

Support and Safety Hubs Client Experience Design

Phase 1 Report: Findings to inform Hubs
implementation and ongoing design

From engagement with people with lived
experience and service providers

April 2018



Acknowledgement

It was a great privilege for us to work with and hear the stories of all participants, and this work would not have been possible without their generous contributions. We would like to acknowledge the inherent strength of everyone we worked with as they showed their energy and enthusiasm for creating a positive and safe Hubs experience for all, and a future where all Victorians are safe, thriving and live free from family violence.

This report was commissioned by
Family Safety Victoria

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Family Safety Victoria (FSV) was established as an Administrative Office in July 2017 to drive key family violence reforms as part of the Victorian Government's response to the Royal Commission into Family Violence. We are changing how Victoria responds and manages family violence and child and family services to make it easier for women, children and families to get help.

vic.gov.au/familyviolence

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The Australian Centre for Social Innovation (TACSI) partners with government, not-for-profits, philanthropy and business to develop and spread innovations that change lives. We believe the best solutions emerge from working with the people facing the challenges we're trying to resolve.

tacsi.org.au

Glossary

Client experience	<p>The result of the interaction between a client and a service, at the level of:</p> <ol style="list-style-type: none">1. specific service touchpoints (e.g. a client's feelings and actions during and following an initial phone contact), and2. the entire service journey (e.g. how a client feels and acts after their contact with the service finishes).
Testing	<p>An intentional activity with structured learning aims. Through developing prototypes ('mock-ups'), co-creating how a concept will look or feel, or enacting part of a service, facilitators learn through variations in reactions to different prompts.</p>
Co-design	<p>Collaboratively generating an idea, concept or way of executing part of the service experience. These sessions include questions and prompts to support users to articulate their idea or preference</p>
Paper prototyping	<p>Testing a paper representation of an aspect of a solution. It is usually drawn as a mockup (e.g. of a form or screen) or diagrams. These representations aid rapid learning and refinement by assessing reactions and gathering feedback.</p>
Enactment prototyping	<p>Role-playing or acting out a specific part of a service to test the experience and reveal unexpected inconveniences or red flags that might not be obvious in theory or on paper.</p>
Journey mapping	<p>Developing a summarised journey of an individual's experience from start to finish in a service. An journey map highlights what a user thinks, feels, does or says throughout a service journey.</p>

Abbreviations

DHHS	Department of Health and Human Services
FSV	Family Safety Victoria
Hubs	Support and Safety Hubs
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
TACSI	The Australian Centre for Social Innovation



Above: prototyping screening conversations with potential clients

Context and approach

project intent and methods

This section presents the project context and purpose, and describes the methods used in client experience testing and design.

Project context

Support and Safety Hubs

The Victorian government has committed to implementing all 227 recommendations of the Royal Commission into Family Violence and to delivering on the vision described in Roadmap for Reform: strong families, safe children. A key recommendation of the Royal Commission (supported by Roadmap for Reform: Strong Families, Safe Children) was to establish a network of Support and Safety Hubs (Hubs) across Victoria to provide a new way for women, children and young people experiencing family violence, perpetrators of family violence, and families in need of support with the care and wellbeing of children and young people to access coordinated support from justice, health and social services. Hubs will be accessible, safe and welcoming to people, providing quick and simple access to the support and safety they need. Hubs will also focus on perpetrators of family violence, to keep them in view and play a role in holding them accountable for their actions and changing their behaviour.

Client Experience Design Project

On 28 November 2017, Family Safety Victoria engaged The Australian Centre for Social Innovation (TACSI) to lead a project to refine the client experience design of Support and Safety Hubs (the Hubs), in preparation for the launch of the first five Support and Safety Hubs in early 2018. The Support and Safety Hubs Client Experience Design project will achieve the following across two phases.

Phase 1: Test & Refine Hubs Client Experience (Dec 2017 to early Jan 2018)

- Identify and prioritise the interactions between clients and the Hubs service that are most critical to a positive client experience and the Hubs' ability to create culturally safe environments.
- Prototype these interactions with clients, FSV staff and service providers to refine the details of the service experience and ensure principles and outcomes of the model are intentionally integrated into key interactions.

Phase 2: Develop Client Experience Feedback and Design Process (post Hubs launch)

- Co-design, test and refine an iterative client experience feedback mechanism to enable ongoing improvement of the Hubs service.
- This document summarises the process and presents findings from Phase 1 work.

About this document

This document aims to offer a client's perspective on the Support and Safety Hubs (Hubs) service and provide practical tips for creating a positive and safe client experience. Building on previous design activities and consultation with service users and service providers, Family Safety Victoria has taken into careful consideration the needs, interests and preferences of diverse client groups.

In this project, we have defined 'client experience' as the result of the interaction between a client and a service at the level of:

1. specific service touchpoints (e.g. a client's feelings and actions during and following an initial phone contact), and
2. the entire service journey (e.g. how a client feels and acts after their contact with the service finishes).

This first phase of the Client Experience Design project explored behaviours, cues and environmental factors that foster a sense of safety and a positive client experience during key Hubs service functions. Across each of these functions, we refined behaviours and qualities essential to a positive experience, informed by what we heard from clients.

This work surfaced unique opportunities to enhance or prepare the Hubs for successful delivery. Client experience-informed strategic opportunities range from work culture and organisational structure to embracing experimental and innovative learning loops for ongoing improvement.

Thus far, client experience insights and considerations have been integrated into the Hubs Interim Integrated Practice Framework. These insights have informed the development of ready reckoners to support staff training leading up to launch, and ongoing practice reflection after launch.

This document is intended to be a tool. It intentionally is not a narrative report but rather a selection of modular content pieces that can be readily used or adapted by FSV and service providers in the Hubs now and into the future. The intention is that content can be easily placed into training documents or practice frameworks and that 'task log' can be added to and used as progress is made on client experience enhancements throughout the evolution of the Hubs. As such, this document includes:

- **An explanation of the methodology used**, including links to templates and additional resources so the approach can be replicated or adapted by FSV for future projects
- **A summary of behaviours and qualities key to the client experience** and essential for achieving client engagement, which can be used to guide Hubs practice and culture
- **Practice tips for the main Hub functions**, to be used in training material, as ready reckoners for staff, or to be adapted as poster size reminders of client-experience-driven practice

- **Client journey maps and practice tips** to support staff to understand the feelings and thoughts of Parents, Victim Survivors, Men and Children and Young people. These visuals have been provided in a ready-to-use format including insights from our consultations as well as in a template format which FSV can use for future work.
- **Practice tips for each client group and diverse client cohorts**, with detail about what might be helpful or not helpful. These can be used to advise staff or shape future components of the Hubs design to be widely culturally appropriate.
- **A list of key conditions for success** of the Hubs implementation in relation to client experience needs. These recommendations include associated risks, assumptions and areas of opportunity.
- **A task tracker** including proposed client experience enhancements with recommended tests, questions to answer and suggested timing. An excel spreadsheet has also been provided for the FSV project team to use in real time to prioritise and track the progress of new features.

Approach

Overview

In late 2017, the Hubs design was largely detailed, informed by previous consultation. This project intended to learn about how the Hubs operational stages could be most safe, welcoming and engaging for various client groups. The project team comprised lead and supporting designers from TACSI, and staff from the FSV Hubs Design team.

This project used design and co-design methods to test key questions and assumptions about how clients would experience the Hubs. (Chisolm 2018) Based on the service model, we developed a series of low-fidelity paper- and experience-based prototypes ('mock-ups') and tests to prompt reactions from potential clients about which types of framing, attitudes and approaches are helpful and which aren't. Prototyping is a rapid and often inexpensive way of making an idea tangible to test critical assumptions by learning how concepts might play out in the 'real world.' Prototypes, unlike pilots, go through multiple, rapid learning loops to reduce financial and reputational risk prior to large scale implementation.

Our tests were tailored to the level of readiness and fidelity of the relevant aspects of the Hubs design at the time of testing. In some cases we collaboratively explored and generated ideas about what could be, for example the steps and actions during a first interaction with the Hubs. In other cases where designs were more established (like the Screening, Identification and Triage stage), we ran tests to explore variations of an experience for various client groups by comparing different formats, channels, messages and content.

Testing was carried out by TACSI and FSV staff through:

- individual interviews and small group (2-3 people) sessions with 26 current and previous clients of relevant services
- individual interviews and larger group (5-6 people) sessions with 14 frontline staff
- casual observation at Mallee District Aboriginal Service (which provides family violence services, family services and other social and health services) supplemented insights from the testing sessions with respect to cultural safety for Aboriginal people.

Learning Aims

Testing focused on the prioritised interaction points which included: making and receiving telephone calls; welcome, greeting and entrance into the Hubs building; screening and triage; and transitions (both between service stages and to other services). Focusing questions for the testing included:

- What are the key **behaviours, cues and nuances that foster a sense of safety** and comfort across client groups? How does this vary for different cohorts and culturally and linguistically diverse groups?
- What makes a **good first impression and will set a positive tone** for the rest of the Hubs experience?
- What **draws people in to using a service**? What can be unappealing? (Particular focus on experience around first contact made from the Hub to a potential client).

- How we might we **reduce anxiety, escalation, fear and cognitive overload** in initial client interactions with the Hubs?
- What can we learn from potential clients and staff that will help us best **bring to life key user experience principles** in the design and implementation of the Hubs?
- What does a **good referral and transition to another service** look like? What approaches and framing are helpful and effective in maintaining engagement and trust at this point?

Key methods and tools

The table below describes each method and how it was utilised for the purpose of this project.

Method	Description	How we used this method in this project
Testing	An intentional activity with structured learning aims. Through developing prototypes ('mock-ups'), co-creating how a concept will look or feel, or enacting part of a service, facilitators learn through variations in reactions to different prompts.	We tested key interactions in the Hubs service experience through co-design, paper prototyping and enactment prototyping (see definitions below).
Co-design	Collaboratively generating an idea, concept or way of executing part of the service experience. These sessions include questions and prompts to support users to articulate their idea or preference	We used visual card decks to understand preferences and cultural safety cues as individuals created the components of an ideal Hubs experience. We gathered reactions to experience principles and inquired about the experience of waiting in existing services.
Paper prototyping	Testing a paper representation of an aspect of a solution. It is usually drawn as a mockup (e.g. of a form or screen) or diagrams. These representations aid rapid learning and refinement by assessing reactions and gathering feedback.	We mocked up paper tools to assist a first conversation for people to supplement verbal communication. We compared standard in-person conversational approaches, and tested the use of computers, prompt cards and telephones.
Enactment Prototyping	Role-playing or acting out a specific part of a service to test the experience and reveal unexpected inconveniences or red flags that might not be obvious in theory or on paper.	We role-played different versions of telephone calls, initial screening conversations and 'warm referral' transitions with both clients and staff. We also offered the staff and clients the opportunity to re-design the script used in the role-play to be most comfortable.
Journey mapping	Developing a summarised journey of an individual's experience from start to finish in a service. An journey map highlights what a user thinks, feels, does or says throughout a service journey.	We worked with parents, victim survivors and perpetrators to understand what types of actions are appealing and off-putting before, during and after a first encounter with a service (either on the phone or in-person). We also explored what people were feeling and what questions they were holding at different stages of their experience with a service.

Participant groups

Potential clients (individuals with current or previous experience as users of family violence services, family services and men's behaviour change programs) and staff were consulted to understand how different roles and perspectives would shape each stage of the Hubs service experience. Clients and staff consulted were from three of the five Hubs launch areas: Inner Gippsland, North East Melbourne and Mallee. Additional client experience design work will be conducted in early 2018, which will include the remaining two launch areas (Barwon and Bayside Peninsula), as well as client cohorts that were not deeply consulted in this round of testing.

Clients

From December 2017 to early February 2018, we met with **26 clients in individual conversations** and **small group (2-3 people) sessions**. Some participants were also re-visited for follow-up interviews. Participants were:

- adult victim survivors
- parents needing support for the care, wellbeing and development of children and young people
- young people
- men who have used violence (from Anglo-Indian and Aboriginal backgrounds).

Across these Hubs client groups, participants included:

- Aboriginal people (both women and men) who have used mainstream and Aboriginal specific services
- people from culturally and linguistically diverse backgrounds: Chinese, Samoan, Maori, Malaysian, Italian, Iraqi, Eritrean, Anglo-Indian
- LGBTI people
- people with a disability

- age groups ranging from 20 - 65
- people with low literacy and/or English as a second language
- people who have experienced out of home care
- people who have used services extensively.

