

SUPPORT & SAFETY HUBS CLIENT EXPERIENCE TOOLKIT

FROM CONVERSATIONS
WITH CLIENTS & WORKERS

VERSION 1.0 - APRIL 2018

- A** Journeys and practice tips for all clients
- B** Essential qualities and behaviours for Hubs workers
- C** Practice tips for diverse and cultural groups
- D** Practice tips for main Hubs functions



About this toolkit

This toolkit was produced as part of the Support and Safety Hubs Client Experience Design project. It is a training and reflective practice resource for workers in the Support and Safety Hubs (known publicly as 'the Orange Door').

From December 2017 to early February 2018, the project team met with 26 clients and 15 workers in individual conversations and small group sessions.

Clients who participated included: adult victim survivors of family violence; parents needing support for the care, wellbeing and development of children and young people; young people; and men who have used violence.

Across these Hubs client groups, participants included: Aboriginal people (both women and men); people from culturally and linguistically diverse backgrounds (Chinese, Samoan, Maori, Malaysian, Italian, Iraqi, Eritrean, Anglo-Indian); LGBTI people; and people with a disability.

Workers who participated included: client-facing staff in family services/Child FIRST; specialist family violence; early childhood; and men's behaviour change services.

See the full *Support and Safety Hubs Client Experience Design Phase 1 Report* for a more detailed description of participants and the methods used.

This report was commissioned by
Family Safety Victoria

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A note on client voice in this toolkit

Many parts of this toolkit are written in the first person, representing the voice of the client. These are not direct quotes, however they attempt to faithfully represent what the project team heard from clients and staff.

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.



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.

www.vic.gov.au/familyviolence



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

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.

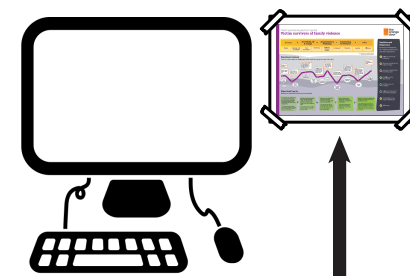
There is one journey map for each of the core Hubs client cohorts, being:

- 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.



You might like to pin these up at your desk.

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

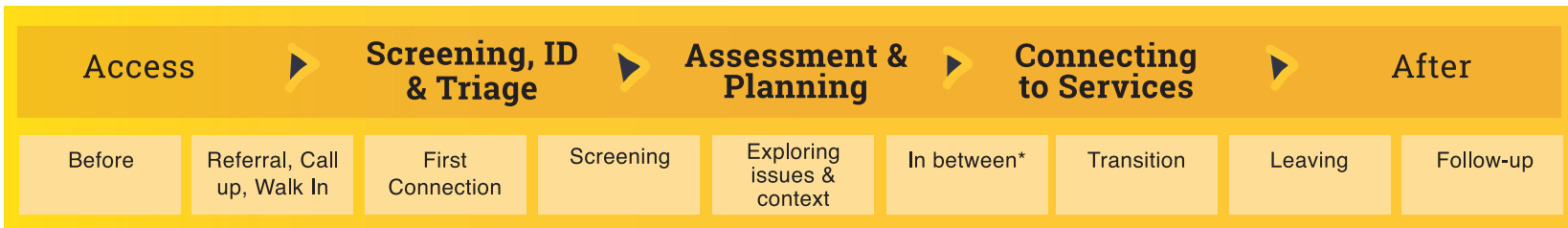
- **Using a calm, casual voice and open body language.** Talk to people as equals. Slow down the pace to calm the conversation (but not so slow that it seems pedantic).
- **Opportunities for 'distraction' during a conversation** (such as making tea together and chit-chat). This can help reduce anxiety 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.

