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| **Support and Safety Hubs Concept Design:  Engagement with people who have used services** |
| Summary and Findings  Internal Report  June 2017 |

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## Background

##### Context

The Royal Commission into Family Violence (the Commission) recommended that the Government introduce Support and Safety Hubs (Hubs) in each of the 17 Department of Health and Human Services Areas (Recommendation 37).

The Hubs represent a major reform to Victoria’s system for responding to family violence and child/family vulnerability. In order for the Hubs to meet the needs of people experiencing family violence and children and families in need of support we are working closely with the social, health and justice sectors and the wider community to listen and create opportunities for co-design.

The Victorian Government is undertaking a phased approach to the co-design process for the Hubs, moving from a conceptual, state-wide focus, to a more operational, local focus over time. The concept phase has involved consultation and co-design with the community and stakeholders across the community, heath, justice sectors, including both government and non-government stakeholders.

The Hubs concept will underpin a strong and consistent state-wide baseline model for the design and implementation of Hubs in each area. The concept will outline the core components and requirements for all Hubs in all areas and ensure that they deliver a consistent approach and response for all Victorians.

##### Purpose of this work

The purpose of this work was to consult with people who have experienced the service system that Hubs will bring together – in particular in relation to experiencing family violence or needing support for children/family wellbeing and safety.

In the development of the Hubs Concept, it was particularly important for us to hear from the people who have used social, health and justice services, so that we can bring their insights, experiences, perspectives and views to the Hubs design. This will help us design better services that will work for the people that need them.

##### This report

This document provides a summary of what we heard. We recognise that the structure of the project, and the ways in which participants reflected on their experiences of the service system, did not necessarily follow the linear and structured format of this report.

Project team members jointly and individually analysed the feedback and conferred in order to interpret and organise the feedback provided to produce this report. Throughout the synthesis and report writing process, we have remained close to the raw material in order to present what we heard.

##### Terminology

In this report we refer to victims of family violence as women, and perpetrators as men. The use of gendered terminology is deliberate and reflects the dominant pattern of family violence, however we recognise that this is not the only pattern and that family violence occurs within the range of family or family-like relationships.

**Acknowledgment**

In producing this report, we have been humbled by the generosity of the participants in each of the consultations to share their deeply personal, and often traumatic, stories, experiences and insights with us, in the spirit of working together to create an improved service system for those who might need it in the future. We wish to acknowledge the inherent strength of each participant that was brought to the consultations, and their obvious commitment and overwhelming desire to contribute to the vision of a future where all Victorians are safe, thriving and live free from family violence.

## How we organised the consultation

Consultation sessions were organised in partnership with organisations providing community, social and health services to people and families across Victoria. Partner organisations invited a small group of their clients to attend and participate in a group discussion, held at the organisations’ location.

A total of nine consultation sessions were conducted between January and April 2017. This included four regional consultations.

##### Participants

We partnered with organisations who hosted sessions with people who have used their services. We requested that organisations identify potential participants who:

* were not experiencing risks to their safety (family violence, or neglect/harm), and have not experienced these risks for a minimum of 12 months
* were willing to participate and understood that participation is entirely voluntary
* had previously used the organisation’s services or were a current client
  + were able to attend and participate in a group session held at their location.

A total of 38 participants attended the sessions, mostly women. Although participant details were not gathered, many expressed that they had experienced family violence, although not all had accessed specific family violence support services. There were also participants from culturally and linguistically diverse communities, Aboriginal participants and participants with a disability.

##### Sessions

Design and facilitation of the sessions was led by DPC Support and Safety Hubs Service Design Branch and supported by an external facilitator and members of the Victim Survivors’ Advisory Council. We worked with each participating organisation to tailor the content and structure of the session to suit their group of participants.

Sessions were structured as group discussions with the content focussed on some of the design questions raised through preliminary consultation on the Hubs concept, including:

* How the Hubs would be accessed (including physical location requirements)
* The service offering and responsiveness, including after-hours capacity
* The branding and marketing of Hubs to maximise accessibility and avoid creating barriers or stigma, particularly for certain user groups
* The types of service offerings available through the Hub, including access to courts and justice services
* The extent of service delivery at physical locations, including through co-location
  + The expectations for the workforce particularly in terms of the culture and attitude required to deliver services in a respectful, empowering and supportive way.

We organised the discussion around four key themes, summarised in table 1.

Table 1: Key themes and questions for consultation sessions

|  |
| --- |
| Knowing where to seek help: Awareness of the Hubs  *“I had no idea where to start or what services were available – financial, legal, housing, personal support etc. I had no idea where to go for help. I was not aware of any services available to women in my circumstances.” (Anonymous, Submission to the Royal Commission).*  If you were thinking about getting some support, where would you first go? Why would you go there / to that person?  Thinking of your own experience, personality and culture, are there any things that would make you reluctant to contact a service? What could be done to address these things?  How do we make sure people know the Hubs are there to help? |
| Contacting a Hub for the first time  *“I would like to see in place, one organisation where you can just make one phone call to get the help you need...” (Submission to the Royal Commission)*  If there had been a centralised support service available for you, how would you have contacted it for the first time?  Would it have been you making contact, or someone else?  What would have given you the confidence to make that initial contact?  Thinking about a physical location, where would you want to go, and that would make it easier and safer to visit? |
| How support and services should be provided by the Hubs and their staff  *“In the last three years we have passed through the criminal justice system, legal services, housing, Centrelink, community health, mental health and counselling services, DHHS (Child Protection) and each time feeling more and more disempowered.” (Anonymous, Submission to the Royal Commission).*  What kinds of practical things could the Hubs, or the workers in them, do or say to make things simpler, and make you feel more in control?  What would make you feel safer?  If you were confident that your whole family was being considered – everyone’s risks and needs – what would that look like? |
| What services and support should be offered by the Hubs  *“Many people in situations of family violence will be seeking assistance from a variety of services and agencies all at once.” (Submission to the Royal Commission)*  What are the services that you need at different times? (e.g. ‘early intervention,’ ‘crisis,’ ‘recovery’)  Were there any unexpected stumbling blocks for you that it would have been helpful to have support with? (e.g. banking)  Would it make a big difference for any of these services to be co-located with Hubs? How else could they be connected?  How can the Hubs best support children? Or how can the Hubs best support you to support your children? |

## Summary

All of the people we spoke to were individuals, with different stories, experiences and needs. However, there were some clear themes that arose during the conversations. This section provides an overview of the key findings, which will be explored further throughout this report.