These cohorts were selected from the intended Hubs client groups recommended by the Royal Commission into Family Violence. The participants in this round of testing were prioritised based on: being in a prevalent community in the specific Hubs launch sites; and being part of a population group for which client insights were less developed or there had been less prior engagement.

Staff

Over the same period, we also met with **15 staff from 10 organisations in medium sized group (5-6 people) sessions**, and also conducted casual observation at Mallee District Aboriginal Service (MDAS) in Mildura. Roles of practitioners consulted included: client-facing staff in family services/Child FIRST; specialist family violence; early childhood; and men's behaviour change services.

We worked with practitioners to understand the nuances contributing to exceptional practice for the Hubs client groups. These conversations helped to inform service blueprints, the development of prototypes and the findings documented in this report.



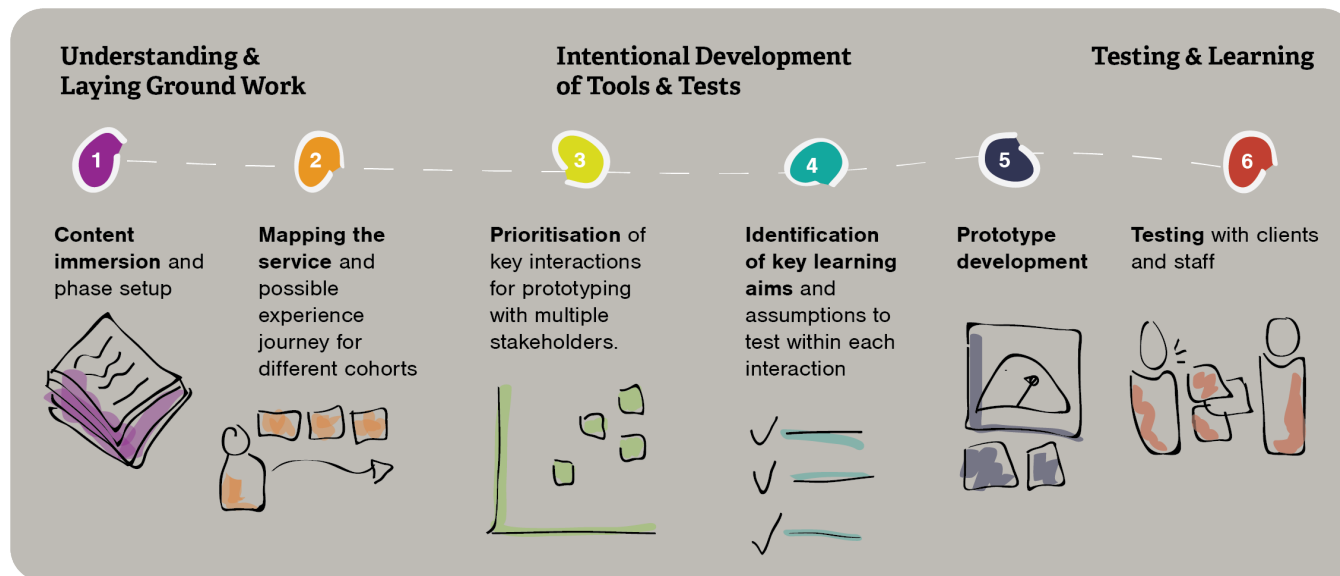
Above: prototyping session with Aboriginal clients

Process

The following process was used to identify key tests and prototype client experience interactions. This process is presented in such a way that it can be replicated and adapted for future projects.

01 Content immersion and phase setup

- Reviewed Hubs model design and documented client insights work to immerse in stories, content and data. Influential prior research included the [Voices of Hope report](#) (which presents the voice and vision for the family violence system of victim survivors) and the [Support and Safety Hubs Statewide Concept Design: Engagement with people who have used services findings report](#). (Victoria State Government, 2017)
- Conducted desktop analysis of research to gain an in-depth understanding of the Hubs design intent and begin to surface any potential risks, issues and opportunities to enabling a positive client experience within Hubs.
- Developed a 'project intent' (see table below), which defines how the Client Experience Design Project would contribute to the broader goals of the Hubs. This helps ensure that project activities and conversations contribute to the Hubs vision.



- Developed a strategy to recruit respondents to participate in the prototyping activities. This included guidance on the recruitment process, and ensured the sample reflected a diverse group of voices not previously spoken to extensively. This included:
 - determining key cohorts to consult with, based on risks, issues & opportunities to be explored, and any engagement priorities
 - prioritising geographic regions
 - determining final number of respondents and scheduling
 - identifying helpful people, channels and connectors to make trusted introductions with potential respondents.
- Developed a project plan that aligned with strategic dates for inputting client voice into practice and operational documents and opportunities for capability building.
- Established an ethics approach which reflected both FSV and the consultant's ethical values, principles and processes.
- Developed family-friendly informed-consent tools.

Project Intent

If we...

identify client interactions with the Hubs service that we think are critical to the client experience

and

prototype and test these interactions (with clients and service providers) against the guiding principles of the service

By...

making and testing paper and experiential prototypes with a diverse range of clients & workers to:

- understand what a 'positive' experience is to different cohorts
- identify assumptions and test areas of highest risk and uncertainty

researching, interviewing and testing prototypes with Aboriginal clients to understand what cultural safety means in the context of the Hubs.

It will lead to...

more confidence that the service model will deliver a 'positive' experience

an understanding of how to deliver a positive experience to a diverse community of clients

awareness of key areas of risk to the client experience of the service model

practical guidance on how to create a culturally safe space.

And ultimately...

the Hubs will offer a safe space and positive experience that leads to:















- clients being supported to thrive
- perpetrators being held to account
- improved family functioning

influence and contribute to broader systems reform and collaboration between services.

Examples from this Stage

- [Recruitment schedule template](#) for this project
- Project intent (below)
- Recruitment strategy and testing plan (next page)

Prototyping and Testing Plan

WHEN? Dates	<i>Rapid testing process in response to time constraints.</i>					
WHERE? Location	<i>Exploring experiences in urban/ metro, rural and regional areas.</i>					
WHO? Client Groups	<i>Any victim survivors or people experiencing vulnerabilities from the named client groups, with a specific focus on:</i>					
WHAT? Prototyping Activities	<i>Primary testing activities and duration.</i>					
	<p>Monday 11 December</p>  <p>North East Metropolitan Area</p> <p> 8 Participants</p> <ul style="list-style-type: none"> • Young people and OOHC leavers • People living with disability • Chinese and Malaysian Immigrants (Culturally and Linguistically Diverse) • Italian Immigrants (Culturally and Linguistically Diverse) • LGBTI People <p> Paper Prototyping 1.5 hour individual sessions with potential Hub users.</p>	<p>Tuesday 12 December</p>  <p>Inner Gippsland Area</p> <p> 4 Participants</p> <ul style="list-style-type: none"> • Victim survivors with children • Mothers who have had contact with the Family Services system • People with low literacy <p> Paper Prototyping 1.5 hour individual sessions with potential Hub users.</p>	<p>Wednesday 13 December</p>  <p>North East Metropolitan Area</p> <p> 5 Participants</p> <p><i>Follow up sessions with:</i></p> <ul style="list-style-type: none"> • Chinese and Malaysian Immigrants (Culturally and Linguistically Diverse) • Italian Immigrants (Culturally and Linguistically Diverse) <p><i>Initial sessions with</i></p> <ul style="list-style-type: none"> • Eritrean Immigrants (Culturally and Linguistically Diverse) <p> Enactment Prototyping 1.5 hour individual sessions with potential Hub users.</p>	<p>Thursday 14 December</p>  <p>Melbourne</p> <p> 3 Participants</p> <ul style="list-style-type: none"> • Iranian Immigrants (Culturally and Linguistically Diverse) • Young parent with extensive service experience <p> Enactment Prototyping 1.5 hour individual sessions with potential Hub users.</p>	<p>Friday 15 December</p>  <p>Melbourne</p> <p> Synthesis & Preparation</p> <p>Analysis of engagements with potential clients.</p> <p>Design and refinement of tools for enactment prototyping.</p> <p>Gap filling with expert informants and practitioners</p>	

WHEN?
Dates

Rapid testing process in response to time constraints.

WHERE?
Location

Exploring experiences in urban/ metro, rural and regional areas.

WHO?
Client Groups

Any victim survivors or people experiencing vulnerabilities from the named client groups, with a specific focus on:

WHAT?
Prototyping Activities

Primary testing activities and duration.

Monday
18 December



Melbourne



12 Participants

- Service provider staff group sessions
- Expert informants / practitioners
- Men who have used violence



Enactment Prototyping

1.5 hour individual sessions with Staff.



Paper Prototyping

1.5 hour individual sessions with potential Hub user (men).

Tuesday
19 December



Mallee Area



10 Participants

- Aboriginal Women
- Aboriginal Men
- Aboriginal Service Provider Staff



Paper Prototyping

1.5 hour individual sessions with potential Hub user (men).

Wednesday
20 December



Mallee Area



4 Participants

- Aboriginal Women
- Aboriginal Men
- Aboriginal Service Provider Staff



Paper Prototyping

1.5 hour individual sessions with potential Hubs user (men).

Observation & Site Visits

Observation of Aboriginal service delivery for victim survivors and parents

Late December

Synthesis & Detailed Design

Produced draft detailed designs of key interactions and journeys

January / February



Melbourne & Bayside Peninsula Area



6 Participants

- Victim Survivors
- Family Services Clients
- Frontline Staff



Validating & testing draft designs & tools for workers

Summary

26 Clients

- Parents needing support for the care, wellbeing and development of children and young people
- Victim survivors of family violence
- Children and young people
- Men who have used violence.

Across these cohorts, participants included:

- Aboriginal people (both women and men) who have used mainstream and Aboriginal specific services
- People from culturally and linguistically diverse backgrounds: Chinese, Samoan, Maori, Malaysian, Italian, Iraqi, Eritrean, Anglo-Indian
- LGBTI people
- People with a disability
- Age groups ranging from 20 - 65
- People with low literacy and/or English as a second language
- People who have experienced out of home care
- People who have used services extensively.

14 Staff

From 10 Different Organisations, spanning experience working with victim survivors, parents and men who have used violence

02 Mapping the service and possible experience journey for different cohorts

- Analysed desk research and client insights through use of service blueprints (image below) and user profiles to clarify user motivations, needs and goals per cohort.
- Identified key interactions, risks and assumptions within the Hubs model

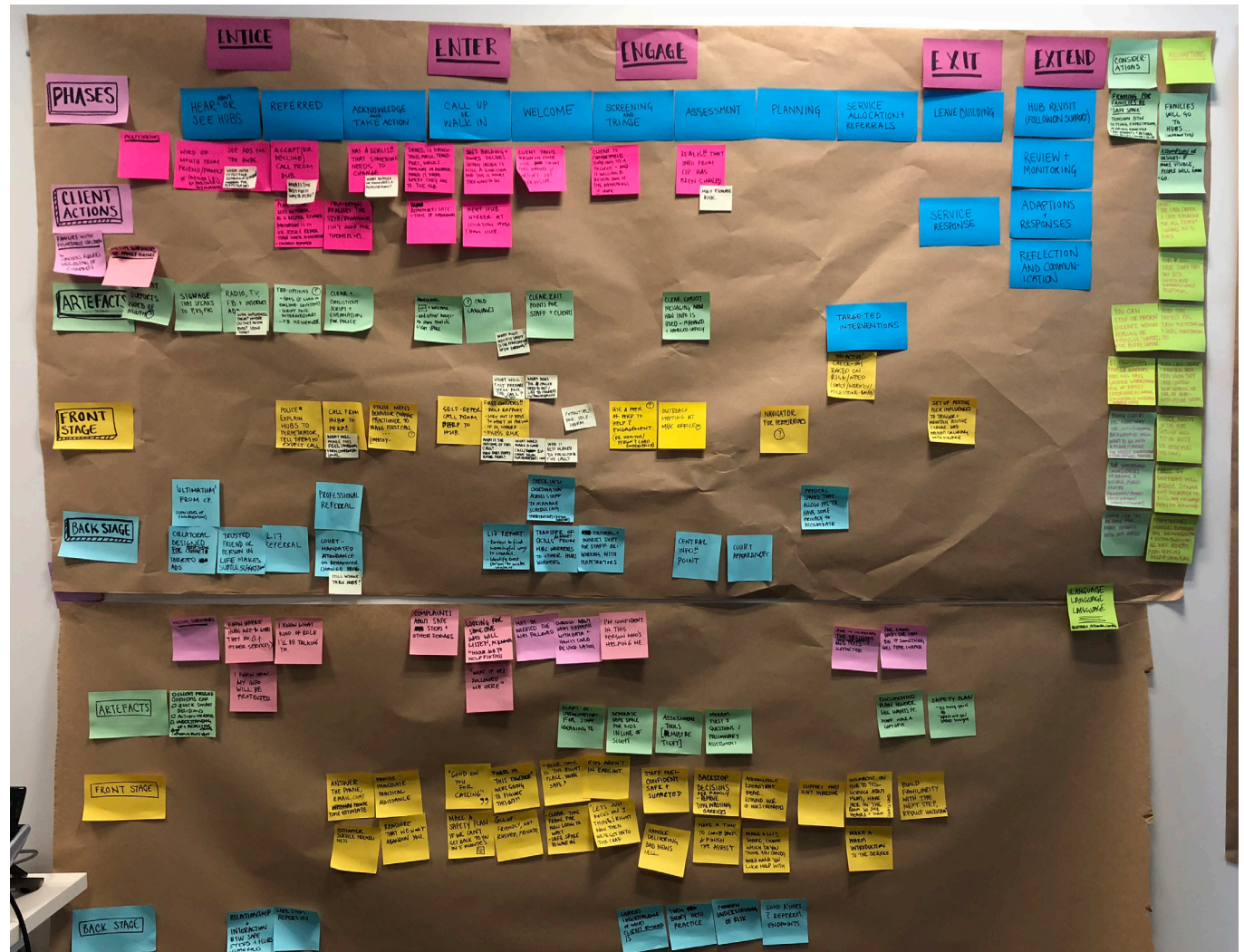
Tools & Resources

Tool

- [Service Blueprint Template, TACSI](#)
- [Theory of Change Template, TACSI](#)