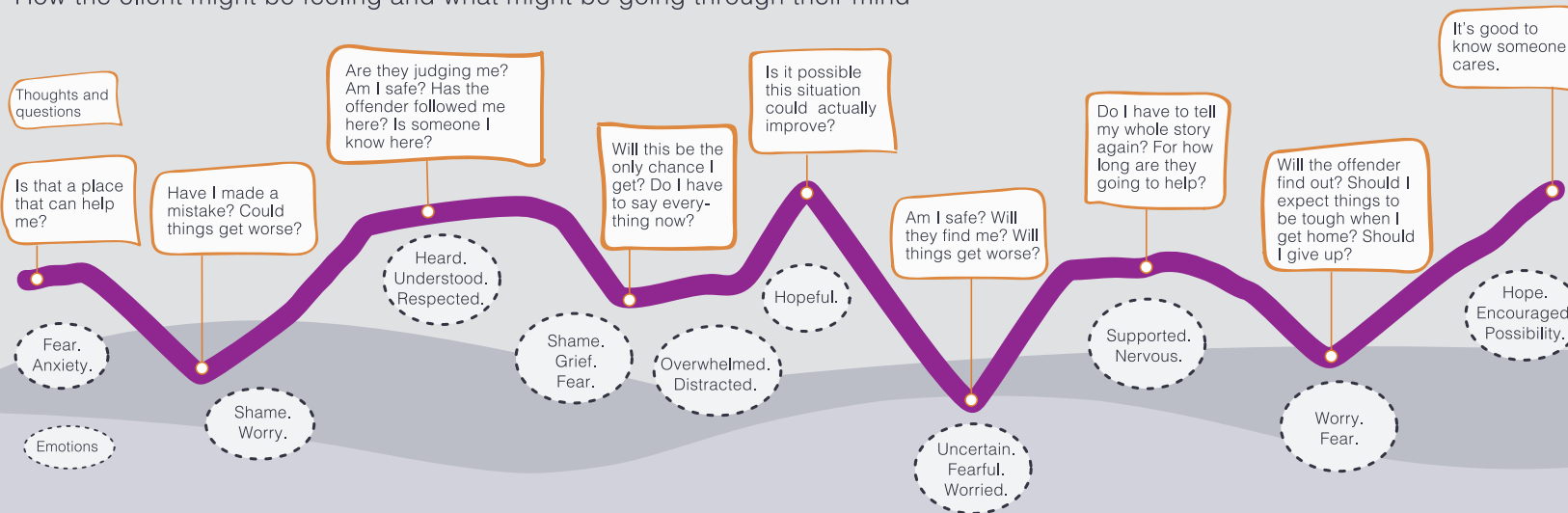
Client journey & practice tips for Victim survivors of family violence



*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

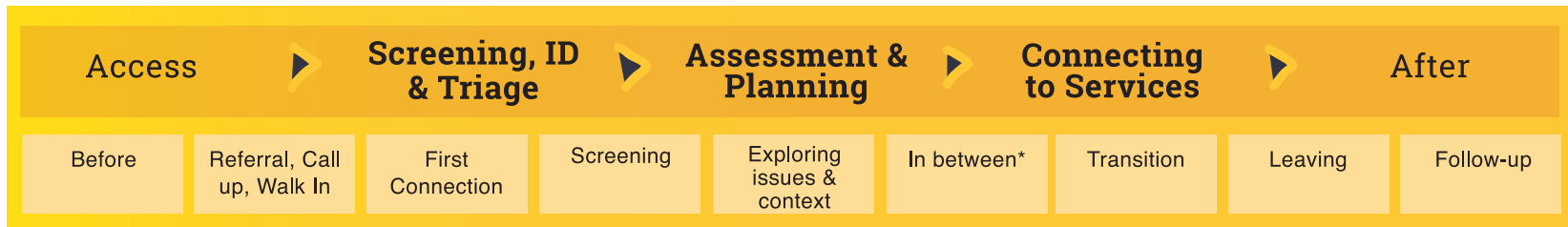


Qualities and Behaviours

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

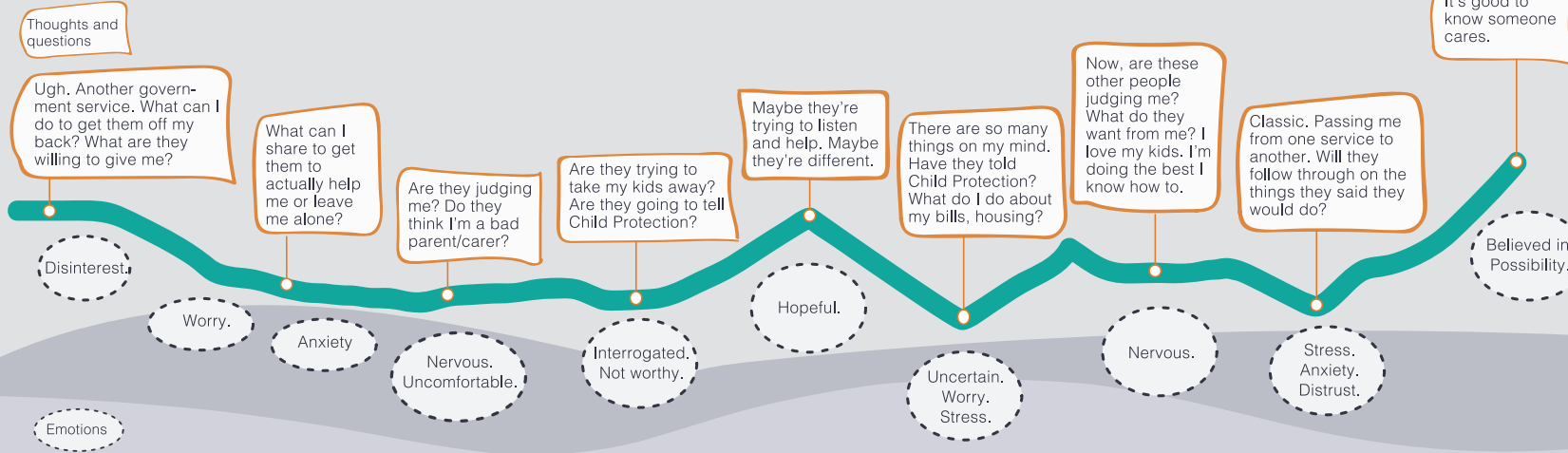
Client journey & practice tips for Families needing support with the wellbeing and care of children and young people