##### Women and children should feel heard, respected and empowered throughout their experience using the Hubs

To ensure the Hubs provide support in a respectful and empowering way, the overarching design of the Hubs should be informed by what the people who are accessing them need, both in terms of the service offering and the quality of the experience. This includes creating physical spaces and interactions that feel safe and non-threatening, providing help for exactly what people need, when they need it, and managing and coordinating referrals and processes so that services feel joined-up.

However, the main thing that influences people feeling validated, acknowledged and supported is the interaction they have with the workers, and we heard a lot about how this should happen.

##### Everyone should know about the Hubs and how to refer people to them

Awareness of the Hubs needs to be generated through awareness raising initiatives, advertising, community programs and other health and community services targeted to the general community and specifically to professionals in social, health, justice and education sectors. Sending a simple, clear message that the Hubs can provide support for people and families with different needs will help encourage people to access the Hubs (e.g. The Hubs aren’t just for people who know they are experiencing family violence and it’s ok to call even if you don’t know what you need).

##### There should be many ways to access the Hubs to accommodate different needs

Facilitating multiple modes of access (e.g. calling the Hubs, searching online and visiting a building) needs to be matched with a deep understanding of barriers individuals and families may face when accessing a Hub, such as psychological barriers, financial barriers, and for people experiencing family violence restrictions on mobility due to isolation and stalking by perpetrators. The Hubs need to be accessible for people at all stages of “the journey” and for people from diverse backgrounds and with additional needs (including people with a disability).

##### The importance of the ‘safety’ component of a ‘Support and Safety Hub’ for people experiencing family violence

The ‘safety’ of the Hubs needs to be guaranteed. Many were eager to discuss how the Hubs can provide safety. This included features related to how the Hubs worked, such as connections with Police and Courts, and risk assessment and information sharing, as well as more obvious physical design elements.

##### A broad range of services should be accessible through the Hubs

The range of services people might need (e.g. legal help, financial assistance, counselling) should be accessible through the Hubs. Participants placed a particular emphasis on the Hubs offering pathways to services that support long term recovery and wellbeing (including education and counselling), help to navigate the justice system, and immediate crisis support. Connections between services should be seamless for the person accessing services, with coordinated referrals to services happening ‘behind the scenes’.

## Detailed Findings

### Awareness of the Hubs: Marketing

We heard multiple times that people had found out about services either by being referred by someone in the broader service system (e.g. Police), or because they had made the effort to do their own research and in some cases, formal study: *“Only because I’d done the course [social welfare], I re-read my notes and thought maybe I could start here and get some help*.”

##### Raising awareness of the Hubs starts with communities becoming more aware of the risks and harm of child/family vulnerability and family violence

We heard that there needs to be greater awareness of the need to support people experiencing difficulty at home. In particular, we heard that communities need to be more open in acknowledging family violence and recognising it in different forms. This awareness will help victim survivors, but also anyone who might come into contact with someone experiencing or at risk of family violence. In particular, people told us that:

***“We need to talk about it. We can’t hide this anymore”***

* Prevention and awareness raising initiatives should point to the Hubs as the place to go for help
* More universal workers need to be equipped to identify family violence and child/family vulnerability and refer people to the Hubs for support
* The Hubs should reach out to communities. This could mean that they run programs in schools, embed workers in other services and build relationships with trusted places for different communities in each area (e.g. local faith groups or community centres)
  + Many people talked about the importance of removing the stigma that surrounds family violence by raising greater awareness in the community: “We need to talk about it. We can’t hide this anymore.”

We heard that this unwillingness to address family violence can be particularly acute in rural or regional areas, where communities are often smaller and “*everyone knows everyone*.” One women who had experienced family violence told us that: “*He came from an influential family here in town and so I was silenced.”*

##### There needs to be ‘one place’ to get help

We heard time and again that the message about where to seek help must be simple and clear so that *“people automatically know where to go.”* We heard consistently that *“there should be* one*number for Hubs”* and that this number *“needs to be as recognisable as 000, 13SICK or Lifeline.”*

One suggestion was to develop a small, simple and easily identifiable information book or referral card that can be provided through other services or by Police following an incident.

We also heard that *“Google is where people go”*, so the Hubs should be the first hit when you search for help with anything to do with family violence, healthy and unhealthy relationships, families, parenting and supporting children. Such search term links need to avoid sector-specific jargon in order to have the widest reach.

Advertising of the Hubs needs to reach people as they go about their daily life

We heard that we should “think like a business not like government” in terms of how we raise awareness of the Hubs. We heard that the advertising platforms we use should have a broad reach. For example, places like bus shelters and other transport sites were cited as good opportunities to raise awareness because they were places that people would pass in their day-to-day lives. The focus of this advertising should be about raising awareness, rather than “pushing” people towards the Hubs: *“Just knowing that the services are there would be good – I was new to the area and didn’t know of any of the relevant services”*.

Some also suggested that advertising of the Hubs should “go right into the home” through TV, radio and newspapers. The new TV ads were cited as a good example of the type of messaging that needs to be circulated. People emphasised that the phone number or web address for the Hubs must be displayed at the end of the ad. We heard that advertising should reflect the broad spectrum of people who experience family violence, and cited the ‘Violence is not our culture’ short film as a positive example of this. Advertising should target modes of communication and forums of particular communities. For example, radio programs and newspapers in different languages could be used to raise awareness within CALD communities. We also heard that the Hubs should be advertised through services that people are already in contact with like schools and school newsletters, GPs and maternal child health services.