Resource

- [User Experience Mapping, Adaptive Path](#)



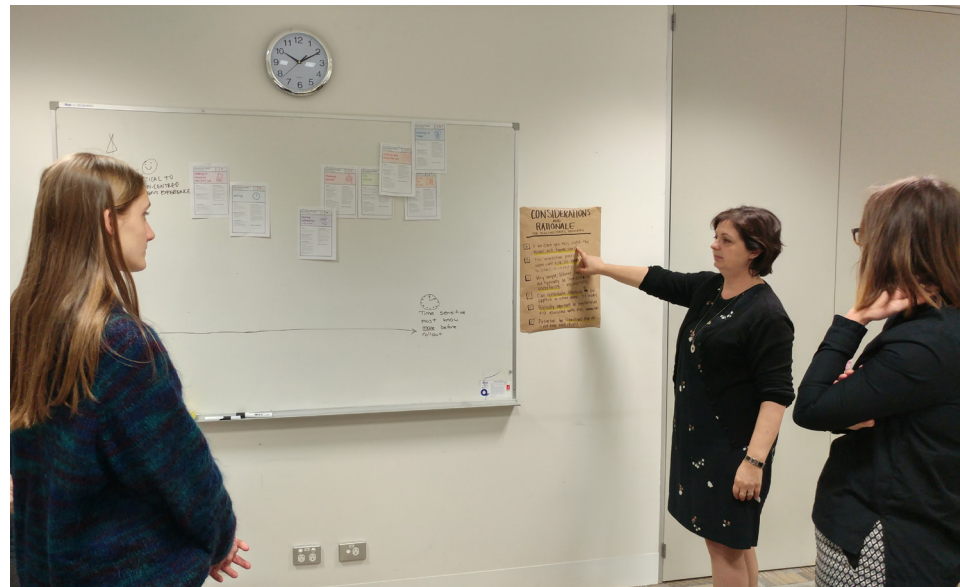
Above service blueprint of user actions, artefacts, front stage activities and back stage activities

03 Prioritisation of key interactions for prototyping with multiple stakeholders.

Key interactions are moments within the Hubs model that could have a significant impact on client experience. Initial prioritisation was undertaken with staff from FSV and DHHS policy areas covering family violence (including perpetrator services) and family services. The criteria and ranking factors used to identify and prioritise interactions are provided below.

Key criteria included:

- Is this a significant point of difference for the Hubs?
- If we don't get this right, will the Hubs model will topple over?
- Is this very new and different from what we already do? Are there are a lot of assumptions or uncertainty?
- Does this interaction pose a risk of significant harm within the model?
- Can this interaction contribute learning to or be applied to other areas of the Hubs service?
- Does it pose a critical reputational risk for the Hubs model if not implemented well?
- Is there potential for client disengagement with Hubs if this interaction isn't executed well?

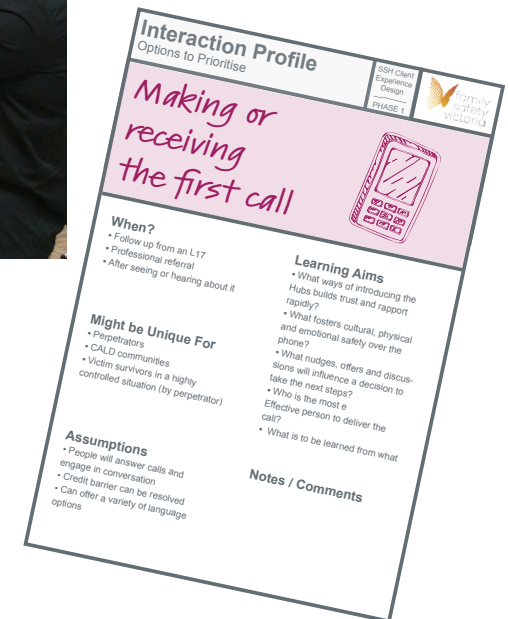


Above
Prioritisation exercise to sort most important interactions to test

Right
Close up of interaction profile created for each key interaction

Ranking factors included:

- Criticality to positive user experience
- Time sensitivity (i.e. critical to have more insight before launch)



04 Identification of key learning aims and assumptions to test within each interaction

- Clarified the key uncertainties and questions sitting behind the design and intended implementation of each interaction
- Identified which cohorts and staff will be most impacted by or have most influence on the interaction
- Determined the 'readiness for testing' of each interaction, and the methods to be used (e.g, co-design a new concept, paper prototyping, experiential prototyping)
- Documented key tests to be done in a Prototyping Plan

What makes a good prototype?

Clear learning goals (i.e. working from a hypothesis or question to be answered)

Tested and iterated in multiple loops

Increased fidelity with learning

Tested with the people intended to benefit from and deliver the experience

Stress-tested with extreme and average conditions

Tests multiple ways of achieving the goal of the interaction (both obvious and not)

Built for where you are in the process (e.g. More generative and co-design oriented when in an exploratory, ideation or uncertain stage. 'A-B' comparison (between two options) and spec testing when certain feedback on features – not the concept- is needed)

Safe for the people participating in testing – both the respondents and the researchers

05 Prototype development

- Built paper mock-ups (examples in photos below)
- Built scripts and experiential directions (for experiential prototypes)
- Set the structure for capturing notes and analysing details (key risks, opportunities, quotes and assumptions)










Tools & Resources

- [Prototyping Plan, Development, Impact and You](#)
- [Prototyping Framework, A Guide to Prototyping New Ideas, Nesta & Thinkpublic](#)

Thanks for coming. We're glad you found us. We're here to help.
Fill this out while you wait; we won't be a moment.

1. Name _____

2. Our space is safe and welcoming to all. Help us know what considerations are important to you.
Tic yes if you have specific requirement and indicate what support is preferred.

 Aboriginal and Torres Strait Islander Worker Cultural Preferences <input type="checkbox"/> _____	 Other Communication Supports <input type="checkbox"/> _____	 Privacy Needs <input type="checkbox"/> _____
 Interpretation Needs <input type="checkbox"/> _____	 Physical or Accessibility Supports <input type="checkbox"/> _____	 Other Triggers or Things We Should Know <input type="checkbox"/> _____
 Preferred Pronoun <input type="checkbox"/> _____	 Faith or Cultural Requirements <input type="checkbox"/> _____	 Anything else? <input type="checkbox"/> _____

3. What's going on? What would you like us know? What can we help with?

It's an emergency

I think something isn't right, but I'm not quite sure

I need help with something regarding myself or my family

I just want someone to talk to

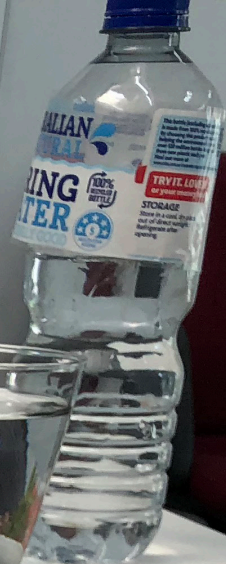
I didn't know where else to go

Nothing is wrong, someone made me come here

Is there anything else you want to share?

Right: prototyping activity to design a 'safe experience'

Left mockup of entrance form to prompt reactions about sharing cultural and individual preferences



Other people in the waiting room

TV, newspapers, a book, a computer screen

Let's make the room more comfortable

Music, videos, a television, a radio, a computer screen

HUB2

Security

Greater

Distractions

Other people in the waiting room

People are relaxed or doing their own thing. They're chatting and playing with kids.

Music, plants, good scents, therapy animals

By a professional

Sit/strage

Greater

The Counter

Staff & Escapes

Kids

06 Testing with clients and staff

- **Tested prototypes** with the participants defined earlier in this report, through a mix of individual interviews, small group and larger group sessions.
- **Casual observation** at Mallee District Aboriginal Service supplemented insights from the testing sessions, particularly in respect to the cultural safety of Aboriginal people.
- Reflected on learnings, adjusting tests as needed.
- Identified when the point of saturation for each test (i.e. when a test is not yielding any new learnings) was met, adjusting tests as needed.
- Used a project 'Kanban wall' to track and organise emerging questions and new requests for future tests.

Tools & Resources

- [This is Service Design Doing: A practitioner's handbook](#)
- [Design for Policy, Christian Bason](#)
- [What is a Kanban board?](#)



Above: Prototyping session with Aboriginal clients and staff

Findings: practice tips and tools

considerations for creating a positive and safe client experience

This section presents the key findings distilled from the prototyping and testing activities with clients and service providers. The findings have been presented in a format that can be easily integrated into training and toolkits, and as prompts for reflective practice.

Journeys and practice tips for all clients

The following pages present user journey maps to showcase the emotional journey, key thoughts and questions held by Hubs clients, and helpful staff actions across each component of the Hubs experience.

There is one journey map for each of the core Hubs client cohorts, being:

- Families needing support with the wellbeing and care of children and young people
- Victim survivors of family violence
- Children and Young People
- Men who have used violence.

It should be emphasised that, while four separate journeys are presented, many people may belong to more than one of these cohorts. So, for many individuals, these journeys will intersect. For example:

- a woman may be both a victim survivor of Family Violence and part of a family needing support with the care and wellbeing of a child or young person
- a young person may be a victim survivor of Family Violence and in need of broader support for their care and wellbeing
- a man who has used violence may also be part of a family needing support with the care and wellbeing of a child or young person.

The likely intersection of these journeys should be kept in front of mind as these maps are used in training and practice.

Practice tips for **All clients**



**Trust, patience -
then they will open
their heart to you
and tell you their
story**

What helps

Things that help create a positive and safe experience for clients

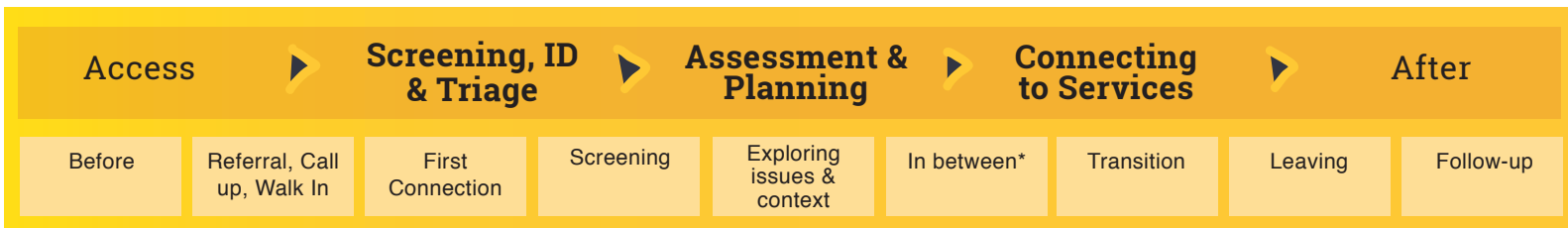
- **Using a calm, casual voice and open body language.** Talk to people as equals. Slow down the pace to calm the conversation (but not so slow that it seems pedantic).
- **Opportunities for 'distraction' during a conversation** (such as making tea together and chit-chat). This can help reduce anxiety and build rapport.
- **Carefully frame the purpose of any conversation.** Give the client an idea of **how long** any conversation is likely to last so they know how to pace themselves.
- **Set expectations for what is likely to happen during and after any conversation, after any decision is made or action taken.** This can begin to reduce the client's uncertainty and anxiety.
- **Explaining that notes are being taken, and why.** Offer for clients to hear back or see the notes you've taken, so they can be sure you've 'got it right'.
- **Look for opportunities to be light-hearted** (if appropriate). Smiles & chit-chat can help people to relax and connect.
- **Share how the Hubs have helped other people before** and what some people's journey's through the service system have been like.
- **Be aware that subtle words, expressions and body language can be interpreted as racist or judgmental** (e.g. eye-rolling, patronising language or attitude, incorrect pronouns or descriptors).
- **Quickly adapt to the client's communication style.** In person, have visual aids (such as topic cards) and paper for drawing (can help people with a disability who are less verbal).

