



# Designing a safe and accessible support system for people experiencing family violence in Central Highlands

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# 1. Context

# Designing a safe and accessible support system

## Central Highlands Support and Safety Hubs Project

The Royal Commission into Family Violence has recommended the delivery of Support and Safety Hubs throughout Victoria.

The purpose of the hubs is to help victims/survivors of violence find the support they need as early as possible through making services more accessible and; through improving early intervention.

In the development of the hubs, Government has made a strong commitment to a co-design approach, as recommended by the Royal Commission.

The Royal Commission's reform agenda outlined a number of key features which hubs must deliver as their core functions and goals -

- Located in safe, accessible and non-stigmatising settings
- Closely connected to universal services and service delivery networks
- Strong connections to local communities and community setting
- Highly skilled intake workers
- Specifically designed to reach and respond to diverse communities who often experience increased access barriers - e.g rural/regional communities
- Providing accessible services through multiple modes and methods (e.g telephone, online, in person and outreach)

While these core functions and goals are non-negotiable, there is scope for the inclusion of design considerations which reflect unique local needs and characteristics.

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# About Central Highlands

In a reform environment we need to ask how these recommendations are designed and implemented at a local level so that it meets the unique needs of the Central Highlands area.

Central highlands stretches for 13,900 square km in the state's central west and includes the local government areas of; Ararat, Ballarat, Golden Plains, Hepburn, Moorabool and Pyrenees; the population of the region is approximately 186,500 people. The Central Highlands Aboriginal & Torres Strait Islander population is approximately 1.1%.

The lived experience described by some of the victims/survivors throughout the process included accessing services located outside of the Central Highlands region, including Warrnambool and Hamilton. Warrnambool is located 170.6km from Ballarat and Hamilton is located 176km from Ballarat.

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# Local self determination

A Support and Safety Hub is inevitable for the Central Highlands however, the timelines for funding and implementation of such a model are as yet unknown.

In seeking to be proactive, the CHCYAP Research Advisory Committee (for further information about this Committee refer to appendix A) and the Working Together Project Group (for further information about this group refer to appendix B) determined to fund a co-design process to better understand specific functions and goals a 'local' hub might consider in order to meet local service users needs.

In getting started on the process, the initial area of investigation focused around the following question -

*"How might we ensure the Central Highlands Hub is safe and accessible for all people who need the services?"*

The team also sought to capture the voices of diverse stakeholders from the following three groups -

1. Service users (including rural and remote residents)
2. Family violence and Family Services case workers
3. Working Together Project: Leadership Group

Whilst the report has produced key principles for future design in Central Highlands, we have also outlined actions that can be enacted immediately.

This process has now been completed and this report is a synthesis of the key findings.

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# Project scope

The scope for the co-design process was limited from both a budget perspective and in terms of participants.

While the information and ideas gained through the process have been rich and comprehensive, the intent of the process was always to give voice to local service users and; to make recommendations only, for a future hub design.

What you will experience in this report, is a set of local principles and goals for the design of a Support and Safety Hub in the Central Highlands area, rather than a complete schema for a local hub model. More detailed planning would require substantial additional funding and participant input.

All content in this report has been co-created with local key stakeholder groups including; The Working Together group, local caseworkers and service users.

In regards to service users, an open invitation was provided to the full range of service providers (For the full list refer to Appendix C) to be forwarded to service users at their discretion. Based on this process, we received responses from female victims/survivors only. We did not hear from male victims or perpetrators. The project team made a decision to not include children.

This report outlines the key needs, questions and concerns participants are holding which will need to be addressed in any future design of a hub. The report also outlines local design principles and; what we can do now to enact local change.

# 2. Methodology

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# Approach

The co-design process focused on a human centred approach to grow the sense of connections between all people involved while; also gathering rich stories and ideas for the purposes of informing future design options.

The approach was underpinned by 4 principles for practice -

- **Co-initiation** - recruiting participants who might shape a whole of systems perspective through sharing authentic stories and; defining the scope for the process
- **Briefings** - support the full participation of people who are victims / survivors of abuse through providing comprehensive briefings both prior to and; after key events
- **Creating conditions for voices to be heard** - carefully curate all interactions so that people with diverse experiences might feel safe to share their authentic story, and lean in and listen to others
- **Seek feedback** - demonstrate respect through not only asking for feedback but, by being clear about where contributions have been directly integrated into the project work and; where they haven't been and why

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# Methodology



## 1. Initiation

Getting the right people in the room



## 2. Lived experience

Creating visibility for diverse voices to be heard



## 3. Getting deeper into the problem

Analysing stories to see things differently



## 4. Principles for future design

Understanding the opportunities for a local hub



## 5. Small wins

Simple steps to take to get traction on change

“How might we ensure Hubs are safe and accessible for all people who need services?”

In order to design ‘with’ instead of ‘for’ community and stakeholders, we worked together closely at every point in the process.

# 1. Initiation

## Purpose

To recruit participants who may shape a whole of systems perspective through sharing authentic stories.

Who was involved?	How they were involved?
<p><b>Working Together Leadership group involved representatives from:</b></p> <ul style="list-style-type: none"> <li>● WRISC</li> <li>● CAFS Family Services</li> <li>● Ballarat Health Services</li> <li>● Berry Street</li> <li>● Victoria Police</li> <li>● BADAC - Ballarat &amp; District Aboriginal Co-operative</li> <li>● CASA - Centre Against Sexual Assault</li> <li>● DHHS</li> <li>● Child Protection</li> <li>● CYAP Research Advisory Initiative, Federation University PhD Students</li> <li>● CAFS Child FIRST</li> <li>● Uniting Care</li> <li>● Centacare</li> </ul>	<p>One workshop with Working together group</p> <p>Representatives attended the co-design workshop</p>
<p><b>Local caseworkers involved representatives from:</b></p> <ul style="list-style-type: none"> <li>● WRISC</li> <li>● CAFS Family Services</li> <li>● Ballarat Health Services</li> <li>● CAFS Child FIRST</li> <li>● CAFS Family Violence Services</li> <li>● Barwon Child Youth &amp; Family</li> <li>● Child Protection</li> <li>● Uniting Care</li> <li>● CYAP Research Advisory Initiative Federation University PhD Students</li> <li>● Berry Street</li> <li>● CASA</li> <li>● Centacare</li> </ul>	<p>One workshop with case workers</p> <p>Representatives attended the co-design workshop</p>
<p><b>Nine service users</b></p>	<p>Individual interviews Co-design workshop</p>

## 2. Lived experience

### Purpose

To bring visibility to 'lived experiences' and; provide voice to all participants from service users to local leaders of the Family Services and Family Violence systems. To hear the pain points and gain points in the existing systems.

### Process

Event	Who	Purpose
Interviews	9 service users from across the Central Highlands area	To understand their existing experience of and future ideas for the Family Service and Family Violence systems.
Workshop 1	Working Together Group	To understand their existing experience of and future ideas for the Family Service and Family Violence systems.
Workshop 2	Local caseworkers	To understand their existing experience of and future ideas for the Family Service and Family Violence systems.

### Outputs

Section 3 of this report which includes a synthesis of the rich interview data into 4 x character persona's and; 4 x service user journey maps.

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# 3. Getting deeper into the problem

## Purpose

To draw on the stories heard from The Working Together group, local caseworkers and service users to elicit the common interests which might be explored together during the co-design workshop.

## Process

An analysis of the character personas and service user journey maps.

## Outputs

Section 4 of this report which shows shows the 5 stages service users move through when interacting with the Family Violence and Family Services systems.

# 4. Principles for future design

## Purpose

To draw out local design principles to include in this report.

## Process

As much as possible, key stakeholder groups were represented during the workshop which involved prototyping future ideal experiences of a Support and Safety Hub across all 5 stages.

Event	Who	Purpose
Co-design workshop	Representatives from - <ul style="list-style-type: none"> <li>● Centre Against Sexual Assault (CASA)</li> <li>● WRISC</li> <li>● CAFS Family Violence Services</li> <li>● Berry Street</li> <li>● CAFS- Child FIRST</li> <li>● Centacare</li> <li>● BADAC</li> <li>● Barwon Child Youth and Family</li> <li>● Salvo Connect</li> <li>● Federation University</li> <li>● CAFS Family Services</li> <li>● Child Protection</li> <li>● Ballarat Health Services</li> <li>● Services users x 6</li> </ul>	To develop key principles for the design of a Support and Safety Hub

## Outputs

Section 4, 5 and 6 of this report.

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# 5. Small wins to enact local change

## Purpose

To discover 'small wins' or simple steps we might take to lead change locally thus maintaining momentum.