### Reputation and atmosphere of the Hubs

##### Hubs should look and feel like a ‘community place’, not a ‘government service’

We heard that people are often distrustful of authorities and government institutions, particularly CALD communities and people who have had bad experiences using services in the past. A visible presence of Child Protection and Police has the potential to make some people feel anxious and could be a deterrent for people accessing the Hubs. Some people expressed concern that in accessing support for themselves, the involvement of Child Protection may be triggered: *“you don’t want DHHS involved,* ever*”.* This sentiment was expressed particularly strongly by Aboriginal women.

Other participants expressed fear about disclosing mental health, drug and alcohol issues or accessing support for these issues, particularly in relation to how this can be presented to the Family Court. One person told us that it felt like showing signs of anxiety or depression *“makes women bad mothers but gets men out on bail.”* It is important that we send the message that the Hubs are safe places for women and their children to seek help, where families will be supported rather than judged. We must market the Hubs so people know that facilitating self-determination and supporting individuals and families will be the Hubs’ priority.

A Hub that was positioned more like a community centre which offered a number of different services such as social activities or classes was seen as less threatening and more likely for people to access. One participant offered an existing organisation for refugees as an example of this; it has a library, some lounges, and a kitchen where people can have a free meal, which creates a relaxed, supportive community feel.

##### The reputation and success of the Hubs will be built on word of mouth

Word of mouth was one of the most commonly cited ways that people might learn about the Hubs. We heard that *“if people have a good experience they’re going to spread the word”* and that *“one person’s positive experience will communicate hope to others”*.

***“Trust comes from the personal recommendations from friends and family”***

Recommendations from other victim survivors and friends and family were seen of particular importance: *“Trust comes from the personal recommendations from friends and family.”* However, it was also noted that this will work both ways – *“negative feedback could also get out about the Hubs.”* The complexity of how we understand and build reputation was also acknowledged: *“Often the reputation of a service is not just about what is said, but what’s not said.”*

The words we use will affect how people feel about the Hubs

A number of people commented on how language can be confusing, disempowering or objectifying. Examples of this include:

* The word ‘intake’ *“sounds like you’re going into hospital or prison”*
* The word ‘system’ *“sounds clinical and impersonal”*
* The word ‘user’ is *“objectifying”*
  + The term ‘empower’ needs to be used carefully. Sometimes it can sound like the service is ‘giving power’ where as we need to acknowledge that people already have power within themselves.

In crafting the ‘message’ of the Hubs and throughout all communications, we should avoid impersonal language, and instead use words that are simple, relatable and personal. This can be tested with people to ensure we are speaking to them using their preferred terms.

### Psychological Barriers to Access

We heard about the multitude of psychological barriers individuals may be faced with when they want to access or contact a Hub. Long-term change will require cultural and societal change which is broader than the Hubs alone. However, psychological barriers may be partially addressed by prevention and awareness raising initiatives that guide people towards the Hubs, in addition to efforts to maintain a positive and non-threatening reputation of the Hubs. An understanding of these barriers is also important when we consider how people need to be acknowledged and supported when they do make contact with a Hub.

***“Even if there was a Hub, is she going to walk through the door?”***

##### Fear

Many women told us that for a long time, they were too afraid to seek help at all. We heard that women often fear being mistreated within the system, particularly by Police or Child Protection: *“[parents] are too scared to ask for help [from family services]”*. This fear was particularly acute for Aboriginal women who described that the cultural and historical legacy of the stolen generations has resulted in a reluctance to seek help from authorities like the Police for fear of *“having DHHS on your back.”* For women experiencing family violence, we heard that they are often reluctant to seek help in case the perpetrator finds out. Contacting a service or seeking support is still seen as incredibly risky: “*perpetrators will follow you*” if you try to seek help, and “*perpetrators can be vengeful.*”

##### Shame, Humiliation & Stigma

We heard that a deep sense of embarrassment, shame and/or humiliation are core psychological barriers to accessing support. Self-blame was also common: *"you have this sense of… how on earth did I get into this mess?"*

Women who had experienced family violence consistently told us that the first point of contact with a service was when they felt the most unsure and afraid: *"There is a huge amount of trauma and shame going on in that first phone call... I don't know what I was calling for."* Another person commented that *"I didn't know who was going to be on the other end of the phone, and would they understand? Eventually I hid [the pamphlet] and never looked at it again."* People talked about the shame as being a fear-inducing, inhibiting force to accessing support: *“It’s not easy to open up, it takes a lot of courage*”. In addition, even when people work up the courage to access a service physically, one participant commented that *"you feel as if a thousand eyes are on you, even if that isn't the case."*

***“Family violence is about humiliation – you don’t easily tell other people about it”***

Participants concurred that in certain cultures and CALD communities, the shame and stigma associated with acknowledging difficulties in the home and family violence can compound a person’s sense of shame, which incites fear: *"too many people in my culture are too scared of abuse"* and *"a lot of Asian people wouldn't even come out and say something."*

Minimisation

Participants explained that minimisation - downplaying the extent, nature and effects of abuse via self-deception and rationalisation - presents a significant psychological barrier to understanding their experiences as abuse or recognising that they deserve and need help and support: *"You are constantly telling yourself, is it really that bad? Really? Maybe it will change."* This highlights the need for validation and the use of careful questioning to encourage individuals to share critical information. People highlighted that this is particularly important in cases of emotional abuse and financial abuse, which victims often minimise: *"Because he didn't hit me, it's not that bad."* Participants also noted that minimisation can extend to their recognition of the impacts of family violence or other issues within the family on children: *“My youngest saw it first-hand… he just stood back and saw it all”.*

### Ways of accessing the Hubs

We heard that it’s important to be able to contact the Hubs in many different ways in order to make sure that anyone who might need to seek support can do that in a way that is possible, and comfortable, for them. People told us that regardless of the means of contact, there should always be the option to make an anonymous enquiry.

##### The Hubs should be accessible 24/7, and consider ‘family time’ not business hours

We heard unequivocally that there must be some way of contacting the Hubs and obtaining support 24 hours a day, 7 days a week.

Some recognised that it would not be feasible for the ‘physical Hub’ to be open 24/7. However, there was unanimous agreement that it is essential that people can pick up the phone and speak to someone at any time of day, especially at times of crisis.