What gets in the way

Things that are unhelpful when working with clients.

- **If it sounds like staff are talking from a script/-textbook, or disinterested, formal or clinical** 'like DHHS'.
- **When people hear a patronising tone or attitude**, sense that workers **don't believe them** or are **testing them**.
- **When staff use big, unfamiliar, technical words** it can make people feel small or stupid.
- **When people feel that staff expect the client to teach staff how to be helpful to them.**
- **When staff offer too much information too soon** about all of the services, it's hard for people to retain details and focus.
- **When staff doubt a client's choice to seek help.**
- **When staff interrupt clients or are impatient** with responses.

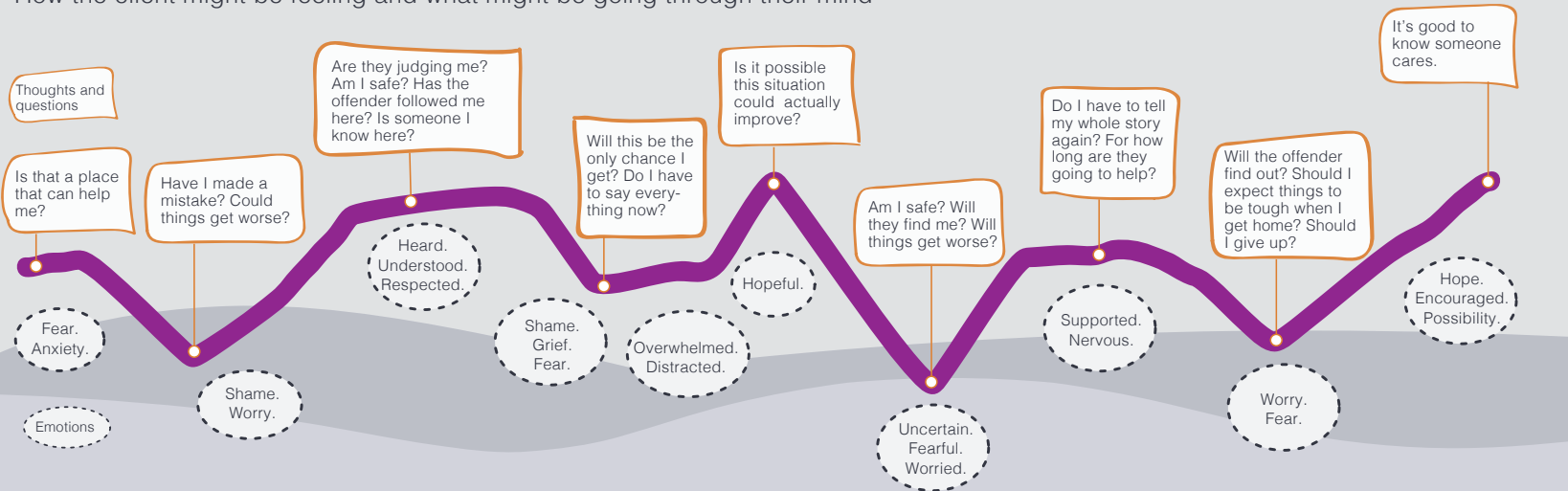
Client journey & practice tips for Victim survivors of family violence



*This could be true for a transition between any stages in the service experience.

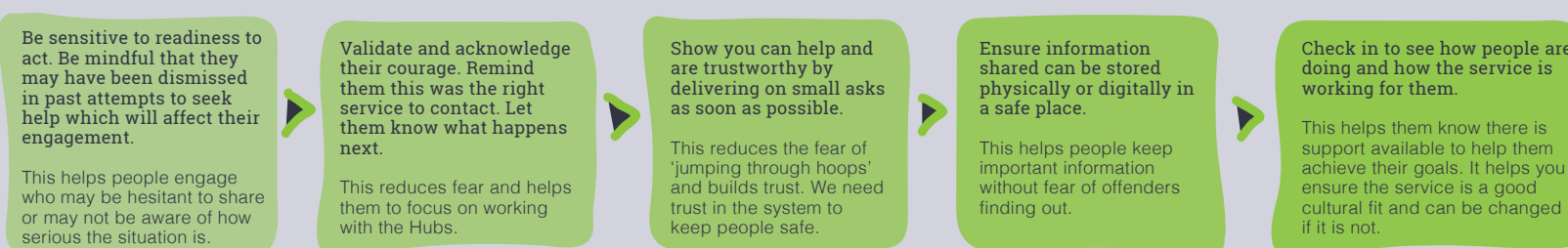
Emotional Journey

How the client might be feeling and what might be going through their mind



What Staff Can Do

Making the experience safe and comfortable

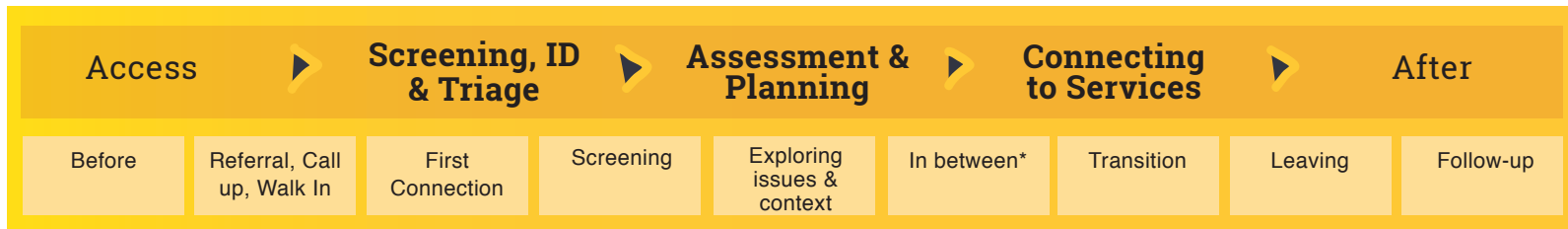


Qualities and Behaviours

Essential considerations for creating a positive and safe client experience

- 1 Building trust through authenticity
- 2 Reducing uncertainty and cognitive fatigue
- 3 Listening, understanding and taking action
- 4 Modelling positive relationships
- 5 Instilling hope and possibility
- 6 Validating initiative and commending progress
- 7 Respectful and non-judgmental attitudes
- 8 Welcoming

Client journey & practice tips for Families needing support with the wellbeing and care of children and young people



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Emotional Journey

How the client might be feeling and what might be going through their mind



What Staff Can Do

Making the experience safe and comfortable

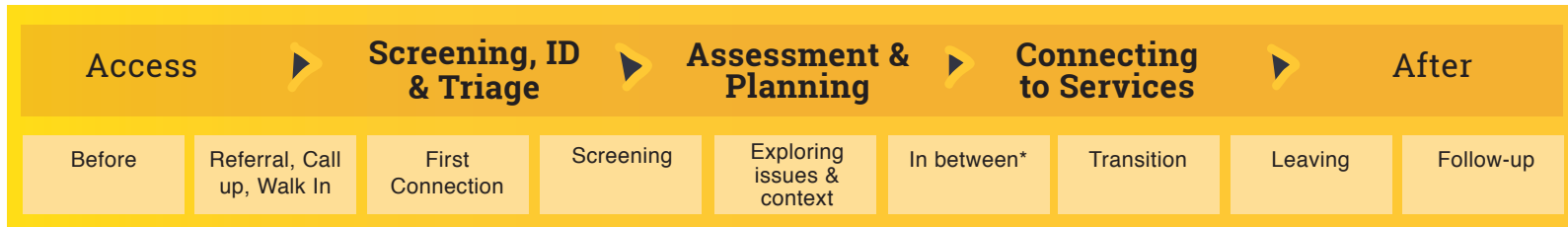


Qualities and Behaviours

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Client journey & practice tips for Children and young people



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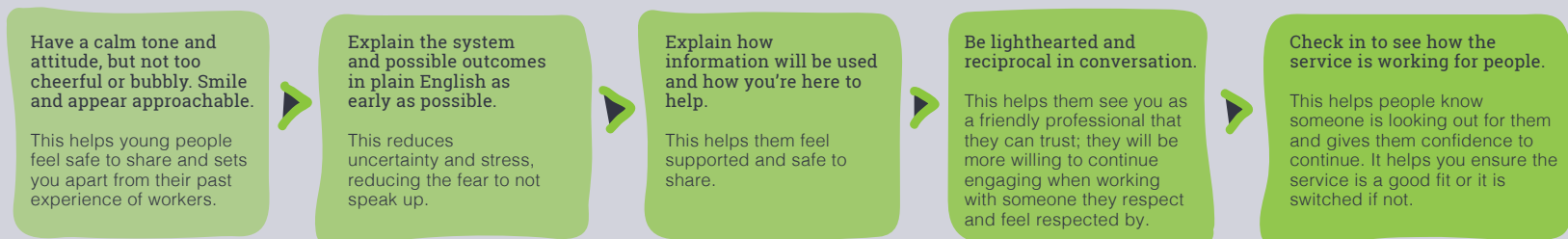
Emotional Journey

How the client might be feeling and what might be going through their mind



What Staff Can Do

Making the experience safe and comfortable

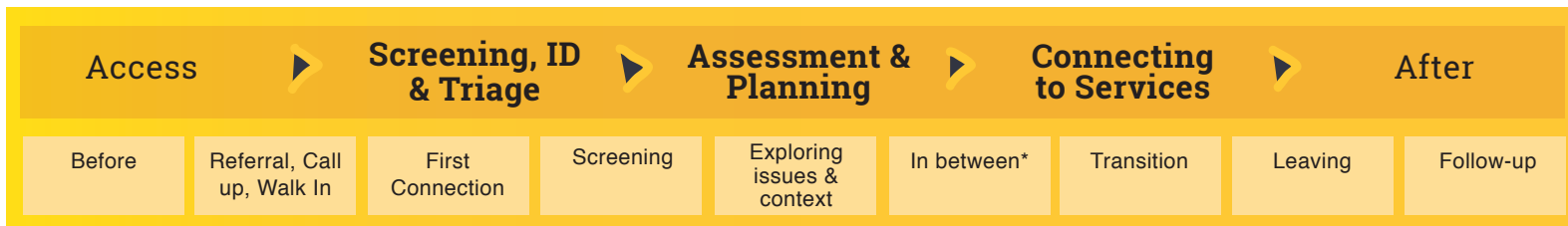


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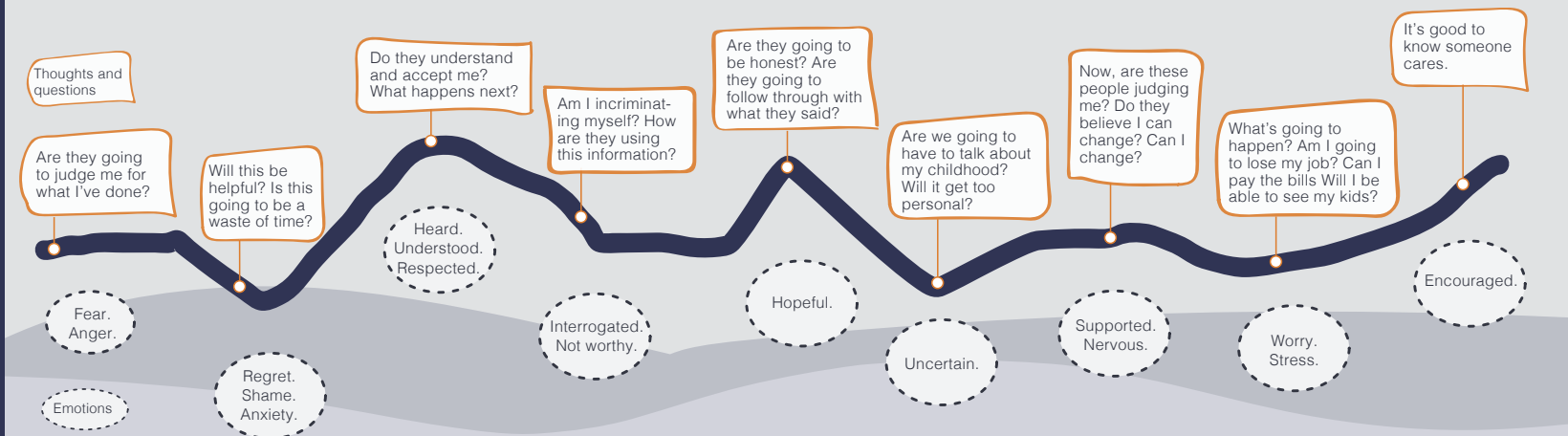
Client journey & practice tips for Men who have used violence