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

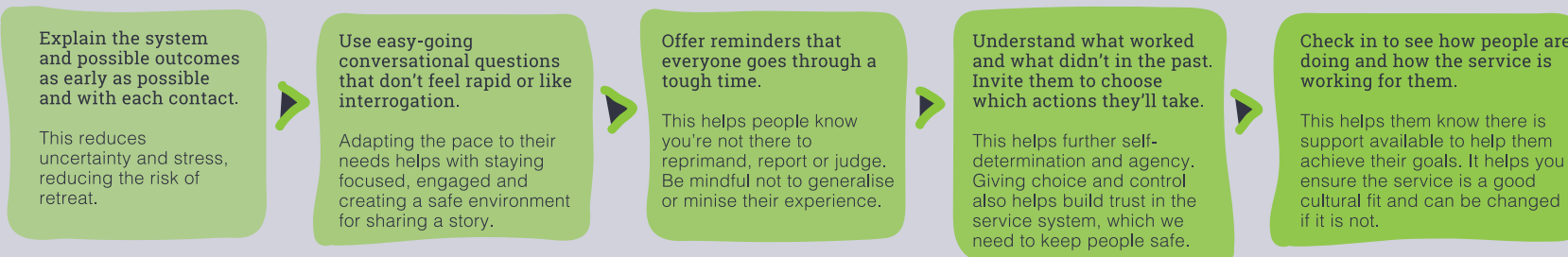
Emotional Journey

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What Staff Can Do

Making the experience safe and comfortable

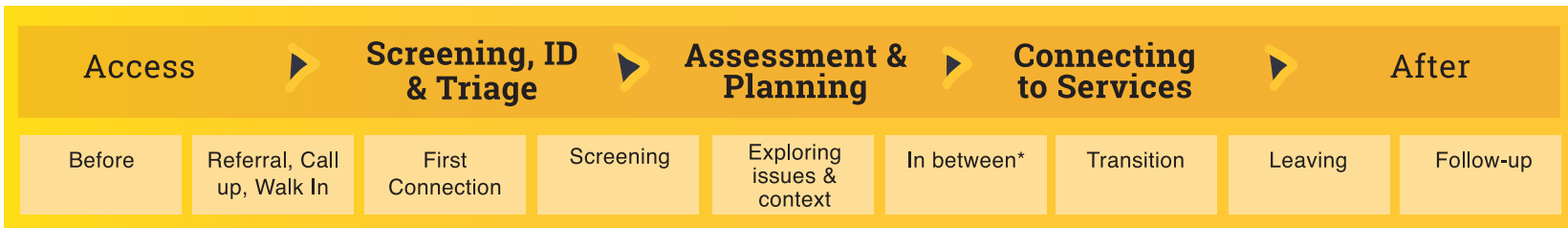


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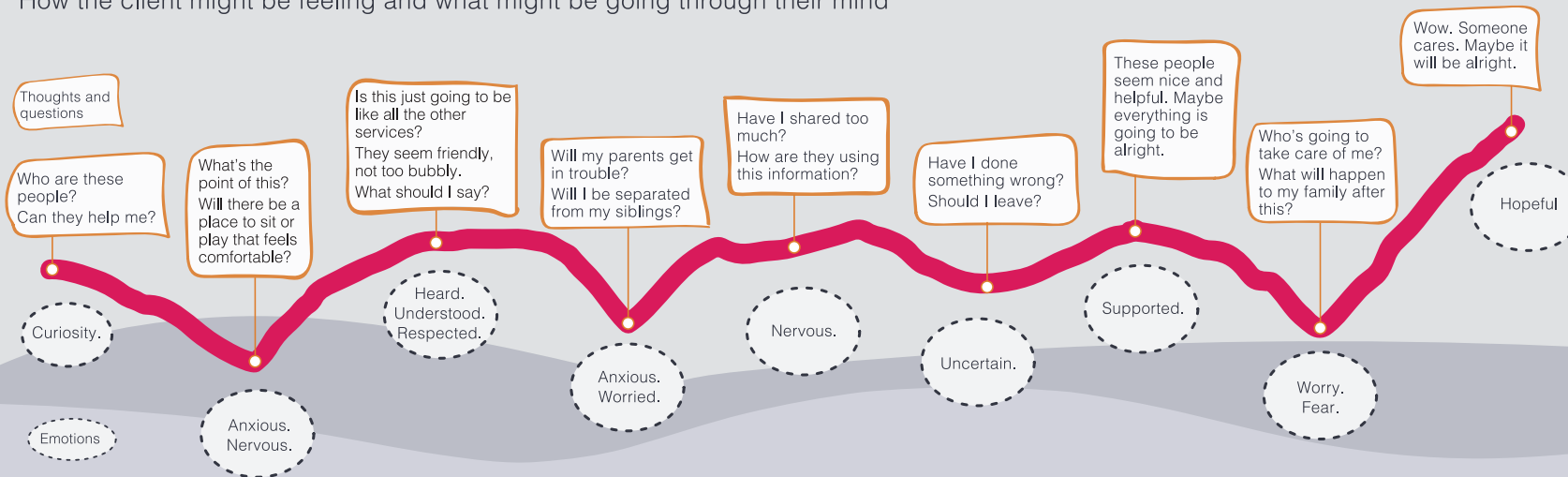
Client journey & practice tips for Children and young people