We also heard that the Hubs should run on ‘family time’ not business hours. We heard that people may want to access the Hubs during and after school hours, and that the Hubs should be open during the evenings as this is when families commonly spend most time together and issues are most likely to arise. For the same reason, people said that it was essential that the Hubs are open on weekends, and during holiday periods such as Christmas and Easter, with planning for higher demand for support and services at these times.

Accessing the Hubs needs to be free

***“I’ve got no bank cards, he’s got everything”***

Financial barriers were identified as an obstacle inhibiting access to support services. We heard from participants who had experienced family violence that money was often used as a means of control: *"I've got no bank cards, he's got everything."* Participants explained that financial control not only isolates the victim and undermines the ability to be independent, but crucially, limits mobility and the ability to freely seek help from services: *"You carry the burden of expenses when you're at rock bottom, and you have to travel to services."*

Phone calls to the Hubs should be free; people may not have credit on their phone, particularly if their finances are being controlled: *“My husband controlled the finances, he had my bank card. He only put $10 on my phone for me to call my sister overseas.”* We also heard from one person who works with a group of people with disabilities, who noted that two thirds of the group didn’t have credit on their phone. In addition, participants suggested that vouchers for petrol, transport cards and other forms of transport help that can facilitate access to the Hubs should be made available without overly burdensome processes and reporting requirements for people or their workers.

##### Access may be affected by technological stalking and technology-facilitated abuse

Control through technology was cited as another barrier to access for women experiencing family violence. One woman told us that *“I had to be moved up here [to a regional area] from Melbourne because he just kept finding me.”* The use of GPS technology to trace a victim’s whereabouts in addition to tracking messages and calls was a commonly cited experience among victim survivors: *"He used an app where all my messages went to him"; "He had an application that kept track of all the devices in the house."* Participants suggested that the provision of disposable analogue phones in order to be able call crisis lines or access the Hubs was a possible solution to this. Another participant highlighted the role of technology-facilitated abuse, even after leaving the violent relationship: *"It took me two years to plan an escape... But even after that, the electronic and technology tracing was horrible."*

##### Referrals may come from police, child protection, family and friends or other services

It was noted that many people will come to the Hubs through a referral from the Police, or another service. There was significant discussion about which places or people in communities could make these referrals. We heard that it will be important for the Hubs to build these networks in local communities to raise awareness and encourage referrals.

Suggestions for possible ‘referrers’ to the Hubs included:

* Mosques and other faith centres (*“The Sheikh at the Mosque works with InTouch and also refers women to the police – he tells them that they do not have to live with the violence*”)
* Centrelink – *“Many people go there”*
* ESL teachers (at services like AMES for example)
* Family day care staff and childcares
* Maternal Child Health Nurses
* School nurses, as well as schools in general, including teachers
* Immigration services and community services for newly arrived refugees and immigrants
  + Family and friends.

All of these potential referrers need to be supported to understand the dynamics of family violence and the risks to child safety, wellbeing and development.

People often mentioned that it will be important for Police to refer people to the Hubs when they attend family violence incidents; this is consistent with the Royal Commission’s recommendation that L17 referrals (Police referrals made after attending a family violence incident) go to the Hubs. We heard that police must be well trained to identify and respond to violence in all its forms (e.g. emotional and financial control as well as physical abuse), and should help people make contact with the Hubs. People suggested methods such as providing a clear, easy to read ‘referral card’, calling the Hubs on behalf of someone or helping someone make the call themselves.

One woman described that when services call in response to an L17, you’re often reluctant to take up the offer of support there and then: *“It takes you a long time to realise, “Really, that’s me? I’m a DV victim?”, You might take a month to engage, and that should be ok.”* Women described that often services are too quick to back off when someone says they don’t need help. It was suggested that the Hubs should make follow up calls for L17s to provide women with further opportunities to engage.

For some, their *“first experience with any service is the knock on the door and kids taken”* so they are reluctant to take up services offered. It will be important for Hubs to emphasise that their role is to support families before issues escalate, as *“it is much better to deal with family services than child protection”.*

We also heard about *how* referrals should be made. We heard that often the referral process is overwhelming and that people often don’t know where to send you for help. Examples of this include:

* *“My doctor gave me this big long list of phone numbers and it was overwhelming”*
* *“Don’t refer people to services that won’t be there or are being closed”*
* *“Often these places (universal services) don’t know what to do, and so I felt a bit stupid [for asking in the first place].”* 
  + Giving out too many flyers, makes people feel like they’re just being handed a brochure without people really listening to what their needs; it just feels like *“useless crap”*.

The people in the roles mentioned above should know about the Hubs, and how to support someone to be referred to the Hubs.

##### Most people will make their first contact by phone

***“This is a call you make once in your life”***

While people acknowledged that face-to-face contact is beneficial, calling on the phone was commonly cited as the most convenient way to contact a service directly.

People told us about the importance of being able to speak to someone quickly, and how it feels when they are put on hold or have to sit on a waiting list: *“This is a call you make once in your life”,* “*If you’re put on hold, you just hang up.*”

One woman told us: “*I called the same number four times before I spoke to someone who could help me. Anyone else would have stopped calling, and the people who need the help most are often likely to give up trying first because the risk they will be caught finding help/trying to leave are so great*.”

We heard that people wanted to be able to speak directly with someone that could take their call, listen, and provide help, rather than speaking first to ‘a receptionist’ and being transferred to a case worker. We heard that whoever picks up the phone, must have the appropriate training, and should be highly skilled and knowledgeable in terms of how to respond to the breadth of concerns someone might be calling for.

We heard that people often made multiple phone calls before visiting a service in person. It’s important that the Hubs keep records of these calls, even if they’re made anonymously (reference numbers can be given to people to use when they call back) so that the person can pick up where they left off.

However, speaking to a stranger on the phone won’t suit everyone. We heard that for some people, talking over the phone can make them anxious. We also heard that phone access can be difficult for people who do not speak English (using interpreters over the phone is often difficult as you can’t use body language and facial expressions to assist translation), and people with a communication impairment.