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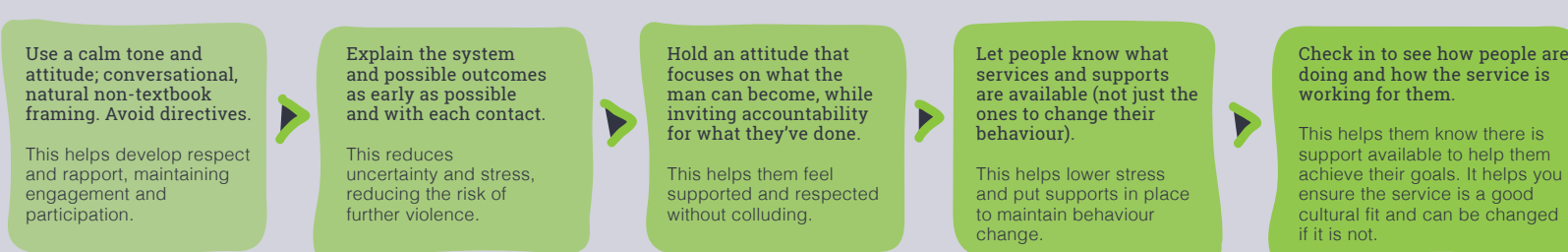
Emotional Journey

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Essential qualities and behaviours for Hubs workers

These key behaviours and qualities are enablers for fostering a positive client experience and ensuring effective client engagement. They have been derived from prior client consultation work that has contributed to the Hubs design, and have been validated and refined through this project with clients and staff. When these qualities are practiced well, they can be critical for promoting, encouraging and maintaining engagement of Hubs Clients; when they're neglected it can result in people not getting the support they need and want. Staff told us they were passionate about these qualities and behaviours in their current work, and hopeful that the Hubs will create an environment that prioritises and creates space for these to fully come to life.

Qualities and Behaviours

Essential considerations for creating a positive and safe client experience

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1. Building trust through authenticity

People are more inclined to make change and stick with a difficult process when supported by someone they trust. Many clients have had bad past service experiences, which means they can approach new services with little faith and trust that the service will 'get' them and that offerings will be helpful. Clients value and trust practitioners who they feel are being 'honest', 'real' and 'authentic', and offer 'empathy not sympathy'. They quickly look for evidence of trustworthiness in a practitioner's tone of voice and body language, and their ability to follow through and deliver on the helpful acts (even small ones) they promise. When staff make genuine efforts to be authentic, present and patient when faced with resistance, clients are more likely to open up to a relationship of mutual trust.

"Trust, patience – then they will open their heart to you and tell you their story."

2. Reducing uncertainty and cognitive fatigue

People who use the Hubs are likely to be facing a number of simultaneous compounding stressful and complex factors such as financial stress and trauma. The decision to engage with the Hubs is an additional stress factor weighing on the cognitive load. Whether an individual has sought help or been referred, clients have explained that too many decisions, additional uncertainty about what to expect and too much information can be overwhelming and a trigger to dissociate and disengage from the service. It's important for staff to find a balance between reducing stressful choice-making and maintaining choice, control and self-determination. Hubs staff should provide explanations of what is likely to occur or what can be expected whenever possible: the less brainspace is focused on worrying about what's going to happen, the more space is available to for clients to participate in the service system.

"You've already made the huge decision to pick up the phone, there's no room for anything else, no room to make any more big decisions."

3. Listening, understanding and taking action

People are more inclined to honestly share the details of difficult stories when the person they're sharing with demonstrates a genuine interest in understanding and helping. Clients are attuned to people who don't 'hold a story carefully' – body language and affirmative verbal cues are indicators to clients that staff are actively listening. Beyond attentiveness, people link 'good listening' to the actions that follow: taking action in response to comments made, remembering the tiny - but important - details (like pronouncing a name) and accurately relaying the story to other professionals when needed. These actions demonstrate to clients that their story has been heard and cared about which encourages them to further engage. Clients also value staff who practise polite and patient persistence, allowing them to tell their story and take action at their own pace.

4. Modelling positive relationships

When people experience and observe healthy interactions and constructive communication, they're more inclined to practise similar behaviours themselves. The Hubs present a unique opportunity to model and mirror healthy behaviour across organisational levels and interaction points: from leadership to staff, from staff to staff, from staff to clients and ultimately from clients within their families and communities. Staff and clients both expressed an interest in being in an environment where the organisational culture fosters 'walking the talk'.

5. Instilling hope and possibility

Clients experience overwhelming self-doubt and frustration throughout the experience of seeking and receiving services and support. Clients with positive experiences and results point to individuals who reminded them that change and something better is not only possible but, most importantly, it's possible for them. Throughout each interaction with a client there's an opportunity for staff to instil realistic hope for what's possible to maintain engagement and motivation.

*"I told my story,
you trust me, I
know you're going
to help me, you're
very patient"*

*"It reassures you
that you're dealing
with a human
person... they have
empathy in dealing
with others in
general"*

*"[I valued] the
resolve they gave
me"*

6. Validating initiative and commending progress

Most clients referenced the phenomenal amount of courage it takes to accept accessing support and services. They expressed an oppressive feeling of self-doubt that can easily be triggered and result in instantaneous disengagement. It helps to feel reassured and reminded that they've made the right decision, that they're safe and that the practitioner is here to help. When fostering behaviour change, people respond better to active and positive reinforcement than passive encouragement or generic praise.

"Remind me that I'm brave"

7. Respectful and non-judgemental attitudes

Although it sounds obvious, clients reminded us of the importance of respectful and non-judgemental attitudes from professionals because they still have experiences where they feel staff are being dismissive and disrespectful in their tone, language and facial expressions. For Aboriginal clients, racial discrimination is a primary deterrent for using mainstream services. For parents of vulnerable children and men who have used violence it's particularly important that professionals approach clients with respect and maintain a sense of shared humanity, despite the behaviours and life choices of some clients.

"You can't go in there with preconceived attitudes"

8. Welcoming

When people feel welcome they're more likely to engage or to seek help and are more likely to return. The first impression a professional and a service makes will set the tone for how a client feels over the course of their service experience. For clients, a welcoming service is one that feels more like a grandparent's house and less "like Centrelink", one that values them as people and treats them as equals. Clients have acknowledged that warm welcomes helped reduce anxiety and increase their willingness to engage with a service.

"When I was leaving [the relationship], I craved that sense of home. If a Hub can create that sense of home and security that would be wonderful."

Practice tips for diverse and cultural groups

This section offers client experience considerations and practice tips for workers engaging with each of the following groups:

- Aboriginal community
- Children and young people
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people
- Asian immigrants and Asian Australian people
- African immigrants and African Australian people
- people living with disability.

This section does not include all diverse and cultural groups, it should be considered as the start of a live document that the Hubs can build on over time.

Aboriginal and Torres Strait Islander Community

Previous service experience

- Discrimination and marginalisation, feeling judged
- Working with mainstream staff who impose 'mainstream' (i.e. non-Aboriginal) law, values and expectations
- Negative and traumatic experiences with government services and institutions like child protection, over multiple generations. This contributes to a sense for many that services are not there to help Aboriginal people.

What helps

- Seeing an Aboriginal Flag, and welcome to country in local language prior to or upon entering the building
- Aboriginal Hubs staff who are trusted in the community
- Visual and storytelling-based communication styles
- Friendly, warm and approachable reception
- Understanding the possible motivations for Aboriginal people choosing to use a mainstream service (they may not want their community to know)
- Understanding of Aboriginal family values and definition and the role of extended family
- Understanding that a disconnect from land, culture, spirit and a historical and systemic trauma have contributed to the current situation
- Light-hearted moments and laughter
- Understanding how family dynamics around violence can lead to side-taking and more violence in the interest of protection
- Understanding that people may be feeling like the system 'isn't for us, it's against us'... "that's not our culture, that's not our law"

What gets in the way

- Seeing people from the immediate community who might gossip
- People who talk a lot about process, technicalities and use 'DHHS' language
- Eye rolling and perceived judgemental attitudes
- Assuming Aboriginality or not. Saying 'you don't look Aboriginal.'
- When Aboriginal people feel like the system 'isn't for us, it's against us'.
- Allusions to social workers, sparking fear that children could be taken away or that the perpetrator would be incarcerated

Children and young people

Previous service experience

- For many, being shuffled between multiple services and homes (e.g. out of home care)
- Reliant on and simultaneously mistrusting of systems and institutions

What helps

- Taking time for general 'chit-chat' before talking about serious topics.
- Two-way conversations: staff sharing of themselves, and allowing a young person to ask questions, can help to build trust.
- The opportunity to talk to staff without parents present.
- For Aboriginal children, an environment and toys that remind them of safe places and things from nature (e.g. sounds from a waterhole, feathers and furs).
- When parents are present, looking for subtle cues (e.g. eye contact) that the young person has something to say.

What gets in the way

- Being ignored or feeling invisible when with parents.
- Workers who are too bubbly, cheerful and overly optimistic (this comes across as inauthentic).

Lesbian, Gay, Transgender, and Intersex (LGBTI) people

Previous service experience

- Repeated negative experiences of judgment and discrimination
- Encounters with or fear of homophobic services, agencies and workers
- General experience of being misunderstood
- The acknowledgement of family violence may have been dismissed several times already

What helps

- Staff are LGBTI
- Publicly inclusive indicators and signage
- Recognition of limited service options available for this cohort
- Understanding the importance of access to medication and healthcare
- Understanding the amount of courage needed to seek help and the associated loss of partnership and relationships that may have incurred

What gets in the way

- Assuming gender pronouns for partners or individuals
- Misleading indicators for a safe space: seeing visual cues for inclusion and safety to welcome the community but then having behaviour that does not feel safe
- Assuming that women can't be perpetrators of family violence

Asian Immigrants and Asian Australian Community

Previous service experience

- Limited knowledge about how the justice, family violence and child protection systems work
- Appreciative of help provided by community centres, health and social services
- Comfortable with the general practitioner and health-based procedures

What helps

- Having the support and encouragement of a trusted friend
- Using distraction to prompt discussion (like making tea together)
- Explaining that in Australia people have rights and what they are
- Make known the option for an interpreter from the very start
- Engaging children who might be more willing than some adults to speak up about what's happening at home
- Emphasising the incentive and motivation of keeping children safe, taking the 'selfishness' out of the equation
- Recognising a preference for being silent on the issue of family violence, and a deep sense of shame associated with the stigma
- Recognising that there is a deep fear of ostracisation associated with seeking help for victims and perpetrators and (IWDVS 2006) There is a fear of losing other support networks when seeking help
- Understanding but not supporting the view that the some cultural perspectives that fuel ideas that 'a woman's body belongs to a man in marriage' (Tse 2007)

What gets in the way

- Seeing someone from the community who might gossip
- Feeling like they're taking help away from someone else who might need it more
- Sparking fear that engagement with Hubs could impact the visa or immigration status, giving power to the idea that a man could 'send her back'

African Immigrants and African-Australian Community

Previous service experience

- Confusion around role of State in everyday life, especially parenting; overall sense of being told 'you're not the parent, government is in charge.'
- Overall feeling of being misunderstood, judged and criminalised
- Fear of child protection intervention and children being removed