Event	Who	Purpose
Co-design workshop	Representatives from - <ul style="list-style-type: none"> <li>● Centre Against Sexual Assault (CASA)</li> <li>● WRISC</li> <li>● CAFS Family Violence Services</li> <li>● Berry Street</li> <li>● CAFS -Child FIRST</li> <li>● Centacare</li> <li>● BADAC</li> <li>● Barwon Child Youth and Family</li> <li>● Salvo Connect</li> <li>● CAFS Family Services</li> <li>● Child Protection</li> <li>● Federation University</li> <li>● Ballarat Health Services</li> <li>● Services users x 6</li> </ul>	Designing new ideas for small changes that can happen now

## Outputs

Section 7 of this report that details three practical actions which the local community might take without extra resources or funding, just by doing things differently.

# 3. What is our lived experience?

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# Context

This co-design process has involved working deeply with those who use the services of the Family Violence and Family Services systems, to understand their challenges, motivations and needs in accessing services and; those interactions with the systems which worked well and; those that haven't.

By giving voice to this 'lived experience' we ground ourselves in the perspective of the service user. The Working Together Group and service agencies stakeholders also shared their 'lived experience' during the initial 2 workshops, which enriched the listening and understanding gained during the service user interviews.

The character personas and journey maps have been created to synthesise and clearly communicate services user stories from beginning to end.

This section details -

- 4 x character personas and;
- 4 x service user journey maps

Note - while the journeys are represented as linear, this is not always the case and often a service user's journey will be cyclical in nature. Also, in regards to the journey's shown, some represent a journey of several months, and some over years)

# Character persona - Jodie\*



Names have been changed

**NAME** Jodie\*

**GENDER** Female

**CHILDREN** N/A

\*Names have been changed



## 1. ACTUAL EXPERIENCE

Jodie first reached out for help by ringing centrelink to ask for her ex-husband to not have access to her records. Jodie has a mostly positive experience of the system, mainly due to the strong relationships she formed with case workers and local services such as the police. Moments of confusion and where she felt a lack of support was when she had to leave her support service because she was only allowed a certain number of sessions. She didn't understand why that was and felt isolated after not being able to talk to her worker from there after forming a strong relationship with her.

## 2. BARRIERS

Jodie's main barrier to accessing services is financial means. For Jodie it is a 100k trip to places such as Ballarat and she has had to spend a lot of money on petrol to get places. Jodie has no access to internet and no computer, so accessing online services is impossible for her. Jodie's one major area she found difficult was legal, the closest lawyer was in Warrnambool, there was only funding to support her on the day of court, however, there were so many things she need to speak with him about before that day, she is now left with a \$10,500 legal bill, which she does not know how she will pay.

## SERVICE USER STORY

Jodie first accessed services in July 2016 and has been using services such as Emma House, Grampians Community Health, Berry St, Hamilton police, Warrnambool police and family GP ever since. She lives on the outskirts of town. She is on a disability pension.

## 3. IDEAL EXPERIENCE

Jodie was unaware of the types of service on offer, she says if she had known about the services available she would have sought help a long time ago.

Jodie would be thrilled with the idea of a hub with co-located services. It would mean she would only have to do one trip and be able to access all the services in one day. She currently talks to her local GP, although she would prefer a psychologist, but this is something she just couldn't afford. So she would appreciate access to a psychologist and lawyer as part of the Hub.

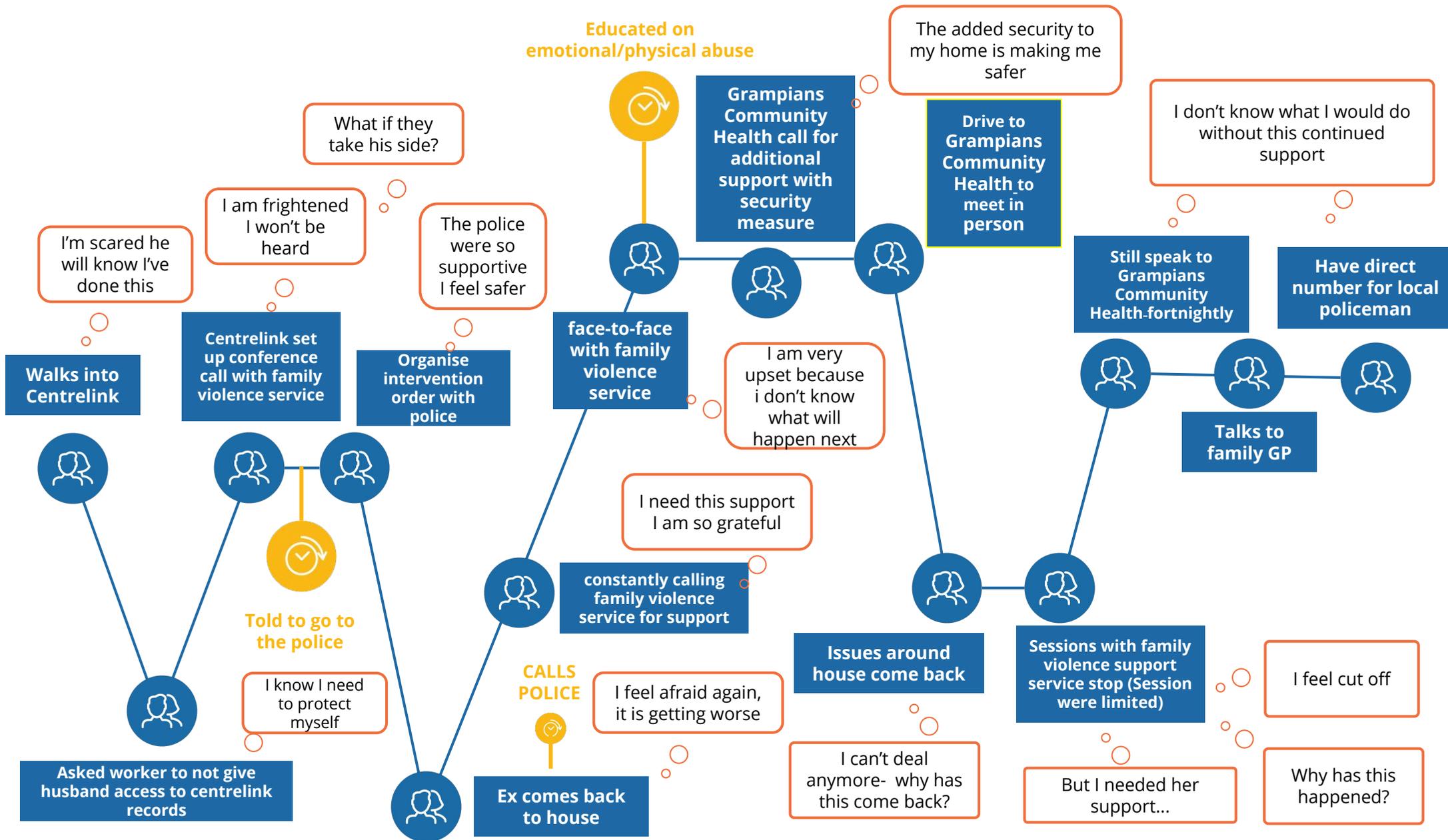
Anonymity and privacy is very important to Jodie, she would prefer a hub that houses everything from health services to legal services, so no one knows which service you are walking in for.

Jodie would like there to be no limit on how long you can seek the services, she says the healing process is taking a long time and she doesn't know if it ever goes away. So having a limited number of sessions per service concerns her greatly.

# Journey map - Jodie\*



Names have been changed



# Character persona - Kate\*



Names have been changed

**NAME** Kate\*

**GENDER** Female

**CHILDREN** 2

\*Names have been changed



## 1. ACTUAL EXPERIENCE

Kate's experience with accessing services has been varied. Her first contact was when she rang Berry St and was left feeling even worse after being told she could not be helped because she was in no immediate physical danger. This prevented her from seeking support again until later. A co-worker later helped her to ring Safe steps, this experience was much better and she was referred on to Wrisc where she was provided with a worker to support her. Kate didn't always feel she has the support she needed, to combat this she would independently she would contact places such as police and Women's legal service

## 2. BARRIERS

Kate works full time and as a single mother has limited financial means. She doesn't have the time, money or energy to go from service to service.

She had no awareness of the services available to her and lacked in knowledge that emotional abuse is just as damaging and serious as physical abuse.

## SERVICE USER STORY

Kate first accessed services October 2016. She has accessed Berry St, Safe steps, local police, Women's legal service and is still receiving support from Wrisc now. Kate has 2 children.



## 3. IDEAL EXPERIENCE

Kate has experienced the full extent of having to retell her story to many different people.

The idea of co-located services would be great for her, mainly because she see's an ability for all the services to communicate with one another better, so she wouldn't have to tell her story again and again.