As mentioned above, phone access needs to be considered in light of the potential for technological stalking and monitoring of phone records.

We also heard that when workers initiate calls, it is important that the conversations are timed carefully. We heard stories of women finding it difficult to have conversations about what she was going through while her children were in the room.

It can also be difficult to receive ‘call backs’ – people need help there and then and this could be someone’s only time during the day that the perpetrator isn’t watching them. These considerations are also mentioned in the section on timeliness of services.

##### Online access can be useful but it will not suit everyone

We heard that people would find it useful to access information about the Hubs online, prior to making contact.

We also heard that it could be helpful to have online forums or ‘live chat’ options for contacting the Hubs. One person described how online access can provide anonymity and detachment which can be helpful for people who lack confidence seeking help - it’s on your own terms and *“you can do it when you’re ready*”.

However, it is also important not to assume that people will want to or be able to contact a Hub online. We heard a number of times that a lot of people don’t have internet access or don’t know how to use a computer or the internet. Some people with a disability told us that filling out a form online can be *“horrendous”*, as they worry about ticking the wrong box.

As mentioned above, internet access also needs to be considered in light of the potential for technological stalking. Perpetrators can track websites visited, and emails sent and received.

##### Physical Hubs should be centrally located and open with options for discrete access

For most people, being able to access a physical Hub was important. Many people envisaged the Hubs as a safe, non-threatening place in the community where you could access a broad range of different services, or simply ‘drop in’ and use the space.

***“I was so monitored … but going to the GP, I could cover what I was doing”***

For reasons of convenience, and also because some perpetrators exercise extreme control over their victim’s mobility, people talked about the Hubs being embedded in or next to places in the community that people already go, such as community centres and libraries. Capitalising on access points where women can go alone and children are welcome - for example, the doctor – can help when a victim of family violence’s movements are restricted: *"I was so monitored... But going to the GP, I could cover what I was doing."* People expressed strong support for locating the Hubs in a building that offers multiple services so that *“no one knows what you’re going in for.”* While some people expressed strong support for locating the Hubs in shopping centres, other were less sure, commenting that *“It’s very rare that I’ll go to one of the main shopping centres and not run into someone I know.”* People talked about the Hubs being located *“close to town [but] not on the main street.”*

While the issues of stigma and risks to safety associated with accessing the Hubs were broadly acknowledged, in general we heard that the benefits of ‘openness’ outweigh the risks. At the same time, options for accessing the Hubs ‘discreetly’ were seen as important. This could mean using discreet signage (avoiding the ‘shopfront’ look), embedding the Hubs within a broader service centre (as mentioned above) or having a separate ‘back door’ as well as a ‘shop front’ entrance. The ‘dual access’ model was suggested on a number of occasions.

People discussed the importance of having sufficient and affordable parking nearby. It was also emphasised that the Hubs should be accessible by public transport. However, there can be issues with this, such as connection schedules meaning that trips are too long. We also heard from CALD participants that language barriers often prohibit access via public transport: *"If you can't read English, you can't read a bus timetable."*

##### The physical Hub should feel welcoming and non-threatening

We consistently heard that the design and atmosphere of the ‘physical Hub’ must create a sense of *“warmth and openness”*. One person told us that *“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.”* Another person similarly described that she’d like the Hubs to feel like a home where you can enjoy food and company, and children are welcome. We also heard that, for the families accessing the Hubs, the physical spaces should feel more like a family centre than a women’s centre, with plenty of spaces and features specifically designed for children: *“The hub environment should be about family… not a prison”.*

***“If a Hub can create that sense of home and security that would be wonderful”***

Just as we heard that the Hubs should not be marketed or ‘branded’ as a *“government service”*, people said that they should not feel like this when you walk through the door. People talked about the importance of having pictures on the walls, and friendly faces there to greet you.

As mentioned above, one person gave an example of a service that was a non-threatening space that made people feel welcomed and comfortable, and a good model for the physical space of the Hubs: *“People can walk in anytime, there is lounge areas, a library, volunteers available for a chat, a kitchen where you can get a meal…You can make appointments with counsellors, solicitors, employment services.”*

Aboriginal women told us that aboriginal art work, flags and written acknowledgements of country all send the message that a service is culturally safe. An Aboriginal controlled health service was cited as a good example of this – *“there I feel welcomed, at other services I don’t feel like that.”*

A number of people made specific suggestions for how to create a welcoming and accessible place:

* Reception staff who remember people’s names and welcome people to the building
* Staff not ‘looking different’ e.g. not wearing lanyards or clothing that makes them look too different from the people who are visiting the Hubs
* Open areas for direct communication: *“In a wheelchair it’s hard to speak through a plastic screen”*
* Not displaying self-help and health promotion posters, such as those for sexual assault, drug and alcohol support (i.e. ‘Have you been sexually assaulted?’, ‘Are you fighting addition?’): *“they are depressing and anxiety-producing”*
  + *“No white walls and fluorescent lighting”*

As well as providing a comfortable and welcoming environment, people also emphasised that the environment should feel secure and safe. We heard that the Hubs should *“feel like a safe place against danger.”* Some mentioned that the Hubs may require security measures, such as screens or security guards, similar to the security presence at hospital emergency departments. One woman told us that the name ‘Support *and Safety* Hub’ “raises the stakes” for what the Hubs offer: *“If we’re going to promise a Safety Hub then we have to deliver it, and that requires the Police.”* We heard clearly and consistently that the *“justice system is critical to the Hubs’ ability to offer safety and protection.”*

Outreach: some people will need the Hub to come to them

We heard that for some, the barriers to access are so significant that the Hubs will need to go to them, rather than them coming to the Hubs.

For some people, physically accessing a Hub might be difficult because they live in a regional or remote area, or public transport is limited: *“where I am, basically we’ve got one bus in and one bus out”* and *“relying on public transport is hard because sometimes connections take two hours.”* We also heard that for some women experiencing family violence, the perpetrator’s control over her mobility is so extreme that she is unable to leave the house or is constantly being stalked.