What helps

- Taking the time to get to know someone first, have tea, let the conversation meander
- An understanding of extreme diversity in ethnic groups, religions, beliefs and practices across the community
- Understanding that some women may be responsible for the children of sisters and brothers but feel they have limited support here in Australia
- Understanding cultural rules and expectations (e.g. for some groups it is expected that you ask permission from the husband before speaking to the wife and going around this norm may make women feel more unsafe)
- Understanding that strangers could be seen to stir up trouble.
- Understanding the role of war and past trauma experiences
- Recognising extreme diversity in culture and experiences of African immigrants even within country or ethnic groups.
- Understanding that some African women will be disinclined to share what violence is occurring: although they feel unsafe they may feel the need to remain loyal to their family
- Ensuring time to speak to women alone without a partner; inviting a mediator to enable cross cultural understanding

What gets in the way

- Feeling judged or talked down to; many immigrated with intentions for children to become doctors and lawyers. Many held sophisticated professions before coming here.
- Approaching a first conversation with lots of paperwork and severity may cause individuals to close up.
- Assuming every African is in a gang and that violence is inherent in the culture
- Appearing like a 'social worker' or as though you will share information with DHHS — social workers have been seen to cause disruption in the community and do not have a good reputation
- Making judgments of lack of safety in group living

People living with disability

Previous service experience

- Frequent interaction with services that do not accommodate for specific disability
- Not always aware of the services and supports that are available or are entitled to
- Have been dismissed or not believed before

What helps

- Tailoring communication to fit abilities and preferences of the individual
- Ensuring the physical space is prepared and outfitted for physical accessibility (ask about specific or unique needs)
- Asking individuals and carers (in advance) about particular triggers or things that could be disruptive
- Taking the time to understand preferences about service delivery experiences and ensuring referrals meet the needs of an individual. Asking if there are certain people or services that they feel particularly safe with and using them as advocacy supports if desired.
- Creating time and safe space to engage the individual independently to ensure they have freedom to share something they might not feel comfortable sharing in front of a carer
- Seeking ways to create opportunities for independence and agency
- Ensuring that individuals are aware of their rights and it is possible to leave their current situation if they want to

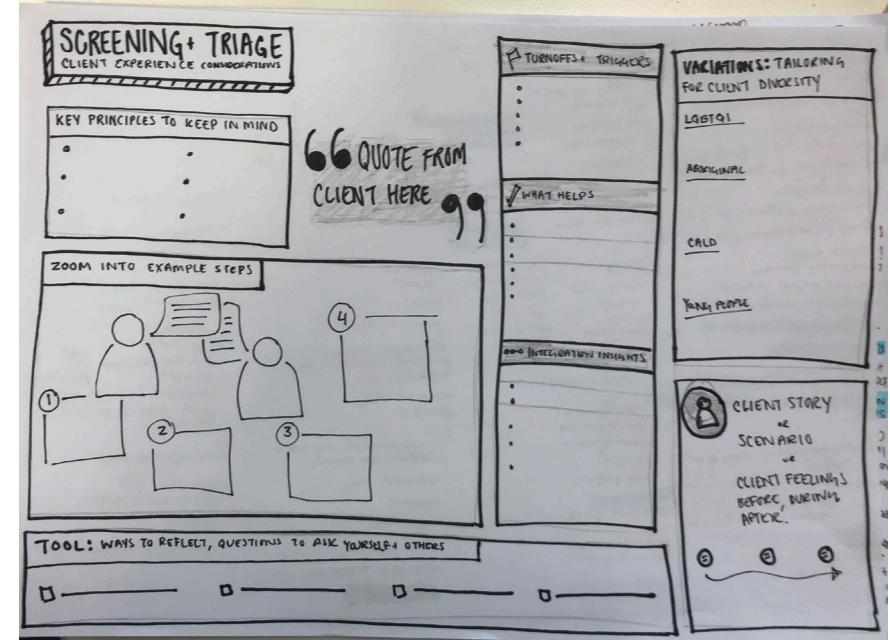
What gets in the way

- Not having physically accessible spaces (bathrooms, corners, height of reception desk for wheelchair users)
- Being talked down to or use of slow, loud phrasing
- Speaking only to a carer and not directly to the individual
- Not taking the time to learn about individual triggers or needs in advance
- Not being aware of the vulnerability associated with relying on a carer and areas where control or violence may be exhibited

Practice tips for main Hub functions

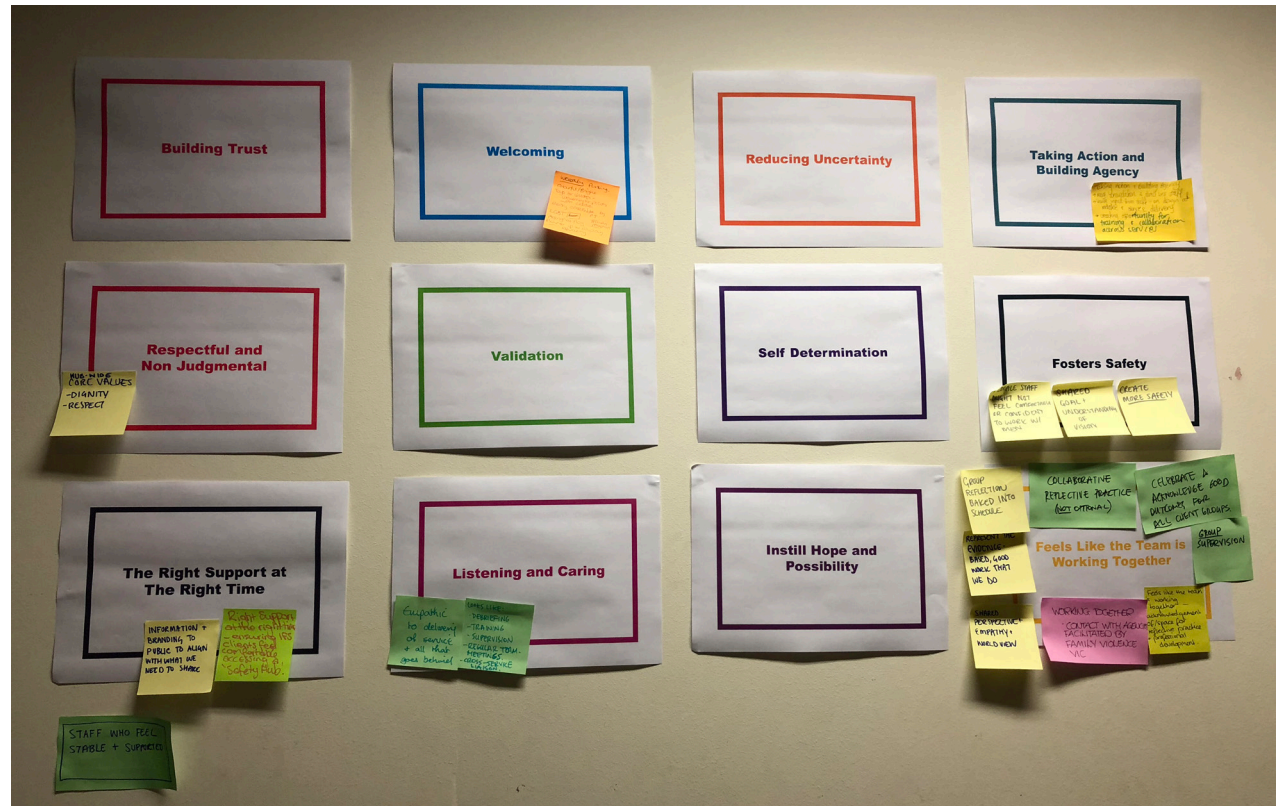
The following pages present summaries of each main function in the Hubs service model. The summaries provide function-specific insights into what is helpful and what gets in the way when engaging with all four core Hubs client groups: parents needing support for the care, wellbeing and development of children and young people; victim survivors of family violence; children and young people; and men who have used violence. Each summary includes prompting questions for staff in order to make these tools useful for training and ongoing reflective practice.

Please note that the 'What helps' and 'What gets in the way' sections (written in the first person) are not direct quotes, however they attempt to faithfully represent what we heard from clients and staff.



Right: Process Preliminary sketch of Hub function client experience overview

Below: Co-design of behaviours and qualities with staff and clients



Screening, Identification and Triage

Client experience practice tips for families, victim survivors and men who have used violence

Key Steps



- 1 Greeting & Explanation**
- Determine cultural & communication needs (offer Aboriginal staff member or interpreter)
 - Explain (simply) what the Hubs do
 - Determine if the Hubs are the right place for this person/family
 - Identify who might need help
 - Validate their choice to seek help & remind them you're here to help



- 2 Screening**
- Discuss info sharing, use & consent
 - Explain the purpose and likely length of the conversation
 - Initial brief discussion to:
 - determine if the Hub is the right service for the individual or family
 - assess urgency & immediate safety concerns
 - determine next steps



- 3 Expectation Setting**
- Explain:
- what options are available
 - what happens next based on safety and risk management decisions
 - what things they will do
 - what things you will do
 - if there will be a gap before the next step/conversation with the Hubs, how long they can expect that to be.

Qualities and behaviours to keep in mind

- Building trust through authenticity
- Listening, understanding & taking action
- Respectful & non-judgmental attitudes
- Reducing uncertainty & cognitive fatigue

What Helps

On the phone and in the physical Hubs space

- **Commitment to provide whatever help you can (but not committing to things you can't** – if you don't deliver I may not seek help next time).
- Using a **calm, casual voice and open body language**. (Talk to me as an equal; slow down the pace to calm the conversation, but not so slow that it seems pedantic.)
- **Being mindful that I may have asked for help before**. I may have had negative experiences, experienced discrimination, or have assumptions about how services/professionals will act.
- Being **light-hearted (if appropriate)**. Smiles & chit-chat can calm me & help us connect.
- **Carefully framing the purpose of any conversation** and giving me an idea of how long it is likely to last, so I can pace myself as I'm telling you my story.
- Being **aware that subtle words, expressions and body language can be interpreted as racist or judgmental** (e.g. eye-rolling, patronising language or attitude)
- **Opportunities for 'distraction'** during a conversation (such as making tea together or chit-chat). This can help reduce anxiety and build rapport.

- **Make an effort to engage me if I seem tentative** or doubtful (e.g. if I've walked into the Hub and it looks like I may leave without talking to anyone – I may be anxious)

- **Explaining that you're taking notes, and why**. Offer for me to hear back or see the notes you've taken, so I can be sure you've 'got it right'. Reflect back what you've heard from me.

- **Giving me hope by making a clear action plan**

- **Staff that seem like me, who I can relate to** but don't necessarily know from my community

Specific to the physical Hubs space

- **A warm, friendly greeting and a smile to welcome me**. (If in line with cultural norms and expectations, greet children and young people individually and at their eye level.)

- **Feeling welcomed into a calming space that feels more like "Nan's house"** and less like a government office (space to make tea or coffee, plants, calming music).

- **Quickly adapting to my communication style**. Have visual aids (such as topic cards) and paper for drawing available (this can help people with a disability who are less verbal).

- **Security staff & features that make me feel safe but not discriminated** against or alarmed.

- Offering me a **space to sit where I feel safe** and don't have to sit next to others

Client's emotional journey

Before or at the start of the conversation

the client may be feeling anxious, nervous, ashamed or afraid.

During the conversation

the client may feel confused, worried (for themselves or others), overwhelmed.

By the end of the conversation

your aim is to help them feel reassured that someone is there to help, clearer about: their current risks, safety and priorities; and what to expect next from the Hub and other services.

How ready is the client?

Experiencing Barriers

Client Feelings



- I need someone to notice & act
- I feel trapped
- I'm not sure what's happening to me
- I'm not ready to acknowledge my situation

Worker Actions



- Look for subtle cues & calls for help
- Practice polite & patient persistence
- Find opportunities to talk to family members separately (if safe/appropriate)
- Appeal to motivations: protect or help others, meet immediate needs
- Consider need for a safety plan – this may be a rare opportunity for support

Ready to Act

- I'm actively seeking help
- I feel empowered now, but I might need help to sustain it
- I want help, but I'm afraid

- Validate their initiative & reassure them that you have heard them, you care, & will work with them to meet their needs
- Remember that this could be the only window of opportunity
- Demonstrate value by offering (& delivering) small acts of assistance early on
- Focus on gaining & maintaining trust

What Gets in the Way

- If it sounds like: **you're talking to me from a script/text-book**; are disinterested, formal or clinical 'like DHHS'; you're patronising, don't believe or are testing me.
- If you **make me feel like I'm wasting or your time and that I'm "just another scum"**
- If you use **big words or jargon** and make me feel small or stupid
- If you **interrupt me or are impatient with my responses**
Seeing a person I know (staff or client) who might tell my community I've been here

- **Workers who don't 'get' me or my situation** (e.g. overly bubbly or distracted workers who don't seem to understand the complexity of what I'm going through)

- If you **expect me to teach you how to help me** (e.g. about my disability or community)

- If you **overwhelm me with too much information**, too many options and risks for each. I will think this is all too hard and back out.