Kate has had the experience of being categorised as 'not yet in danger' or 'not yet committed a crime'. She feels there is no support for people whose situations are okay for now but could escalate at any time. She describes her ideal experience of walking into the hub as a 'decision tree' process, the workers being able to work out what the needs of the client is and refer them on as necessary. All being done in the same place and having the one record for her story and the services she has used.

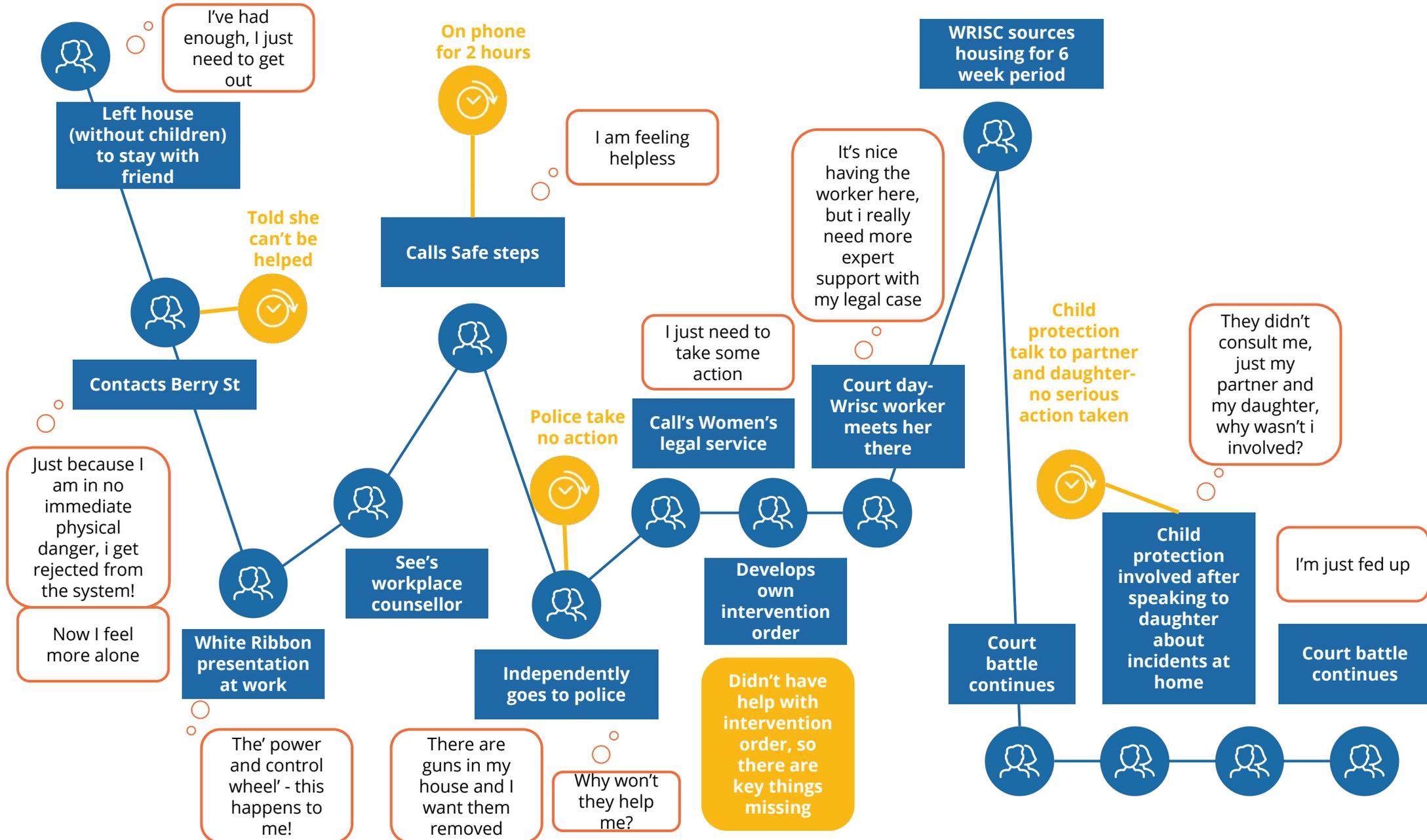
Legal services, police and Centrelink have also been areas where she has felt least supported. She feels these services should communicate with her worker and each other to support her better.



# Journey map - Kate\*



Names have been changed



# Character persona - Libby\*



Names have been changed

**NAME** Libby\*

**GENDER** Female

**CHILDREN** N/A

\*Names have been changed



## 1. ACTUAL EXPERIENCE

Her first experience with a service was in May 2015, she rang CASA distressed from triggered memories. She struggled to articulate what she wanted to say and she was a 'wreck'. The intake worker asked her administrative questions that weren't relevant to what she was trying to say. This made her feel more frustrated, she didn't feel heard, she simply wanted support and she didn't receive it. Her husband then drove her to CASA and she met with someone on the same day. Two days later she met with a counsellor, Ann\*, who has remained her support till now. Her relationship with Ann has been excellent, however she is still shaken by the very first point of contact with the intake worker.

## 2. BARRIERS

Libby didn't know there were services available to her, otherwise she would of sought help a long time before.

Libby says she wouldn't attend a Hub if she felt unsafe in anyway, the thought of perpetrators being there makes her feel nervous and afraid.

She would not attend the Hub if it felt stigmatised or obvious as to why she walking into the Hub.

## SERVICE USER STORY

Libby first accessed services in May 2015, she has only dealt with CASA. She has also taken part in art therapy courses with CASA.

## 3. IDEAL EXPERIENCE

A building that has anonymity is private and feels safe are the most important features for Libby.

She also values transport and accessibility, close to public transport and with excess disability parking.

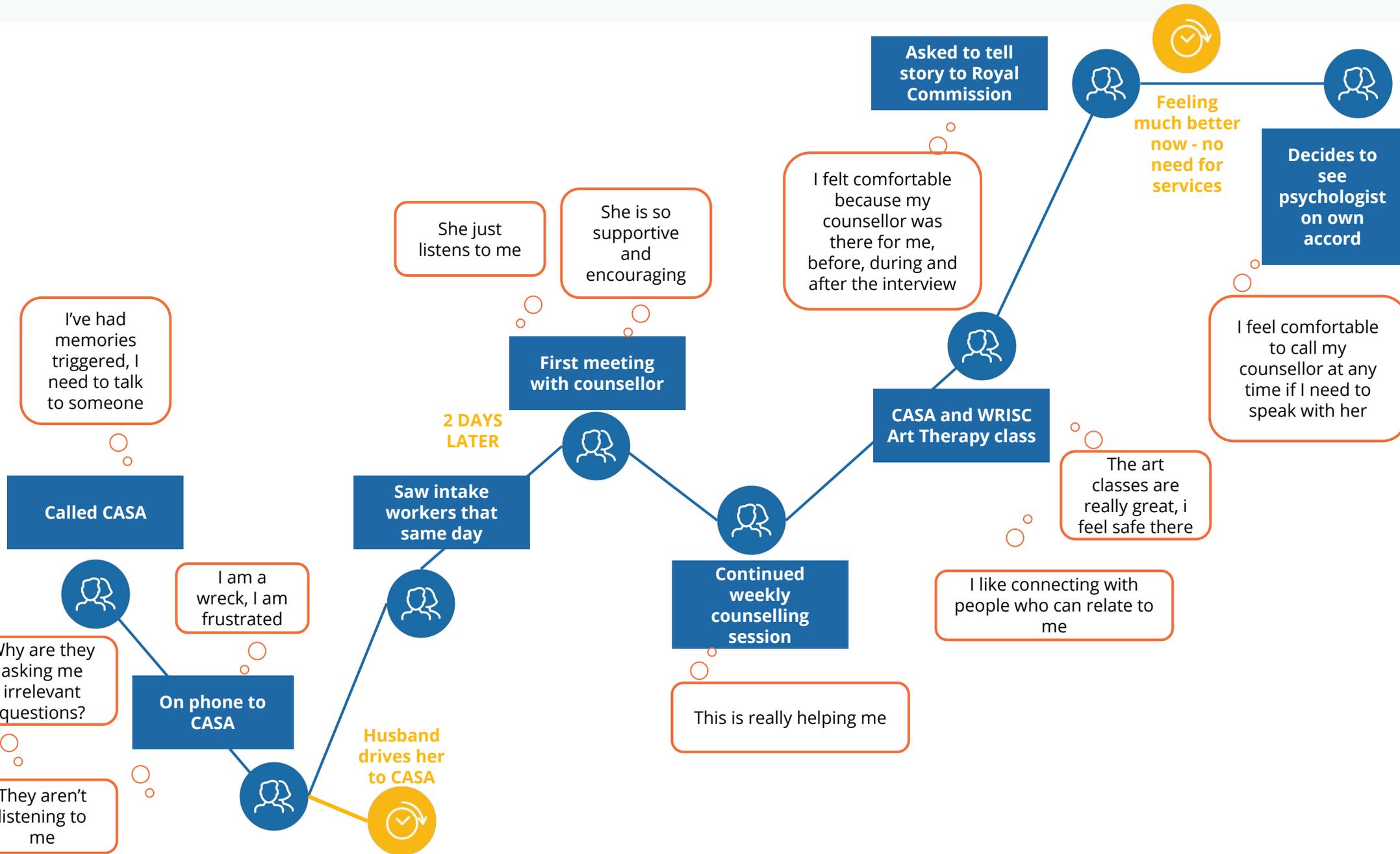
Libby see's a holistic view of a hub that supports both clients and the caseworkers. She feels a need for the Hub to be a good working environment for the caseworkers, ensuring their health and wellbeing is taken care of as much as the clients.