***“Where I am, basically we’ve got one bus in and one bus out”***

##### Perpetrator access

People were quick to acknowledge that if we raise awareness of the Hubs so that victims and families know where to seek help, perpetrators will also become aware of them.

Most women expressed a strong preference that victims and perpetrators access services at different physical locations: *“I’d rather go to someone who was there just for me”; “I don’t want to be anywhere near the perpetrator.”*

However, we also heard that there could be ways to mitigate this risk:

* Services for victims and services for perpetrators could be delivered at different locations
  + There could be rules that you can’t loiter out the front of the building (similar to the provisions created around the medically-supervised injecting centre in Sydney).

We also heard that safety could be achieved through visibility. If the Hub is prominent in the community, perpetrators might in fact be less inclined to go there to cause trouble in fear of being ’outed’ as a perpetrator of family violence or being caught breaching an Intervention Order. One person drew an analogy to the establishment of the particular community centre in the local area. She described that while community members were initially concerned that the centre would increase drug use and criminal behaviour in the area, she felt that the centre has had a positive influence on the community.

### How the Hub team works with people

##### Hubs need to ensure that people are treated with respect

People who go to a Hub want to be treated as equals, and want people who work with them to be open and transparent. Throughout these consultations on the Hubs, we heard people talk about good and bad examples of how they’d been treated, and how they would like future service delivery to look and feel through the Hubs.

Some examples of ways that make people feel heard, validated, acknowledged and supported are:

* Rather than workers sitting behind desk, they sit next to you on comfortable chairs
* Eye contact – *“She just sat there with her clipboard and barely made eye contact. I felt like I was on a conveyor belt”*
* Workers asking about what’s going well in your life (highlighting your strengths), what your values are, and seeking to understand who you are and *“what makes you tick”*
* Workers being open and transparent, particularly with people’s files; sitting with people and checking to see whether files are accurate or whether anything is missing
* Giving people the choice about whether their information is shared
* Providing clear information and advice, but empowering people to make their own choices: *“Laying out options openly and letting the person decide”*
* Making contact regularly to check in, and following up when they say they will; not promising to be in touch and never calling
* Being proactive and offering help with things that aren’t normally thought of as ‘services’ (particularly in response to immediate issues). Examples of this that we heard include:
  + - Driving around to find a perpetrator’s car so that the registration number could be given to police
    - Arranging a night in a hotel when the new rental house a woman arrived at was dirty and uninhabitable, without needing to be asked
    - Having mail sent c/o to the worker when people don’t have consistent addresses
    - Arranging for cleaners, and helping to pack and move house.
    - Workers taking young people out for lunch, and having chats about things to do with them as a person, not just what they’ve gone through.

Part of treating people with respect is keeping them up to date about anything that affects them. For instance, when perpetrators appeal sentences, are released from jail, or when anything else occurs that changes the woman or family’s risk. People should be included in decision-making about their own risk level, and any required actions.

##### Workers need specialist skills, training and expertise, and people with lived experience should contribute their expertise

We also heard about the importance of the practical skills, expertise and training that all workers in the Hubs will need to have:

* Thorough understanding of the nature and dynamics of family violence, in all its forms, including an understanding of the impacts of language
* Training in risk assessment and management, including how to make risk assessment an empowering and validating experience for victims
* Being able to assess and identify the needs of children in their own right
* Trauma informed practice (including understanding of generational trauma and the risks for re-traumatisation)
  + Cultural awareness.

People also noted the significant challenges that people working in the services must face, and that workers also need to be supported. We heard that it’s important that workers feel that they can genuinely offer help to people, and that organisations need to check in on workers to ensure they are managing their workload and are feeling supported in the work they do.

Another suggestion participants made for the workforce of the Hubs is to employ people who have lived experience of family violence, and/or create opportunities for volunteering in the Hubs. Multiple participants expressed enthusiasm about this: *“I want a job at one of these Hubs.”*

***“I want a job at one of these Hubs”***

##### Respect, validation and expertise is particularly important when someone first contacts the Hub

We heard from people who had experienced family violence that there’s a *“huge amount of shame and trauma going on at that first phone call”* and that the Hubs/workers need to understand this. One women told us that when she first called a support service she felt *“shut down”* and like she hadn’t been heard.

We heard unequivocally that people must feel listened to and validated in this first interaction with the Hubs: *“I needed someone to take me seriously”*. We heard overwhelmingly, that the Hubs should take the time and truly listen to what’s someone’s needs and circumstances are: *“Don’t interrogate me, believe me.”* We also we heard that it will be important that workers verbally acknowledge and validate the person’s experience and reason for seeking help, for example:

***“When you’re in survival mode, you don’t know what you need”***

* “*I believe you. Now here’s what we’re going to do…”*
  + *“You’re going through massive trauma. Needing some help to look after you kids isn’t something unusual or something to be ashamed about. Any family in your situation would need some support.”*

Hearing affirming statements such as these help to build trust at the initial contact. This is important because, as one person told us that *“you need to be able to relax enough to give over the critical information.”*

This was emphasised in particular by people who had experienced family violence. We also heard that at this early stage, when someone is first seeking help and trying to understand what’s happened to them, it can be difficult to articulate why you’re calling and what you need.

* *“You don’t know you need support, you often call out of sheer desperation”*
  + *“When you’re in survival mode, you don’t know what you need”*

Many people told us that for this reason, the Hub workers have to help “*de-scramble your thoughts*” and “*ask leading questions*” to guide you. “*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.”*

We heard that the ‘initial person’ (or as we call them, intake workers) should be very experienced – *“everyone is well meaning but not everyone is equipped to see the big picture”*. We heard that it’s important that workers understand the effects of trauma and can recognise the levels of fear or stigma associated with seeking help.

We also heard that there should always be an ‘outcome’ or ‘action’ of the initial contact so that *“I know that something is happening to support me and any direction that I could be given”.* People should always hang up the phone or walk away from the Hubs with a sense that they have been heard, their immediate needs have been addressed, and they know what the next step will be.