- **Waiting when I am expecting to hear back from a service** - chaos, distractions and temptations can emerge during that time.

- **If I'm scared you'll tell Child Protection**

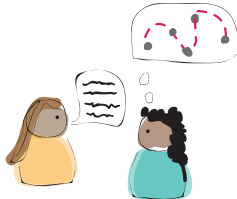
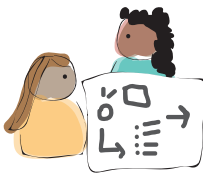

Questions to Ask Yourself and Others

- 1 What assumptions am I holding about this family/person?
- 2 What did I do to set the conversation up to reduce anxiety & uncertainty?
- 3 What worked well, what might I change in the future?

Assessment & Planning

Client experience practice tips for families, victim survivors and men who have used violence

Key Steps

- 1 Assessment**
 - Identify & assess needs & risks of each family member (including developmental needs of children)
 - Identify if additional support or expertise is needed (beyond yourself)
 - Support individuals to name strengths and share honestly about the current challenges
- 2 Planning**
 - Review shortlisted options
 - Explain what will need to happen for options to be put in place
 - Determine barriers to using options (e.g. transportation, cultural safety etc.)
- 3 Collaborative Action**

Discuss:

 - what options are preferred
 - what things they will do
 - what things you will do or what things they would like support with
 - Provide a chance to review notes
 - Safety plan (for victims of family violence)

Client's emotional journey

Before or at the start of the conversation

the client may be uneasy, distrustful or frustrated (if they're talking to a different worker).

During the conversation

the client may feel confused, overwhelmed, worried or disinterested (i.e. tired of making decisions, and just wanting you to tell them the best course of action).

By the end of the conversation

your aim is to help them feel more certain about what's to come, confident that you have a full picture of their situation and that they have a support network to help.

How ready is the client?

Experiencing Barriers

Ready to Act

Client Feelings



- I need someone to notice & act
- I feel trapped
- I'm not sure what's happening to me
- I'm not ready to acknowledge my situation

Worker Actions



- Keep in mind that seemingly small decisions can have big safety implications
- Seek opportunities to understand the whole story: be aware of known info, and gather from other sources (reducing need for the client to provide it); demonstrate that you've 'read the file'
- Respectfully probe, as not all information may be revealed at first
- Practice polite & patient persistence
- Appeal to motivations: protect or help others, meet immediate needs

- I'm actively seeking help
- I feel empowered now, but I might need help to sustain it
- I want help, but I'm afraid

- Remain consistent and reliable in your offers for help (without being too pushy)
- Practice a "modelling > doing together > doing independent" approach to safely build confidence and agency
- Continue to demonstrate that you're listening by taking action to deliver on preferences and requests

Qualities and behaviours to keep in mind

- Building trust through authenticity
- Validating initiative & commending progress
- Respectful & non-judgmental attitudes
- Reducing uncertainty & cognitive fatigue

What Helps

- **Open body language, calm and casual voice.** Talk to people as equals; slow down the pace to calm the conversation, but not so slow that it appears pedantic.
- Understanding **what services have been helpful and unhelpful in the past and why**
- Having an **in-depth knowledge of the service offerings available** to assess what particular options are going to be the best fit for an individual.
- **Setting expectations for what is likely to happen during any conversation**, and what the outcomes are likely to be so that you can begin to reduce my uncertainty and help me feel safe.
- **Setting clear expectations for your role and involvement moving forward** to not disappoint them or lose trust built.

- Keeping an eye out for **body language that might let you know I'm nervous or uncomfortable.** Offer options to change space or Hub worker (if practical).
- **Letting me know that you're 'here to help'.** Transparently sketch or visualise the potential options, ensuring I can see, participate and ask questions if I want to.
- **Create opportunities for agency and self determination by asking me which things I would like to prioritise**, which I'd like to do myself and which I'd like your help with.
- If a service I need or want is not unavailable, **explain why and what the alternative is.**
- Being aware that **subtle words, expressions and body language can be interpreted as racist or judgmental** (e.g. eye-rolling, patronising language or attitude).

What Gets in the Way

- When there are **too many options**
- When **help doesn't feel immediately helpful** or useful, or focus on what is most important to me.
- If **you're distracted, not present or dismissive** with my story and my needs
- If you **prescribe services without explaining** how or why they will be helpful
- If I feel I have to **share information or disclose my gender identity or sexuality in front of others:** strangers or people I know
- When I feel **exhausted by all the information and decisions** in my current state of crisis and/or exhaustion/distress
- If the **conversation has not respected my wishes and preferences** about having my children in or out of the room
- If **you're (intentionally or unintentionally) using racist words, condescending tone, incorrect gender pronouns, disrespectful eye movement** (e.g. eye rolling) during our conversation.
- If you're **overly focused on your computer** while talking to me.

Questions to Ask Yourself and Others

- 1** What strengths and motivations does this individual hold that we could leverage to create an effective engagement?
- 2** What did I do to create space for agency and self-determination? What was effective? What might I change next time?
- 3** What ways could I draw on support, guidance or wisdom from others in the Hub to best support this person or family?

Connecting to Services

Client experience practice tips for families, victim survivors and men who have used violence

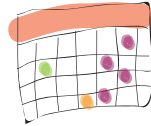
Key Steps



- 1 Tailoring the Referral**
- Understand the client's preference for how the connection is made
 - Explain the purpose of the referral
 - Make sure the client is comfortable with the information you'll be sharing, and ask what they would like to share.
 - Re-visit info sharing & consent.



- 2 Connection**
- Share what has been discussed to date and pertinent parts of the client's story
 - Share the client's critical preferences
 - Gather as many details as you can about the next steps of engagement with the service (e.g. appointment times, worker name, likely date of contact/call)



- 3 Next Steps**
- Explain what happens from this point forward
 - Ask for a safe way to document details, dates and directions (support with safe input into their phone if needed)
 - Explain your role in their service response (if applicable) or in the future if things change
 - Help them feel optimistic for their next steps.

Client's emotional journey

Before or at the start of the conversation

the client may be feeling overwhelmed, frustrated, uncertain, uncomfortable about their care being handed over to someone new.

During the conversation

the client may feel confused, disengaged, questioning whether they've done the right thing, worried about what happens when they leave, or disempowered as "the system" takes over.

By the end of the conversation

your aim is to help them feel: helped and supported; that their situation is in good hands; that they are the key decision maker in their life, and they can withdraw or change their minds at any stage.

How ready is the client?

Experiencing Barriers

Client Feelings



- I need someone to notice & act
- I feel trapped
- I'm not sure what's happening to me
- I'm not ready to acknowledge my situation

Worker Actions



- Ensure safety logistics and potential scenarios have been considered; support the client to develop a safety plan in case things go off track
- Maintain as much consistency as possible
- Continue to check in and see that the service connection is working as planned

Ready to Act

- I'm actively seeking help
- I feel empowered now, but I might need help to sustain it
- I want help, but I'm afraid

- Ensure any new services validate their initiative and reassure them
- Remember that this could be a trigger for backward steps
- Help the provider to gain & maintain trust
- Help the provider to honour their cultural preferences

Qualities and behaviours to keep in mind

- Reducing uncertainty & cognitive fatigue
- Welcoming
- Modelling positive relationships
- Instilling hope & possibility

What Helps

- **Agreeing together how to make the connection.** Look for opportunities to empower me in this process. I may want: to do it myself; to do it with your support; or you to do it for me (particularly if I'm overwhelmed or exhausted).
- **Sharing enough of the story in front of me so that I know you've listened,** you've done your professional duty and I don't need to repeat, nor do we need to go into every detail
- **Having a digital or physical way that I can take information with me** (if it's safe) that includes everything about my experience, so I have agency and independence to reflect on what's been done and intelligence about what comes next.
- **Opportunities to be light-hearted** and funny when appropriate
- **Understanding how this new service and support fits with my current situation** (travelling constraints, safety, cultural appropriateness); making it accessible and feasible
- Seeing that the **Hubs staff likes, respects and has a positive relationship with the service** provider
- Validation from the service provider that **I've done the right thing**
- Reassurance from the service provider that **they're there to help**
- Commitment from the service provider to **regularly update the client on progress** with entering the service.
- If you **acknowledge the gaps** in system.

What Gets in the Way

- **Being shuffled around** to different people and services who only know bits and pieces of my story
- **Seeing my story misrepresented** or incorrectly communicated by the Hubs worker
- **Not having space to fill in,** add to the referral information or communicate my part too
- If the **experience with the provider is less positive** than the experience I've had at the Hub
- If the **provider seems like a service that I've already told you hasn't worked** (making me feel like you haven't listened to me)
- If the worker from the service being referred to is using **discriminatory or disrespectful words** and body language toward me or others.
- If I'm in the conversation with the provider, but **they talk like I'm not there.**

Questions to Ask Yourself and Others

- 1 In what ways did I create a connection and sense of trust between the client and the provider?
- 2 How might I create a more natural and comfortable experience for both the client and the service being referred to in the future?
- 3 Where did I create more certainty for the client in an uncertain time?

Opportunities

*considerations to set the model
up for success*

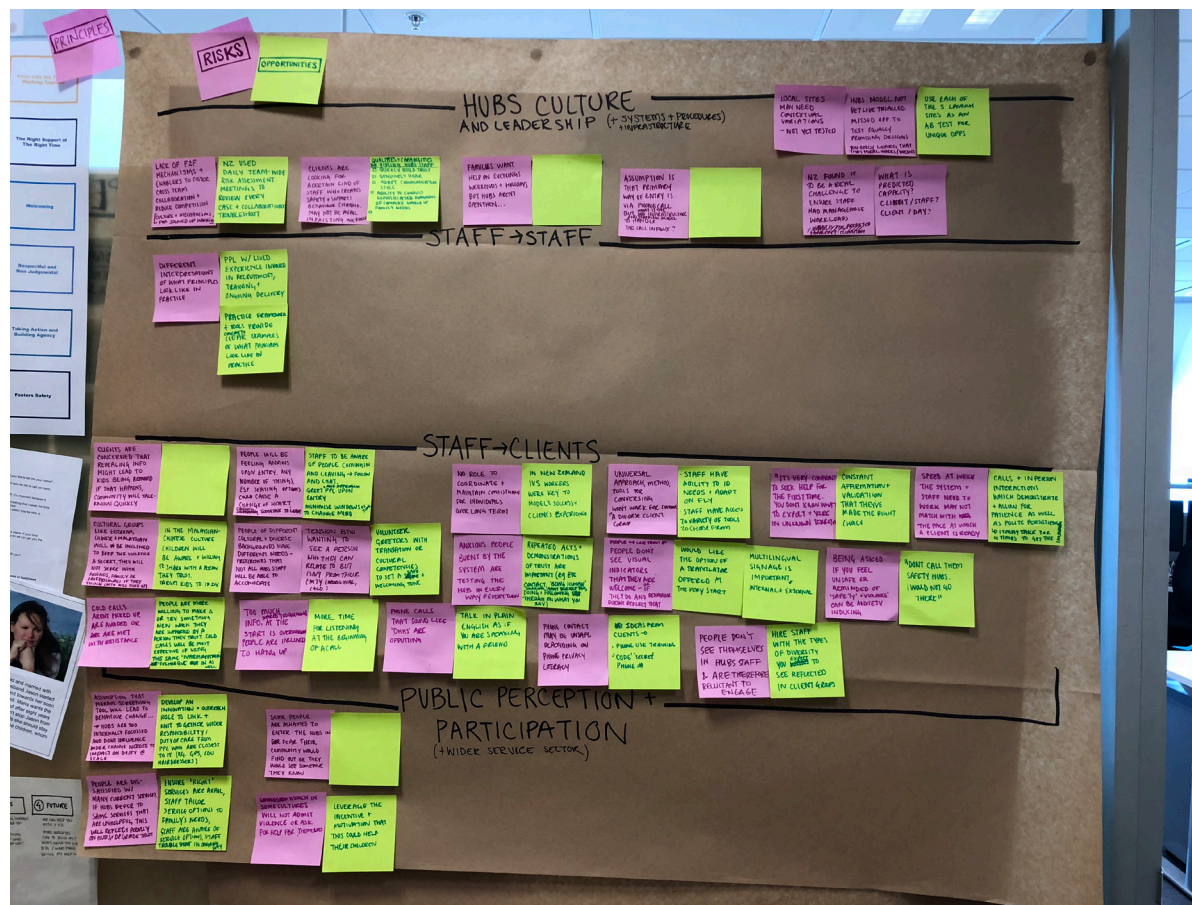
Through exploring stages of the user experience, we identified a suite of conditions for success: several strategic opportunities to enhance the impact of the service model or further support the model to deliver on its intended outcomes.