The art therapy course with CASA is something she has enjoyed immensely as she can connect with others in a more informal way and feel a sense of community. She feels community is extremely important to the success of the Hub. A place where everyone feels comfortable and safe.



# Journey map - Libby\*

Names have been changed



# Character persona - Sarah\*



Names have been changed

**NAME** Sarah\*

**GENDER** Female

**CHILDREN** 2

\*Names have been changed



## SERVICE USER STORY

Sarah first accessed services in September 2016, her main service use has been local police and Berry St. She has 2 young children.

## 1. ACTUAL EXPERIENCE

Sarah's experience has been mostly positive, it was her lack of awareness of the services that led her to end up at her local pub one night with her son. After getting in contact with police, Sarah was referred to Victims assistance for temporary accommodation and then put in touch with Berry St. She was moved into a new house, and received help with counselling for her and her children. She is very grateful for everything Berry St has done, she would only hope that her son could have received more support, having only been allowed 3 sessions.

## 2. BARRIERS

Sarah is a single mother, so financial means are limited. She is also computer illiterate and accessing services online would be near impossible for her.



## 3. IDEAL EXPERIENCE

Security is of utmost importance to Sarah, CCTV and even security guards would feel necessary. She would not attend the Hub if she knew perpetrators could be in the same building.

She would want the Hub to feel like a home, the building would be under the radar and off the main road. The ambience would be welcoming and warm and feel like a community. A place where she can take her children and feel safe.

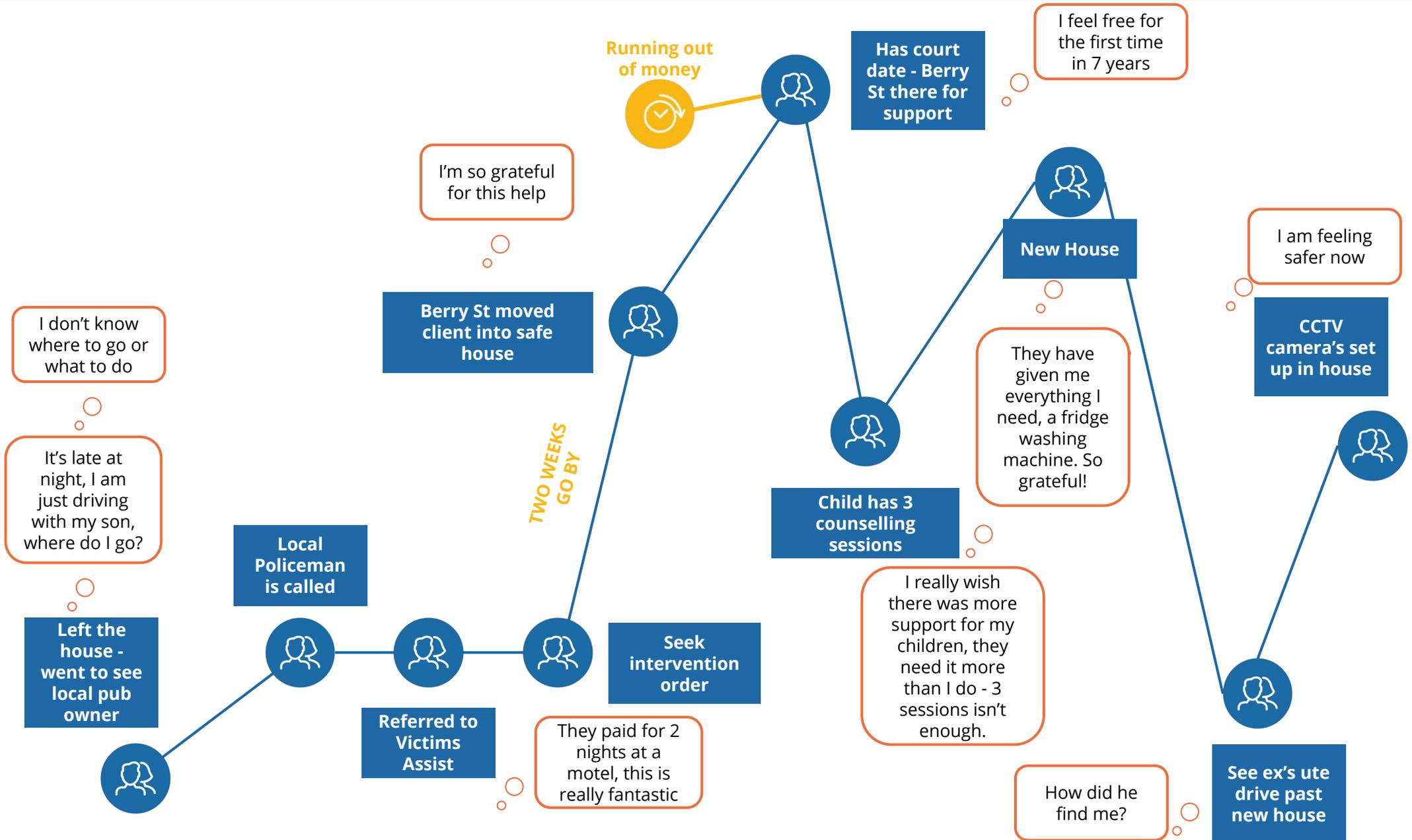
Seeing as Sarah was not aware of the services available, it would be an imperative for there to be advertising or awareness campaigns. Including in other local community areas, schools or sporting clubs, so other people knew there was somewhere safe to go when they need help.



# Journey map - Sarah\*



Names have been changed



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# Key themes

Throughout the workshops and interviews we started to understand aspects of lived experience for both caseworkers and service users. Key themes started to emerge such as the importance of relationships and challenges of navigating the system as well as others which are detailed in the table below -

Themes	Key messages
<b>Minimal awareness of available services</b>	<ul style="list-style-type: none"> <li>• At the beginning of their journey, most service users didn't know what to do, who to talk to or where to go</li> <li>• "If I had known about what services were available, I would have accessed them a lot earlier" - said in 90% of the interviews with service users</li> </ul>
<b>Shared understanding of risk</b>	<ul style="list-style-type: none"> <li>• From a statutory point of view, risk is defined in a way which includes and excludes victims and survivors of violence. How do we ensure that our definitions of risk don't prevent early intervention from happening?</li> <li>• "I'm a service user, I want to access services but I'm not in physical danger yet, there is a potential that I get turned away because I am not considered high risk, my situation may escalate after a number of months and become physically violent. My opportunity for early intervention was taken from me"</li> <li>• How do we co-create our shared understanding of risk locally, so that we might better support early intervention?</li> </ul>
<b>Accessibility issues</b>	<ul style="list-style-type: none"> <li>• For those living in rural and remote settings, the distance between services proved a safety risk</li> <li>• A proportion of service users were either both computer illiterate or didn't have access to internet at home</li> <li>• It's likely that virtual and online service offers may not be effective in solving issues associated with geographical divides and distances</li> </ul>
<b>It's relational</b>	<ul style="list-style-type: none"> <li>• The importance of relationships was a key theme running through each workshop and interview</li> <li>• Client experiences changed dramatically depending on the relationship they had with the worker</li> <li>• In turn, the relationship was also important to the caseworker. They felt a sense of achievement from forming strong bonds</li> <li>• Service users expressed a strong desire to have one caseworker only - from the beginning to the end to provide safety and support through the journey</li> </ul>

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# Key themes cont.