##### Assessing the situation and finding the right supports needs to be an empowering experience

We also heard that the Hubs should be equipped to support people at the different stages of their experience. Given that people have different needs at different times, workers need to be able to offer distinct types of information, advice and support at different stages, whilst maintaining a view to the ‘larger picture.’ In general, we heard that at times of immediate need, processes should move faster and the Hubs should ‘pre-empt’ the support needs of people without them needing to ask (e.g. repairs to damage at home). However once immediate needs have been met, the Hubs should put the person in control and provide clear advice and options so that they can make decisions for themselves.

***“You want someone who sits down and listens to your story, doesn’t generalise and doesn’t push you out the door”***

We heard that in assessing what your needs are and what supports the Hubs could provide you with, “*You want someone who sits down and listens to your story, doesn’t generalise and doesn’t push you out the door.”* Many people strongly advised that ‘risk assessment’ and ‘needs assessment’ must be done “*on their terms*” and should not be rushed. In addition, it is important that these conversations are timed carefully: “*I was made to have all these difficult conversations while the kids were in the room.*”

Children’s needs should be assessed individually – many women reported that their children’s experiences were overlooked or not viewed as distinct from their mother’s: *“The kids are usually the last thing on the agenda”.* In particular, people talked about the importance of providing a “*safe space for children to be heard*” and allowing kids to share and express themselves. We heard examples of some good practice in this space, but that these services are not consistently available.

It was also emphasised that the assessment process needs to consider the whole family – including the roles of both parents. Some women reflected that services and supports often placed less emphasis or responsibility on fathers and did not engage with them, and that this translated as an increased burden or unreasonable set of expectations on them as mothers.

We heard that often there are lots of things going on and that, “*workers often ignore the underlying issues*.” We heard that it will be important that workers listen carefully in the first few conversations with a person or family seeking support and work to understand the breadth of their needs.

People reported varying experiences of the process of risk assessment. While some women told us that it make them feel like they “*had to pass a test to get the help [they] need*” when they were asked a long list of risk related questions. Some also described that this can make them doubt whether or not they are ‘eligible’ and can make them resistant to seek further support. Others described that they found the risk assessment empowering: “*My risk became tangible, it confirmed and validated the risk I felt*”.

Safety planning, both for the short- and long-term, was seen as important: “*I tried to call multiple services to organise a safety plan, none of them could help me. In the end I wrote my own*.” It was suggested that the Hubs should do interim safety planning so that people know where to seek support if things become overwhelming (e.g., a crisis phone line). People should also be assisted with safety planning for the long term too: “*Even though I’m out of real danger now, sometimes when there’s a lot going on I get overwhelmed. I need a clear plan of what to do and who to call when that happens”.*

##### Ongoing relationships with key workers are valued, but the main thing is that the team is working together

While some mentioned that “*one worker who can do everything*” is important, there was also broad acknowledgement that this one worker won’t be available all the time and that sometimes you will need support that is beyond this person’s expertise.

We heard a lot about the importance of someone being able to see the full picture of what’s going on, and help you manage your contact with a lot of different services. One women told us that services kept “*loading me up*” with forms to fill in, or things to do, and that she ended up “*case-managing my own stuff*.” Others described that it would be helpful to have someone who could go with you to places such as Centrelink or the Victims of Crime Assistance Tribunal to coordinate everything that’s going on.

Some people talked about the value of having some kind of ongoing relationship with the worker you first spoke to on the phone. We heard that “*It would be wonderful if the person who takes your call is the first person you meet. When you entrust someone with your story, you want to know who they are*”. This person added that “*This doesn’t necessarily mean it has to be one person. It could be a team, as long as workers say ‘let’s take off from where you were last time’*”.

One suggestion was that you could set up the teams so that each person has one main worker who is the primary person they go to, but they also get to know the other workers in that team so that when the main worker is away there’s a familiar person they can call. This would help if people needed after hours support, or support when their main worker was on leave.

One woman told us that she had 5 workers, including an immigration worker, a refugee support group worker, a housing worker, a specialist family violence worker, a counsellor as well as workers for her children. This woman explained that it was sometimes difficult as some workers were better at their jobs than others. She said it was valuable that one of the workers was the same person throughout her journey: “*my worker remembers all my life in Australia*”.

##### Storing and sharing information will help to avoid having to re-tell your story

We heard that regardless of how many people you work with at any one point in time or throughout your journey, there should be a way to keep a record of your story, previous assessments and case history so that they can be shared between workers (with appropriate consent). There was broad agreement and acceptance of this among participants and in some cases, surprise that this did not occur as standard practice.

***“Having to repeat your story makes you feel like you haven’t been heard”***

We heard clearly that “*you should not have to repeat your story again and again”* and that *“having to repeat your story makes you feel like you haven’t been heard”*. We heard that *“repeating bits and pieces is ok”,* but *“repeating your story in full”,* feeling pressured to delve into the “*nitty gritty*” and *“answering everyone’s repeated questions”* is *“absolutely exhausting”* and can make you feel *“so alone”.*

This is particularly so in times of crisis, when people may not have time, or be in a state of mind to answer lots of questions and re-tell their story. For this reason, “*Information should be all in one system, in one file*.” This file should include a “*log of all communications*” – including phone calls as we heard of many instances where people were re-referred or re-approached a support service.

The system should also be able to connect the data of different family members so there is visibility of referrals made for individuals, or services being provided to individual members. All data should, of course, be securely protected. Women and families must also have a say in how their information is shared.

### What services should be accessed via the Hubs

The breadth of services that people may be involved with can feel overwhelming: *“I was involved in numerous services, meetings nearly every day, and dealing with a ‘psychopath’. It was just too much.”*

In general terms, we heard that as far as possible, the Hubs should be a ‘one stop shop’ for all the different types of services people experiencing family violence or needing support with child/family vulnerability might need. Whilst the design of the Hubs will mean that some services are co-located and some are not, for the people accessing them it should feel like they are able to access everything through one central point.

We heard that co-location of certain services has worked well for people in the past. For example, having police and counsellors in the same building means that people can be quickly referred or get support as they need.

Participants acknowledged that although ideally the Hubs should be a ‘one-stop shop,’ if the right service for an individual or family isn’t there, “*they should be able to direct you to exactly the right place*.”

