more space for a wide range of stakeholders to have their expertise and knowledge heard in the design process.

“The idea about this consortium kind of model was launched, and, you know, at the initial meeting, I remember, a number of organisations came to ...the co-design process. And a few of us were of the opinion that we would love to partner, but we had to bring along, on this journey, a number of other organisations that had their strengths. So, I think it was almost as though two or three different pairs got together and brought people along on the journey.”
(Agency stakeholder)

Subsequent to the co-design phase, the Hubs were procured through an open tender process. Some stakeholders considered that this worked against this goodwill and partnership created in the co-design phase. It would be useful to consider how this could be reduced or avoided in future tender rounds.

There is evidence that the consortia behind the Hubs model is also strengthening service consistency.

The consortia sitting behind the Hubs are said to have been effective in pulling together smaller agencies that focus on particular cohorts of clients, emphasising their individual importance in keeping victim-survivors safe while in some cases creating a sense of consistency across organisations.

One stakeholder described this in terms of a stronger sense of shared identity that has come from the Hubs:

“Naala Djookan is looked upon as an organisation by itself, but every entity, every member of that team belongs to another entity as well. So it’s really that understanding [we are not one organisation]. So when the leadership team meets every couple of months, we talk about overarching issues of governance that could affect one of our staff members who are placed at Naala Djookan... So the real success is that those team members feel that they are a part of Naala Djookan, but the governance comes from an external organisation. So every client who comes in, doesn’t know, or really doesn’t understand that the advocate sitting with her, the social worker or the counsellor sitting with her, where that person is getting support from, because the in-house support is so good.” (Agency staff member)

There are low rates of inappropriate referrals, which is a source of system inefficiency and wasted effort.

In general, referrals came from self-referral, the Department of Communities and other agencies, including family and domestic violence and other services. Clients reported the wait time for referrals as typically being about 1-2 weeks after a referral was sent through.

There is a very low rate of inappropriate or ineligible referrals for the two sites (3% (n=7) for Mara Pirni, and 5% (n=31) for Naala Djookan. Inappropriate and ineligible referrals are a source of system inefficiency and ineffectiveness, as they generate work to assess clients who often can’t be provided services.

The low rate can indicate:

- A good knowledge and understanding of the service among referring agencies (the right people are getting referred, and others are not);
- A broad range of services being available (there are fewer people for whom nothing 'appropriate' is offered); and/or
- A lower level of unmet need - avoiding clients getting referred to services regardless of fit - in the hope of finding 'something' for them.

There were small numbers of referrals from police and hospitals. It would be interesting to know if this is reflective of the needs of victim-survivors and their families (i.e. people who would benefit from the Hubs are already accessing other services and being referred through there), or if it reflects a lack of information available to or provided by hospitals or police regarding the Hubs.

There is a high proportion of referrals who are not able to be contacted - up to a third of all referrals for Mara Pirni.

Among Mara Prini clients, 96 referrals (33 percent of total referrals) were not able to be contacted, with a further 6 percent of referrals to Naala Djookan unable to be contacted. The on-going needs of these clients is not known; it may suggest issues such as whether the mechanisms being used to follow up referrals is appropriate for the client group.

...one of the big issues in town is that a lot of people that come in from the land, or from out of town, and don't necessarily have a phone number or have permanent addresses, they may be staying at...bush camps, things like that. So, to try and get them, to get consent from them, then to send them up to the Hub can be quite challenging. But then also the Hub does have an issue then trying to get in contact with them to try and provide their services. But yeah, we're sort of going down three attempts of contact with somebody that we can't get in contact with...if that makes sense. (Agency stakeholder)

This is an important issue not only for access (if the mechanism is not effective) as well as system efficiency (if it is resulting in unnecessary paperwork/follow up of referrals).

5. What's been learned so far

As an innovative model, Hubs are trialling aspects of service provision that are new and have not been tested before. The key emerging learnings to date are summarised below. These may provide some guidance in planning for future Hubs.



1. Hubs are providing more people with the information, skills and resources they need to keep themselves and others safe; this is likely to reduce the occurrence and impact of family and domestic violence in the community.

The Hubs are perceived as welcoming and friendly environments. The environment is spoken of as being non-threatening and non-stigmatising, while clients speak highly of the staff, the way those staff work (such as having processes in place so that people don't have to repeat their story), and the activities on offer. All of this encourages and enables people to attend the Hubs, including those who may not have normally attended this kind of service.