<p><b>Navigating the system</b></p>	<ul style="list-style-type: none"> <li>● There are many reasons why the systems are difficult to navigate however, in our local context, we heard 2 key challenges -</li> <li>● Caseworkers seek to better understand the roles and offerings of other service delivery agencies also operating in the local system</li> <li>● With the increasing complexity of cases which service providers are required to manage, they are having to work alongside and; collaborate with an increasing number of providers to meet service user needs</li> </ul>
<p><b>Holding the client's needs central at all times</b></p>	<ul style="list-style-type: none"> <li>● It was clear, that service providers have been sitting in the problem space of improving service delivery for some time as they were clear on the local opportunities for doing things differently to better meet service user needs. Several solutions were provided as cited below -</li> <li>● One model which was cited over and over again, was the 'wrap around service model'. This model would enable service agencies to work collaboratively and focus all efforts on the needs of service users. This begged the question of what are the specifics of such a model, and how might these ideas be integrated with this opportunity of a support and safety hub</li> <li>● Another solution involved services coming together to collaborate on the planning for cases to ensure their cross agency delivery stayed focused on service user needs</li> <li>● Holistic support models might enable entire families to have equal access to wrap around services including men/women and children             <ul style="list-style-type: none"> <li>○ Often children and the men get left out, each family member has needs</li> <li>○ How to manage the extremely complicated situation -ie.we heard one service users say '<i>if these services are helping my husband, I would feel so betrayed</i>'</li> </ul> </li> <li>● Another idea was to have a model that measured success by the benefit of the client, not by the contribution of any particular agency</li> </ul>
<p><b>Continuous learning</b></p>	<ul style="list-style-type: none"> <li>● To tackle the increasing complexity of cases - caseworkers expressed the need to learn from other peers and find better solutions to the problems they are facing</li> <li>● Service providers sought new ways of working through trying new ideas, incidental learning and learning from the experiences of others</li> <li>● Service users and service providers expressed the desire to give and receive feedback on the experiences they had as part of their shared journey</li> </ul>

*The next section, translates the research discoveries into a service user journey map to underpin the future re-design and improvement as part of a hub model.*

# 4. Getting deeper into the problem

# 5 stages of the service user journey



To get deeper into the problem, it was important to elicit the common experiences service users shared when interacting with the Family Violence and Family Services systems.

In analysing the lived experiences of each of the systems, it became clear that service users move through 5 stages when interacting with the systems, and that each of these stages offers unique opportunities for future re-design and improvement as part of a hub model.

Interestingly, the user journey starts with awareness rather than 'services' or 'infrastructure' inviting us to think about a future hub model more holistically and as a human experience, rather than just a bricks and mortar exercise.

In the following pages, each stage is discussed in detail -



# Stage 1 - Awareness



## 'I need to feel ready'

The awareness phase has influence over early intervention and voluntary intake. The majority of interviewees said "If I had known about what services were available, I would have accessed them a lot earlier".

Participants held the following questions as they entered into the co-design process -

### **How might we better communicate the starting point for an individual?**

Service users were strong in their desire to better educate the community on how to get 'started'. They recognised the complexity of this task and acknowledged that the starting point would look and feel different for different people.

### **How early should early intervention be?**

Participants saw opportunities to proactively prevent family violence through educating future generations while they are young, before they form habits or follow parents and other adults. What does early intervention look like as an education program for young school age children?

### **How might we better integrate awareness and promotion across services agencies?**

Participants felt that staff across varied services agencies should be well versed in the offerings of Family Violence and Family Service providers, to improve referral processes and provide better service outcomes. It was clear there was a lack of knowledge of the various roles and offering of different agencies i.e it was highlighted that Centrelink could offer more promotions or education on available family violence or family services options.



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“If I had known about what services were available, I would have accessed them a lot earlier”

Service User interview

# Stage 2 - Consideration



## 'I need to feel safe'

A service user may face barriers that impact their decision or ability to seek help. The consideration phase is integral to understanding how might the Family Violence and Family Services system better support service users to take the crucial next step and seek help.

Participants held the following questions as they entered into the co-design process -

### How might we create a shared understanding of risk?

What emerged from the workshops, particularly the caseworker workshop, was that there was a lack of shared understanding in what risk was, in order to design a 'no wrong door' offer service agencies need to be aligned on what risk looks like.

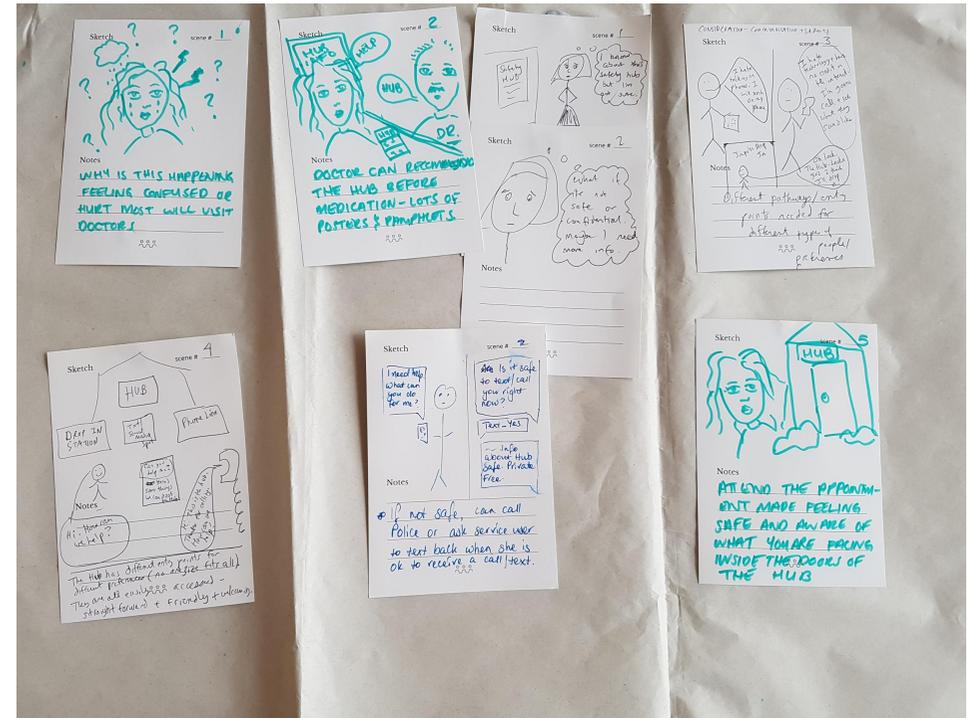


Figure 2: The prototype of the ideal experience in the 'Consideration' phase

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“This reform is not just about creating a Hub; it’s about strengthening service delivery”

Co-design workshop participant

# Stage 3 - Infrastructure



## 'I need to feel welcome'

Infrastructure describes the physical space of the Support and Safety Hub. Tackling questions of bricks and mortar was challenging with a mindset of holistic system reform.

Participants held the following questions as they entered into the co-design process -

### How might we create a co-located service model that is safe and accessible for all service users?

The challenging question is how a co-located service model could deliver safety and accessibility to all people who need to access the hub. The safety concerns arise as we consider perpetrators and victims accessing services in the same physical building.

While accessibility poses challenges for rural and remote service users as cost of transportation to a central location is a concern. In the Support and Safety Hub model, how do we ensure we are not compromising for a one size fits all model, which can pose a number of risks.

### How might we integrate physical and virtual service delivery while considering the limitations of service users?

Majority of service users interviewed did not have access to internet, were limited in their ability to use the internet or did not have a computer at home. However it was also recognised that it would be limiting to just design for the now, we need to design for a future state as well. The next generation are digital natives, so how might we accommodate their needs as well?

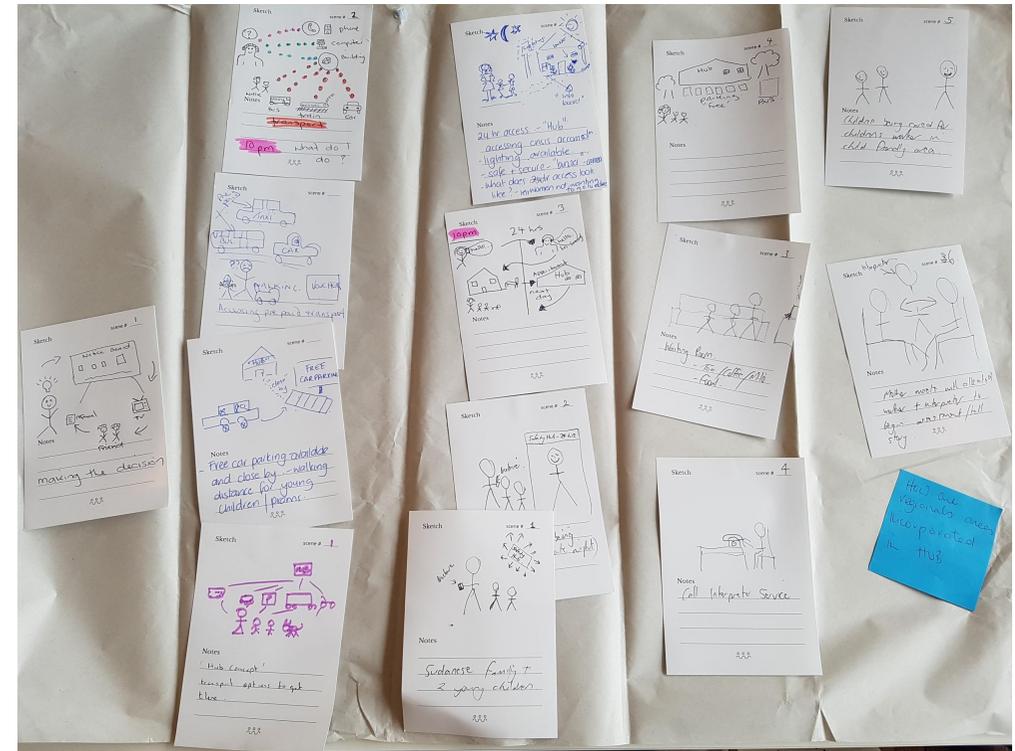


Figure 3: The prototype of the ideal experience in the 'Infrastructure' phase

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“I just got so tired of  
having to re-tell my  
story over and over...”