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

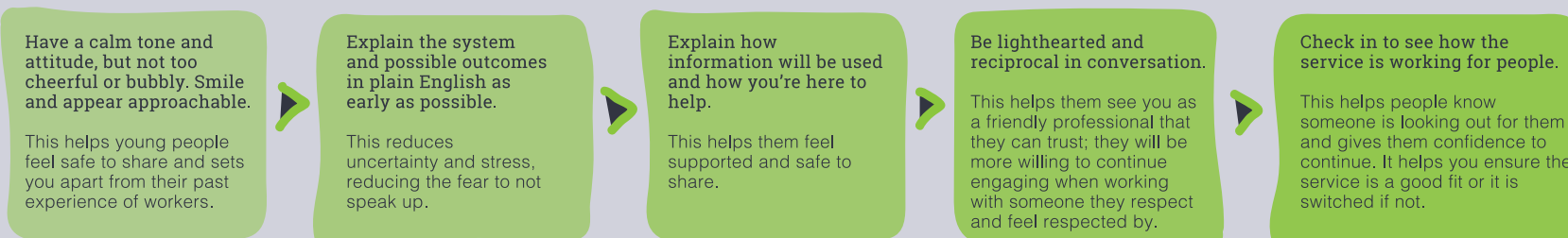
Emotional Journey

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



What Staff Can Do

Making the experience safe and comfortable

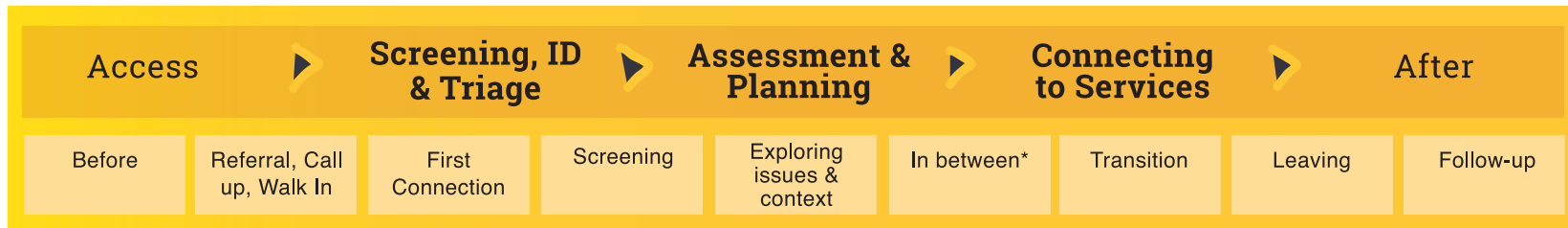


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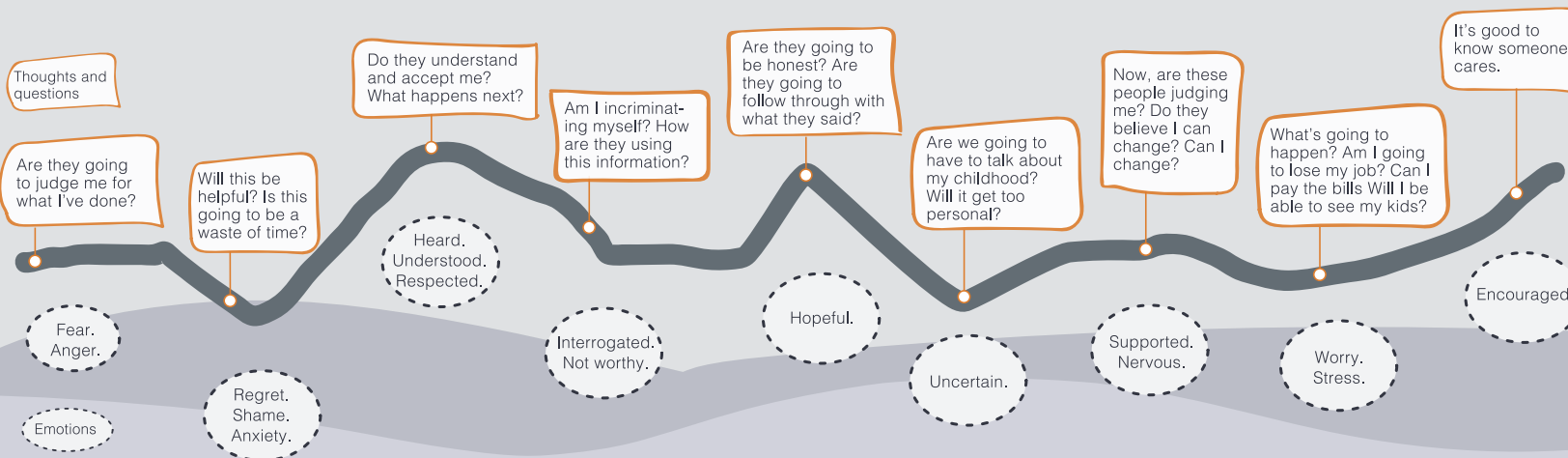
Client journey & practice tips for Men who have used violence



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

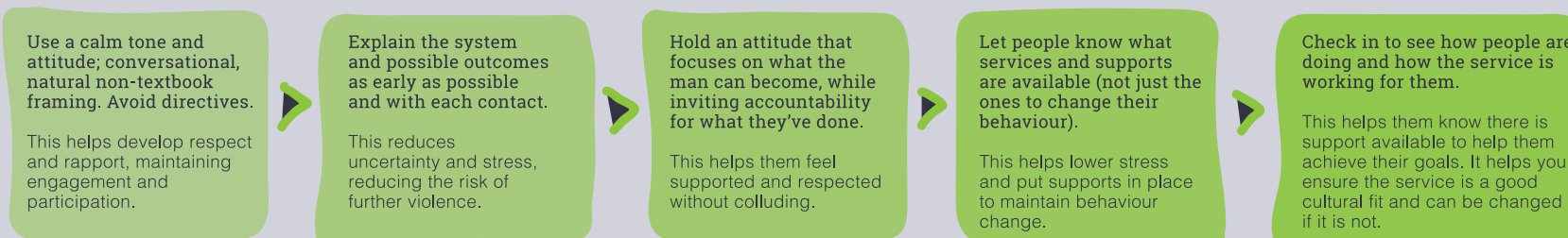
Emotional Journey

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



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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

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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.

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CLIENT
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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

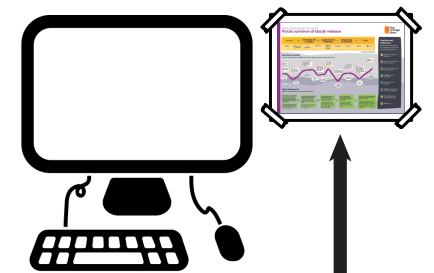
What gets in the way

- 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; 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.



You might like to pin these
up at your desk.

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.

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

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

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

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

- 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

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

What Gets in the Way

- If it sounds like: **you're talking to me from a script/textbook**; 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

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

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

- Remain consistent and reliable in your offers for help (without being too pushy)
- Practice a "modelling > 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

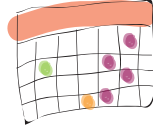
Key Steps



- 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?