Multi-level implementation considerations

Through an analysis of identified risks and assumptions, we prioritised areas where there was potential tension with the key client experience considerations in the delivery of the Hubs model. Taking into consideration the integrated nature of effective client experience-driven service delivery, risk and assumption identification spanned the following levels:

- Hubs Culture and Leadership (Systems, Procedures and Infrastructure)
- Staff to Staff Interaction
- Staff to Client interaction (included in the task tracker)
- Public Perception and Wider Service Network

The following pages outline a select list of the key conditions for success worth considering throughout the implementation and refinement of the model. These are prioritised based on how critical they are to the model's success



Above: process example of gathering risks and opportunities during the course of the project.

Staff to Staff Interactions

Consideration for Success

Opportunity

Joined-up working enablers

There is an assumption that the Integrated Practice Framework and co-location will enable genuine collaboration and cross-team working. This way of working is critical to enable staff to model positive relationships, identified as a key client experience consideration earlier in this report. However, there are limited mechanisms to foster this way of working intentionally designed into the model.

Design mechanisms to facilitate a practical and interconnected way of working and embed them into Hubs working culture and practice. For example, the New Zealand ISR used daily team wide risk assessment meetings to review every case and collaboratively troubleshoot. One service consulted uses a daily all-in 30 minute session to debrief and handover.

Cross discipline training, learning, shadowing, and co-working could help strengthen adoption of integrated practice.

Team visibility of individual staff qualities, skills, experience and types of questions they can help answer to support staff to leverage knowledge across their Hub.

Staff selection and hiring

The Hubs experience is largely shaped by the staff clients encounter. Clients are looking for a certain kind of professional who is authentic, honest, creates safety and supports behaviour change. Hubs staff will require a unique combination of knowledge, experience and qualities which may be hard to find in the existing workforce or not articulated in conventional job descriptions.

Shape job descriptions with input from client experience insights.

Gather feedback from VSAC members or potential users on job descriptions and potential candidates.

Include clients in the selection process

Innovation, learning and ongoing improvement

Each Hub may be innovating and problem solving; if shared methodically and frequently, this learning can advance the ongoing improvement of the model at a rapid pace. Cross-Hub sharing can prevent the same mistakes from being repeated across the state or the same 'wheels reinvented.'

Embed a process for cross-Hub peer reflection summits to share learning and troubleshoot issues.

Integrate a practice innovation mechanism with the client experience feedback mechanism to be designed in phase two of this project.

Work Culture

Leadership will set the intentions for and model behaviours for the entire Hub culture. It's critical that leadership set and maintain a healthy, supportive productive work culture. Culture will create itself, but an intentionally designed work culture will more effectively foster client experience principles and retain an exceptional workforce.

Use trauma-informed organisational culture models to set Hubs up to positively engage clients. (Bloom 2018)

Create space and time for Hubs to design, shape and set up their culture.

Hold Hubs accountable to key workforce wellbeing and culture outcomes (on the assumption that valued staff lead to happy clients).

Regional distinctions and adaptations

Due to geographic and cultural differences across the state, Hubs may require design and testing of contextual variations to accommodate needs in different regions. Hubs staff will require an intimate knowledge of how to adhere to model fidelity while also granted having freedom to innovate, respond and adapt to the unique needs of their client groups.

Utilise each of the 5 launch sites as focussed design opportunities to tailor designs to a unique, needs, cohorts or opportunities.

Hubs Culture and Leadership (Systems, Procedures and Infrastructure)

Consideration for Success

Opportunity

Translating theory to practice

Staff may have different interpretations of what the integrated practice principles and key client experience qualities and behaviours look like in practice, but it is an imperative that clients receive a consistent quality of experience.

Visual cues to reinforce principles, qualities and behaviours
'Learning by doing' opportunities and shadowing experiences for newer staff with more practiced staff.

Design accountability mechanisms and make time for reflective practice for staff to collaboratively reflect on their approach, performance and learn from others.

Include a variety of staff to co-create and input on integrated practice content as well as execution.

Integrated practice

Staff will need to merge ways of working, philosophy, mindsets and practice – some of which can sometimes be in conflict or tension. It's important to acknowledge that some staff are experiencing a sense of loss and anxiety over changing their practice focus when coming to a new organisation.

Designate time for collaborative team 'forming' and intentional time to come together and integrate culture and practice as a single unit.

Minimal client handovers

Clients want minimal handovers between and consistency of staff. Recognising that is an intention within the Hubs but that may not always be possible due to staff availability, experience, and leave.

Design ways to measure the number of handovers, and the client's experience of those handovers (to be completed in phase two of this project)

Ensure multiple staff are across cases and know an individual so that they feel safe with a number of professionals, allowing for consistency and flexibility.

Clarify the design and experience of how reception and first phone calls will flow on to connection with Hubs staff.

Visibility of client information

Clients have expressed that control over and input into what information of theirs is shared across staff is important for developing trust, maintaining engagement and fostering safety.

A visible folder (physical or potentially digital) of information that clients can have access to.

Transparent behaviours incorporated into assessment activities.

Prototype and test the communication of confidentiality and information sharing information.

Hubs staff are not seen as complicit with statutory services

Clients are concerned that revealing information to the Hubs might lead to their children being removed. If this happens, there is a risk that the community will talk and know quickly, degrading trust of Hubs and public perception of their 'safety.' In tests conducted around the framing of privacy and confidentiality in the Hubs, clients found it confusing that their information would be both confidential and potentially shared with other staff.

Clear messaging about the relationship between statutory services (such as Child Protection) and the Hubs.

Testing the framing and messaging around information sharing with clients. It is important that this framing be honest, allowing informed consent, but not alarm clients

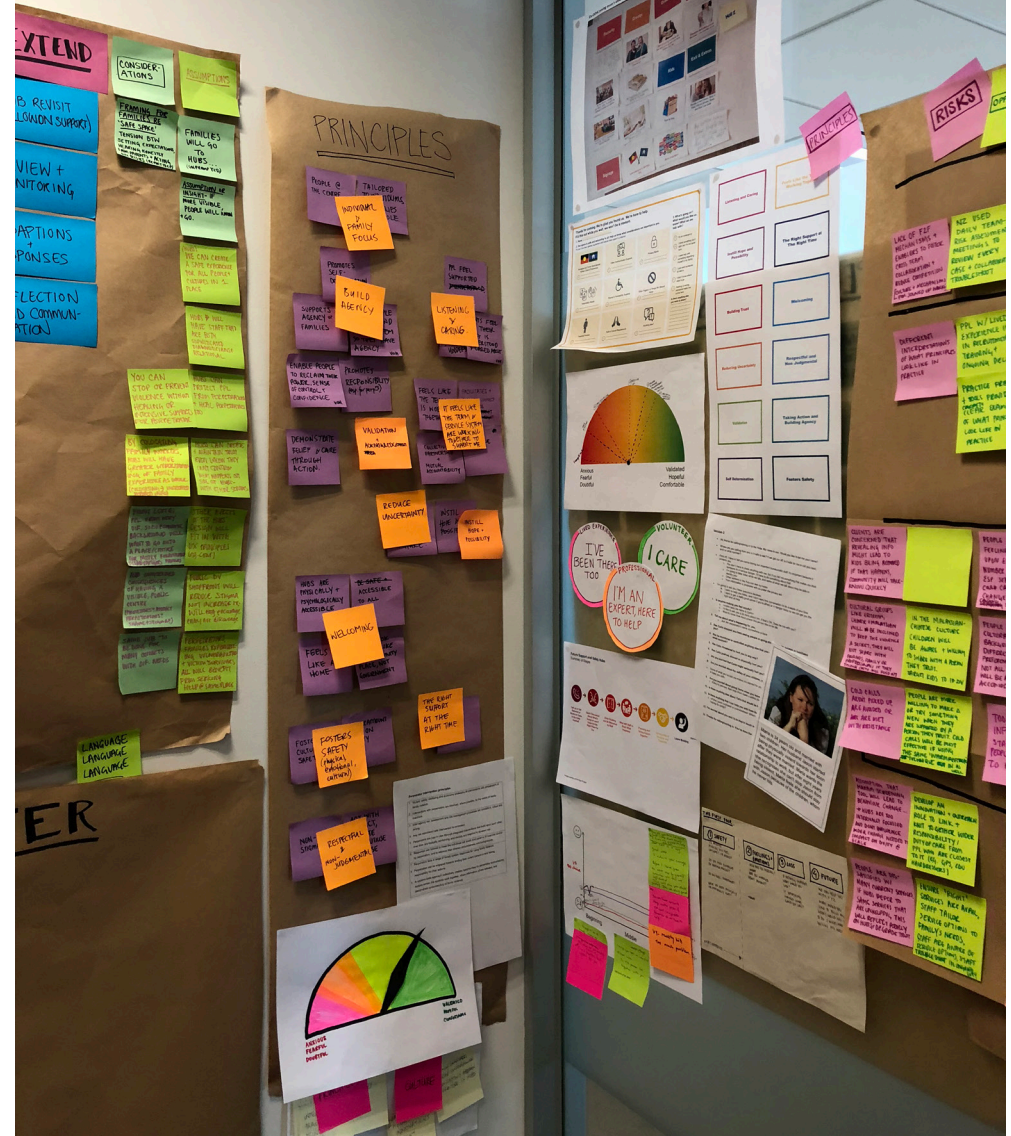
Additional interactions and features to test

Additional opportunities emerged throughout testing. We have collected a number of potential enhancements, additional tests, and features to further strengthen the client experience. Many of these were either suggested by or tested positively with clients and staff. Others were suggested by the design team as responding to an identified client need. Also included in the list are interactions that have been identified as important to further explore. A full version in the form of a spreadsheet has been shared with FSV, which can be used as a 'live' document to log, prioritise, organise and track improvements to the model. Select examples have been provided below.

1. Ways to approach the initial information sharing and consent conversation.
2. The experience of clients that are involved in other service systems (with an initial focus on justice, child protection and sexual assault services).
3. The experience of clients accessing the Hubs through possible future secondary access points.
4. A secondary phone number for each Hub for women to store safely in phone (e.g. under the name of a friend).
5. Automated phone menus, with an option in the menu to use an interpreter or to talk to an Aboriginal worker. Additional options should be carefully tested and used with caution.
6. Calls and SMS Reminders when people are 'in between' stages of the service.
7. Explore how the behaviours and qualities essential to a positive client experience could be used as a reflective practice tool.
8. Visually acknowledge traditional owners and welcoming all cultures (especially in the physical Hubs, but should be explored for online and printed material as well).
9. Test the greeting experience in a physical Hub, including the use of security features.
10. Multilingual signage and wayfinding.
11. Photo sheet of all hubs staff and role/background descriptions to help staff orient themselves to each other and build more team cohesion.



Above: prototyping culturally safe experiences



Right: Project room analysis materials

References

Bloom, Dr. Sandra L. 1985-2018. The Sanctuary Model.
<http://sanctuaryweb.com/>

Chisolm, John. What is Co-design. Design for Europe.
<http://designforeurope.eu/what-co-design>

Steen, M., Manschot, M., & De Koning, N. (2011). Benefits of co-design in service design projects. *International Journal of Design*, 5(2), 53-60

Tse, Samson (2007) Family Violence in Asian Communities, Combining Research and Community Development. *Social Policy Journal of New Zealand*. Issue 31. <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj31/31-Pages170-194.pdf>.

Victoria State Government, Huddl (2017) Voices of Hope Report. https://www.vic.gov.au/system/user_files/Documents/fv/Voices%20of%20Hope.pdf

Victoria State Government (2017) Support and Safety Hubs: Statewide Concept. https://www.vic.gov.au/system/user_files/Documents/fv/Support%20and%20Safety%20Hub%20Statewide%20Concept.pdf



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