### Service user interview

# Stage 4 - Services



## 'I need to feel heard'

Service delivery reform is the heart of the new Hub design, the ongoing needs we heard throughout the process is to create a system that holds the needs of the client central at all times. Where success is measured by the benefit of the client, not by the contribution of any particular service agency. Participants held the following questions as they entered into the co-design process -

### How might we start to collaborate more now?

We do not have to wait for a Hub or a co-located model to begin collaboration, we need to find resourceful and simple ways to begin a process of common intent and collaborative practice.

### How might we work towards a 'one story' model?

There are a number of considerations and changes that would need to happen in working towards a one story model;

- client consent procedures
- legislative changes to information sharing across service agencies
- high skilled and multidisciplinary intake workers in place
- standardised recording procedures across all service agencies

### How might we ensure the need of rural and remote service users are met?

There are ongoing concerns on how to meet the needs of people who live in rural areas, with emphasis on providing more funding for more outreach resources. How might we work together as a community to ensure there is more coverage and help in other areas.

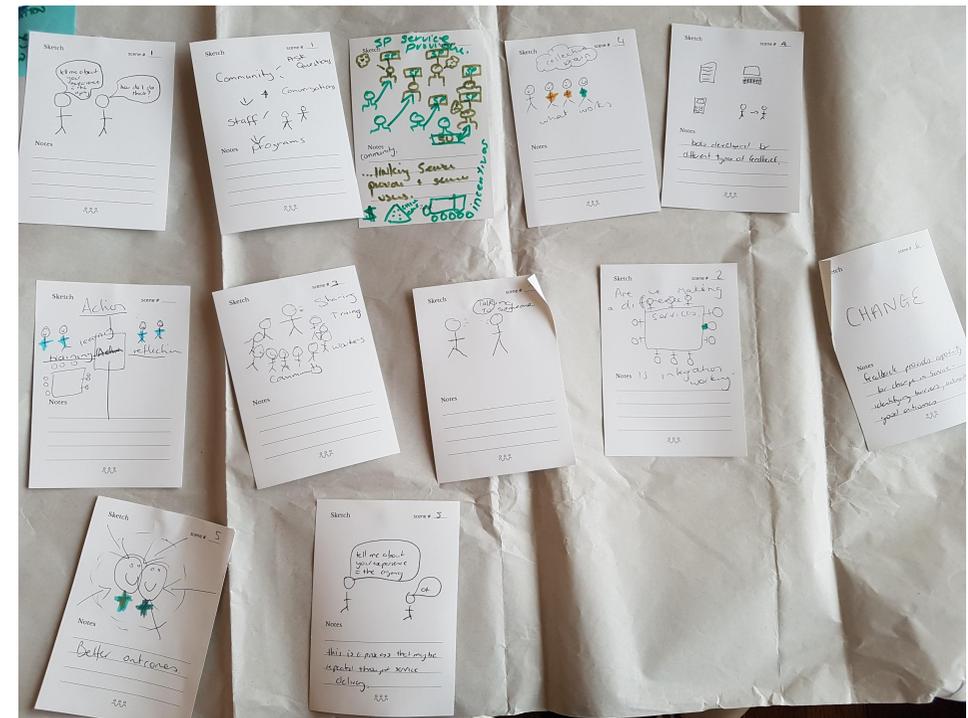


Figure 4: The prototype of the ideal experience in the 'Services' phase

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# Stage 5 - Continuous learning



## 'I want to help'

How can we better learn from others, our experiences and our clients to improve the delivery of services to all people?

Participants held the following questions as they entered into the co-design process -

**How might we imbue continuous learning into the redesign of services?**

What are some of the processes and procedures we can put in place to ensure that feedback and learning is continuous across the service delivery system.

**How might we hold the voice of the client central in our learning needs?**

We have an opportunity to include the client in progressing our learning, through feedback loops and other means, we need to find a way in which the client in helping us learn.

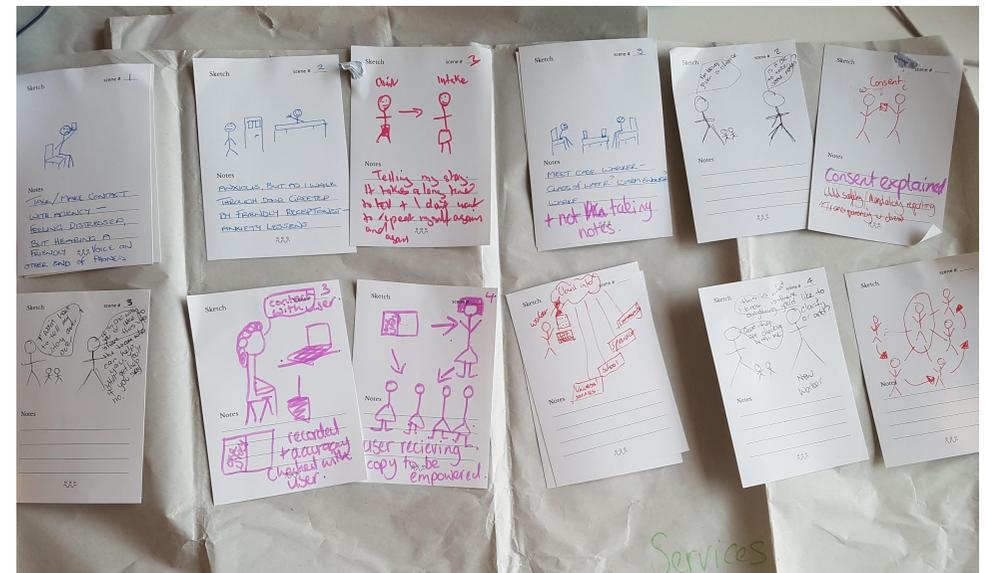


Figure 5: The prototype of the ideal experience in the 'Continuous learning' phase

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# 5. Local case study

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# Case study - BADAC

## How might we learn from other's?

In every interview, service users raised the re-telling of their story, over and over again as a key pain point in interacting with a complex web of services. Through the process, a local model emerged that is already answering this and some of the other questions participants were holding.

Ballarat and District Aboriginal Co-operative (BADAC) enact a single entry point 'system' and holds the intent of a 'no wrong door' model. They have an integrated support system, offering a diverse range of programs and they leverage additional resources through strong partnerships.

With the development of Support and Safety Hubs, all participants have the opportunity to draw on the wisdom and knowledge of BADAC who have built up an integrated approach to service delivery over many years.



### **BADAC Vision**

"Ballarat and District Aboriginal Co-operative exists to achieve self-determination for the Aboriginal community, enabling stronger families by ensuring equal opportunities in health, housing, education, employment and justice through a holistic and culturally relevant approach."

# Case study - BADAC

## How might we learn from other's?



### **Client-centered approach**

BADAC focus on prevention and early intervention, always with a client-centred approach, to ensure that the clients are personally engaging in the development and nurturing of their own futures.

BADAC holds the needs of the clients central at all times by taking a holistic approach to care. For example; if a person comes in for a medical visit, BADAC staff draw on the common intent to seek out what else the person might need. This is where early intervention and holistic care is realised, so they can refer them on to specialist services if needed.

### **Integrated services**

Since 1979, the BADAC has grown considerably and now delivers a wide range of services, underpinned by its adaption of the Social Inclusion principles, which incorporate the following programs:

- Administration
- Health
- Housing
- Koorie Children Support
- Koorie Family Services
- Koorie Local Justice

BADAC is the Aboriginal Community-Controlled Organisation (ACCHO) for the Ballarat and district area, covering 4 local government areas (LGAs). Their services are open to all members of the public, however, with priority given to the Aboriginal community.

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# Case study - BADAC

## How might we learn from other's?

### Partnerships and collaboration

BADAC draws upon networks and partnerships to deliver on the needs of their clients. They have strong relationships with other service agencies in the Central Highlands area as well as partnerships with visiting services, often every fortnight or once a month, including podiatrists, Centrelink and disability providers.