Once there, Hub activities on offer include things such as legal and financial advice and safety and risk planning that can reduce the occurrence and impact of family and domestic violence. Further, the Hubs are able to be used not only by people at risk of or experiencing family and domestic violence, but also other community members, including people who might today or tomorrow be supporting family members and neighbours experiencing family and domestic violence and who will know about the Hubs and their offerings.

While only operating for a limited time, this evidence suggests that the Hubs are offering the kind of practical support and environment that is likely to expand access to services that help people be safer from family and domestic violence.



2. Soft entry points are a particularly useful innovation, helping to build trust and familiarity that allows for useful engagement with victim survivors.

The soft-entry activities that each Hub provides are a distinctly innovative feature of family and domestic violence services, and one that is well attended. Soft entry activities create familiarity and trust, helping to de-stigmatise family and domestic violence services by enabling them to blend in with other community assets and allow Hubs in different locations to respond to the unique and often complex needs of the communities they serve. Soft-entry activities may also present an opportunity for Hubs to intervene in family and domestic violence earlier, as a sense of familiarity might see victims turn to Hubs as their first port of call rather than their last, as is often the case.

The extent to which soft-entry resulted in family and domestic violence service access (either in the Hub or elsewhere) should be considered for future evaluations.



3. Hubs are helping to join up existing services and supporting them to work more effectively and efficiently together.

Clients overwhelmingly report that Hub services are meeting their diverse needs. The range of services and entry points available at each Hub, coupled with a welcoming environment, is reported to offer better pathways for clients, less retelling of stories, and less moving around by victim-survivors to get their unique and often complex needs met, suggesting that the Hubs are helping to support victim-survivors to get what they need, with less effort from the clients and the system.



4. Co-designing Hubs supported partners to work together to design a locally-embedded model, as well as to continue to work more effectively together as partners once the Hub is operational.

Bringing existing services and other stakeholders together to co-design Hubs was effective in establishing strong and enabling governance structures, and established a foundation of community support for the Hub's goals, people and practices that enabled not only good design, but effective working relationships once the Hubs were up and running. When stakeholders with lived experience and professional expertise are offered a seat at the table and a genuine opportunity to shape the Hub's model, they are more likely to support it to come to life and be successful.

Although co-design created strong foundations for Hubs, centralised tendering processes created conflicts between regional service providers; it would be useful to consider how this risk could be lessened in the future.



5. Hubs are helping clients effectively advocate for services from other organisations.

Clients say that the advocacy of Hub staff has established trust in Hubs and progressed things that would otherwise have been difficult to deal with alone. Hub staff have advocated for their clients to police, taken on the task of re-telling stories to lessen client trauma, and done what they said they would do in a swift manner. It is possible that the co-designed and co-located structure of Hubs has supported this kind of advocacy, as staff know they have the buy-in from other services in the collective quest for better client outcomes.



6. Creche facilities play an important role in providing effective and accessible services to victim-survivors and their children.

The addition of a creche seems like a small adjustment but creates a big space for people to seek help. Many victim-survivors go above and beyond to shield their children from abuse, including not speaking about their experiences around their children. By offering a safe place for children to play, Hubs give people an opportunity to focus on their own needs: to have upsetting and confronting conversations, seek out help and make plans for the future without being distracted or worrying what their children might hear. As most clients have children (including some clients who have a large number of children), creche facilities also practically enable some clients to access services, without the challenge and cost of having to find child care. The sound of children playing in the creche was also said to contribute to the familiar, community feel of Hubs.

6 Key Takeaways



Hubs are reaching their audience: Hubs are providing more people with the information, skills and resources they need to keep themselves and others safe; this is likely to reduce the occurrence and impact of family and domestic violence in the community.



Soft entry points are a particularly useful innovation: They're helping to build trust and familiarity that allows for useful engagement with victim survivors.



Connection between services has improved: Hubs are helping to join up existing services and supporting them to work more effectively and efficiently together.



Strong relationships underpin hub success: Co-designing of Hubs supported partners to work together to design a locally-embedded model, as well as to continue to work more effectively together as partners once the Hub is operational.



Hubs enable cross-service advocacy : Hubs are helping clients effectively advocate for services from other organisations.



A creche is more than just a creche: Creche facilities play an important role in providing effective and accessible services to victim-survivors and their children.