### Self - determination

They aim to achieve self-determination for the Aboriginal community, enabling stronger families by ensuring equal opportunities in health, housing, education, employment and justice through a holistic and culturally relevant approach.

Leah Keegan, Manager at Koorie Family Services (BADAC) tells one story about three young boys who met each other in an art therapy class, one of BADAC's programs, after not knowing each other they ended up coming together and creating more art. They now have exhibitions in Ballarat and White Night in Melbourne. This is just one example of BADAC providing opportunity for community to come together and to work together to develop healing and connection and self-determination.



“They (BADAC) are essentially already doing what we want to do”

Service user, Co-design workshop

# 6. Principles for future design

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# Context

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has” - Margaret Mead

To develop a whole of community perspective of the opportunity of Support and Safety Hubs, we recognise the need to get the right people into the room and create the conditions for relatedness which enable us to show up authentically and fully participate.

We know that positive change does not happen without healthy connections and; the ability to understand, build on and share our strengths and capabilities, as individuals and between communities.

The workshop was a lively and powerful atmosphere, we brought together stakeholders in leadership positions, frontline workers and victims/survivors to create prototype designs of what a future Support and Safety Hub might look like.

The act of bringing together a group of people deeply connected to the problem space, for most it was the first time they had met one another across differences and experiences. Just the act of sharing a space of potential together was in itself a symbol of the future possibilities for thinking, working and acting as a local community to better meet the needs of service users.

The workshop was split into groups by asking participants to choose the stage of the user journey (i.e awareness, consideration, infrastructure, services or continuous learning) that they were most interested in.

Each group then took part in a creative storyboarding activity that asked them to brainstorm ideas and design their ideal interactions.

The following slides detail the outcomes of this activity -

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“The ultimate would be having just one worker assigned to you. So you only need to tell your story once. They act as your tour guide around the system”

Service user interview



# Stage 1 - Awareness



## Positive messaging

By changing the lens of how we talk about the system in a more positive light we could impact greatly on the effect it has and lead to better outcomes. In order to avoid developing even more stigmatisation of family violence in the community, Hub name suggestions such as 'Family Wellbeing Centre' could make it feel more friendly and accessible. As well as sharing stories of positive outcomes for families who have accessed services.

## Accessing younger generations

This raised an important question of 'how early should early intervention be?'. It was suggested that the earlier we can educate and support children the more likely we are to lessen the risk of the next generation following the same path. Acceptable behaviour programs and school presentations were discussed as channels to create more awareness of acceptable behaviour in the community. These discussions highlight the importance of current initiatives e.g. Respectful Relationships a DET initiative, which is focused on tackling family violence through education in schools and early childhood education settings.

## Best channels

There were a number of suggested channel for raising awareness that were seen as most effective in the local context:

- Back of toilet doors - a private, safe area for reflection
- Including other local services i.e GP's in the campaigns - ensuring they are aware of the services available
- Information brochures available at other local community
- Fundraisers for family violence
- Presentations at workplaces and schools
- Public transport
- Licence plates
- TV
- Radio
- Internet/ social media



# Stage 2 - Consideration



## 'I need to feel safe'

A key need that emerged was the notion of 'safety', to communicate clearly and strongly that user's will enter into a safe, non-stigmatised environment when accessing a Support and Safety Hub.

### Alternative access pathways

There is a need for different options when accessing the hub: such as walk in, call or text. By offering varied options it is likely the safety needs of service users will be met.

It is important to recognise that users will be in different situations when considering to access a service. The methods of communication can ensure that a service user feels safe at all times. For example; A text message response to an urgent message may be 'How can we help you?' or 'Is it safe to call or text now?'.

The hub also needs to accommodate a 'no wrong door' offer. Dealing with walk ins and call ins carefully as a bad experience could prevent a person from returning. It is important clients are met with multidisciplinary workers that can refer them onto specialist services.

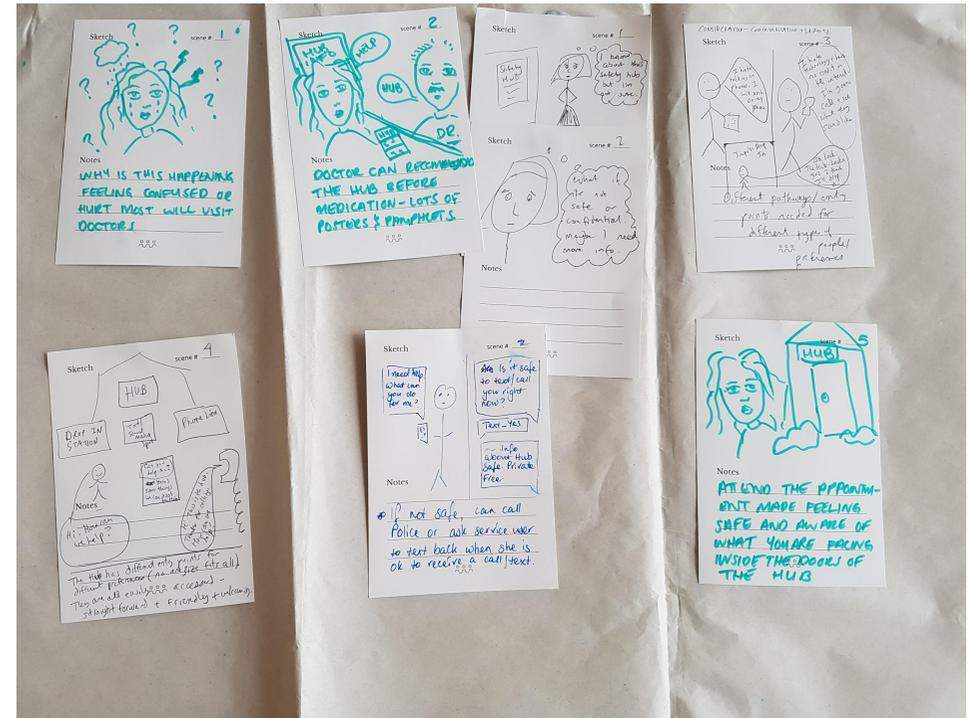


Figure 2: The prototype of the ideal experience in the 'Consideration' phase

# Stage 2 - Consideration



## Information not just intake

Providing easy to understand information on what services are available and how they work upfront will empower a service user to take the next step. This intent led to ideas such as:

- dedicated information line
- 24 hours text help line

By nurturing a service user in their decision making process it could lead to them feeling safe enough to take action.

## An educated community

By educating the community as a whole we can better support early intervention and avoid situations in which a victim has no idea where to go or what to do in a situation of crisis. Educational campaigns and programs can align community on how one might deal with a family violence situation, leading to higher likelihood of a victim or perpetrators getting the help and support they need quicker.

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# Stage 3 - Infrastructure



## 'I need to feel welcome'

Key themes that emerged from this stage were to support a safe and respectful experience through privacy, security and inclusiveness.

### Privacy and anonymity

Services users needed to know they would have privacy and anonymity when accessing a physical Hub to avoid feeling stigmatised or at risk.

### Security

If a co-location model was decided upon, the need for security would be integral to people feeling safe to enter the building. CCTV cameras and non identifiable rooms, and separate entry points for different clients i.e victims, perpetrators and children.

### All needs are met

Access to interpreters, gender appropriate interpreters, disability access and needs met, facilities and activities for children to give parents peace of mind.

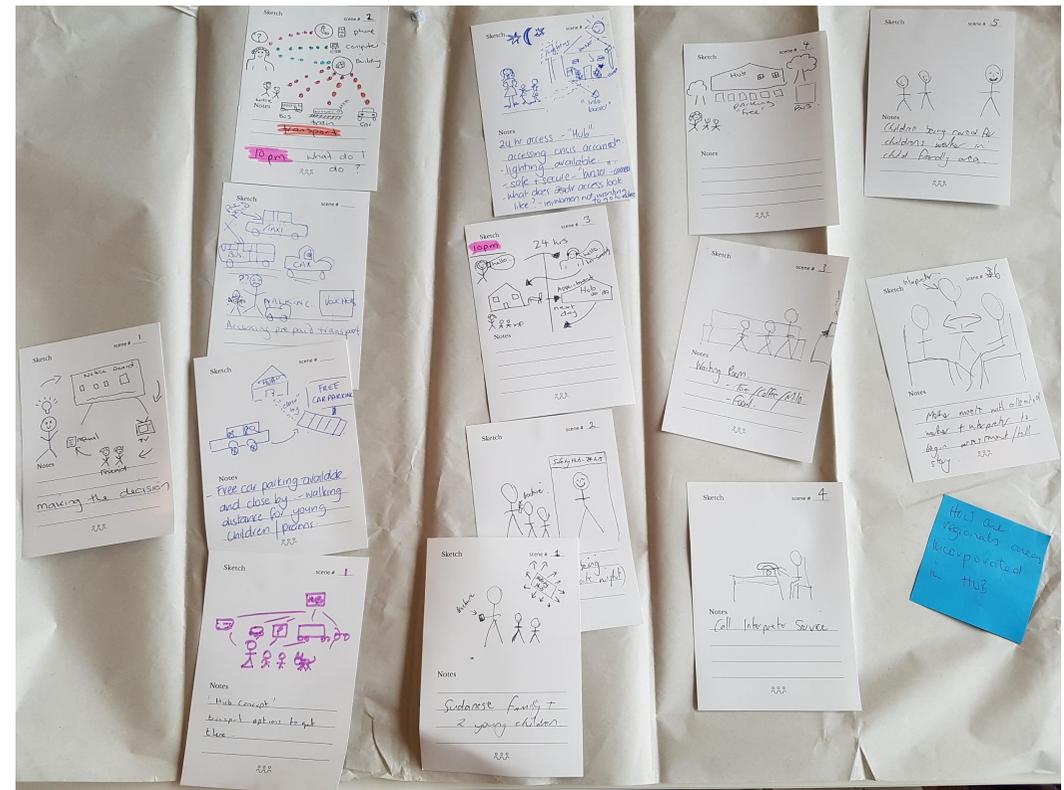


Figure 3: The prototype of the ideal experience in the 'Infrastructure' phase

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# Stage 4 - Services



## 'I need to feel heard'

The notion of 'holding the client's needs central at all times' was a key feature discussed by service users when describing their 'ideal experience'

### Telling their story once

The ideal experience for a service user is to only have to tell their story and their families story once. This need leads to a number of requirements

- ensuring there is the time and space for a service user to tell their story
- procedure on how to record a service user's story including asking for consent
- consent to release information to other services, legislative changes needed of information sharing amongst service agencies
- a shared database among services agencies and how files may be documented i.e a journey map as a quick snapshot of the clients experience so far

### One key worker

To have one key worker assigned to each client to support the navigation of the system, A worker that acts as a tour guide around the system depending on the client needs.



Figure 4: The prototype of the ideal experience in the 'Services' phase

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# Stage 4 - Services



## First point of contact

Having reception staff trained to provide a safe, friendly and sympathetic first point of contact. Also having highly skilled, empathetic and intuitive intake workers to lead clients around the system. To ensure every person is walking into a non-threatening and welcoming environment.

## Collaboration and common intent

The importance of a having first and foremost common agreement among services to work in the client's best interest at all times, will start to enable greater collaboration.

Most importantly we need to ask how can processes be put in place for service agencies to work together to decide what the client needs whilst including the voice of the client. So that we may support the client's choice rather than dictate service needs. Changes in the flexibility of service delivery and eligibility criteria will further benefit future collaboration.

An example idea of innovative collaboration that one service user proposed:

- *When you receive allocated sessions and you have no need for one of them, you could be given the option to 'pay it forward' and make it available to another family in need.*

## Holistic support

To support no person falling through the gaps, the entire family will get a wrap around service, men/women and children treated equally and their needs met. The Hub could also co-locate or partners with other services such as legal, health, education and childcare.

## Access for rural and remote service users

The co-located model or idea of the Hub brings up concerns of accessibility, however, the way in which the services are structured could mitigate the issue ie. Co-located services where possible with collaboration between services in regional areas.



# Stage 5 - Continuous learning



## 'I want to help'

There is a strong appetite to find ways to learn from one another, between agencies, between clients and caseworkers, there is a need to find channels and ways to ensure continuous learning is present at all times.

### Feedback

Provide channels and methods for clients to provide feedback to service agencies or workers in order to understand their experience and learn from them.

### Learning about other services

Making time to learn from and with the other services, so that we can develop our capability as a whole system. We need to provide each other on going knowledge about services available regardless of the need.

### Be creative and innovative

With limited resourcing and funding available for training budgets, services can find creative ways to learn together through skill sharing sessions, reflection time and experimentation with new ways of working. We can learn from other peers experiences to find better solutions to the problems they are facing.

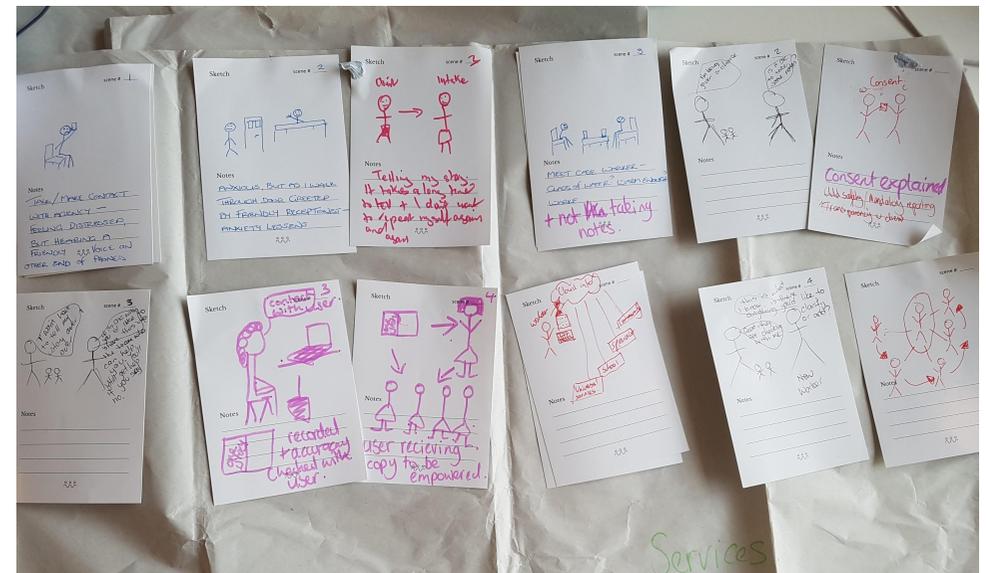


Figure 5: The prototype of the ideal experience in the 'Continuous learning' phase

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# Reflections

“Reading the interpretation of the wonderful information that was shared that day I feel happy and confident that this report will go a long way to beginning the process of change within these sectors of the community that are being considered.

It really was a privilege to be a part of this, so thank you for including me and my personal experience when looking for 'real feedback'. It was nice to feel that my experience and suggestions were considered as important to this process.”

# 7. Small wins to enact local change

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# How can we act now?

The hubs promise substantial funding for redesign of services, through the process we have identified a range of actions that may be enacted immediately. Actions that have no need for additional funding, they just require the community to do things differently.

## Top 2 things to do next

1. Appoint a local leadership group to lead the implementation of changes ( 5 members who are representative from each stakeholder group and other selected community groups)
2. Organise skill sharing sessions between service agencies to initiate collaboration:

Each agency to focus on sharing:

- a. What does your agency do?
- b. What are key learnings you would like to share with others?
- c. What are your key challenges right now? And how might other's help you?

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# Appendix A

## Central Highlands Children and Youth Area Partnership (CHCYAP) Research Collaboration Advisory Committee

The Central Highlands Children and Youth Area Partnership (CHCYAP) brings together local, state and commonwealth government, community and health services, police, education and training providers, and the broader community to improve outcomes for vulnerable children, young people and their families.

The CHCYAP Collaborative research program was established in August 2015 and exists to advance and apply knowledge about the CHCYAP priorities, with the goal of improving outcomes for children, young people and their families.

The Research Advisory Committee (RAC) has established a doctoral research initiative which includes a cohort of doctoral students.

Members of the RAC include representatives from; Berry Street, CAFS, Central Highlands Family Services Alliance, Central Highlands Integrated Family Violence Committee, Department of Health & Human Services (DHHS) and Federation University.

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# Appendix B

## Central Highlands Family Services Alliance & Central Highlands Integrated Family Violence Committee

### Working Together Project

The Working Together project is a joint initiative between the Family Services Alliance and the Family Violence Committee; partners include member agencies of both the Alliance and the Committee, including DHHS as well as City of Ballarat Maternal & Child Health.

The strategic vision for the Working Together project is a collaborative service system that can best respond to the immediate and longer term needs of vulnerable families experiencing family violence.

The project group actively identifies and works towards resolving system barriers and has four desired outcomes:

1. A sustainable and effective collaborative model
2. A model that can provide a joined up, integrated and timely response to families
3. Maximised workforce capacity
4. Reduced number of assessments for families

# Appendix C

## Safety and support hubs

The following service providers were provided an open invitation to be forwarded to service users to participate in the co-design project.

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- Ballarat Health Services
- Barwon Child Youth & Family
- Berry Street
- CAFS- Child FIRST
- CAFS Family Services
- CAFS Family Violence Services
- CASA - Centre Against Sexual Assault
- Centacare
- Salvo Connect
- Uniting Care
- WRISC Family Violence Support