When we talked about ‘what services should be available through the Hubs’, a broad range of different services and supports were suggested. People discussed that the Hubs should address the breadth of a person’s and family’s needs. We heard that at the moment, “*Workers often ignore the underlying issues”* and so it will be important that the Hubs are equipped to connect people to support with matters beyond child/family services and family violence, including housing, financial hardship and mental health support.

##### Connections between the Hubs and other services

Few participants identified which services the Hub should deliver directly and which they should facilitate access to through a supported referral. We heard, however, that for the people accessing services via the Hubs, the connections between various supports should be ‘seamless’ – such that the connection between the Hubs and the ‘broader service system’ is indistinguishable for the individual. One participant likened the concept of the Hubs to a music band in which lots of specialists come together, each with their own unique instrument but all reading from the same sheet of music. The sound is more powerful and richer when different musicians play together, but only as long as they are all ‘in tune’.

##### Referrals when required

We heard that in the current service system, workers should be able to admit when they can’t help you (*“just admit when you can’t help or don’t know*”) and help the individual or family access other services: “*They need to say: these are the services we offer, but we can help you access others*.” This means that in the Hubs it will be important for workers to be clear and transparent about what services are available and how they can be accessed.

***“They need to say: these are the services we offer, but we can help you access others”***

We heard clearly and consistently, that when the Hubs do refer people to services, this needs to be done in a supported way. We heard that the Hubs shouldn’t just “*refer you on and on*” and that it will be important for workers to have a solid understanding of the different programs and services available so that they ensure people get the right support.

One woman described how she was given a long list of various supports or services she might need help with (e.g. ‘If you need an alarm system installed, call this number, if you’re looking for counselling for your kids, try this service’). She said this was useless because, as a result of the stress and trauma of family violence, “*I could barely do the shopping.*”

People emphasised the importance of not being left to wait to be linked into services without any other supports or contact with services in the interim: *“You should never be left just waiting.”*

In general terms, the following services were seen as important to be delivered immediately, indicating that they could be delivered by the Hubs directly:

* Information and advice on a broad range of matters, especially for people who just want to come in and talk but aren’t ready to take up support. This might include information about parenting, family violence and healthy relationships, or practical support such as:
  + - Advice and help with support and programs for children - including parenting programs, afterschool activities for kids
    - Help filling in a Centrelink application form (they were described as confusing and stressful)
    - Assistance with Victims of Crime compensation applications
    - Assistance with technological security, such as how to be untraceable on social media, but not forced to live their lives offline. This could also include help to get new phones and other devices, and information advising on privacy breaches
    - Legal and financial advice for instances of financial abuse.
* Immediate crisis assistance, including emergency housing
* Support through the justice system (e.g. applying for intervention orders or attending court)
* Practical tasks, such as:
  + - Organising clean up and repairs to homes after property damage: *“I had damage to my house, so I needed repairs and cleaning. I was told just to board up the windows with cardboard”.*
    - Changing locks and setting up home security systems

##### Childcare allows women space to organise themselves and work things out at home

Many women who had experienced family violence told us that it would be very helpful if the Hubs could ensure that children are looked after whilst they have to deal with things like making a statement to Police, filling out paperwork for an intervention order, or attend a counselling session. One woman told us that she was required to undertake a psychological assessment, but because she couldn’t find anyone to look after her children, she didn’t go. This meant she had **‘**breached**’** her arrangement with DHHS and was “*at risk of having her kids taken away*.”

##### Support for people in crisis should be immediate and streamlined

We heard that when people are experiencing ‘crisis’, support must be available immediately and directly focused on the most urgent needs. One person commented that it is frustrating when workers need to ‘seek approval’ from their managers to provide practical supports (like fuel vouchers), and that the workers at the Hubs should be able to provide these things right away. Another participant suggested ‘emergency packages’ that include items like petrol vouchers, Myki cards, food vouchers, a disposable mobile phone or SIM card, and information about services could be discreetly provided to victims of family violence after an incident or crisis. It was noted that these packs would provide some interim relief and support while you’re waiting to be connected to other services.

Housing was identified as one of the most important services the Hubs should be able to connect to in a direct and immediate way. One person even suggested that the Hubs should have emergency overnight accommodation on site. We heard that Hubs should provide access to a ‘safe place’ where you can have a meal and a bed for the night if you can’t stay in your home. It was emphasised that there needs to be greater availability of emergency housing for women feeling violence, particularly in Melbourne.

##### People need greater levels of support with navigating the justice system

We heard consistently and clearly that the “*justice system is critical to the Hubs’ ability to offer safety*.” We heard that victims feel that police and the courts are the only services who have the ‘authority’ to keep people safe, and therefore their involvement with the Hubs is critical.

People described that processes involving the justice system (Intervention Orders, criminal proceedings, and the Family Court system) are some of the most difficult things to manage without support. We heard that some people had bad experiences with the justice system; one person felt that “*the family court system is an extension of the abuse*”, another described being in the same waiting room with family members she hadn’t seen for years. Others told us that they thought Intervention Orders were “*useless*” and that they felt breaches and further incidents continue to occur. People told us that court processes are confusing and hard even if you have previous experience with them, and particularly if you have to go through the process alone.

***“The justice system is critical to the Hubs’ ability to offer safety and protection”***

Whilst people recognised that the Hubs won’t replace the work of lawyers or police, they told us that it would be great if the Hubs could provide support through the complicated and confusing processes associated with things like intervention orders, criminal proceedings and going to court. The Hubs could:

* Help victims of family violence and families obtain legal information, advice and representation. Many people described the frustration of being unable to access legal services if the perpetrator had ‘got there first’.
* Have a quiet room where people can fill in paperwork and write affidavits – these are long complicated documents that sometimes need to be completed quickly. There could be people on hand to help you and some kind of child care service to allow the parent the space to complete the affidavit.
* Provide information and ‘transparency’ around difficult and confusing processes (i.e. what to expect when you go to Court).
* Provide assistance and information about family law and going to family court.
* Provide help to access funding and support through victims of crime programs.
  + Ensure that there is someone to go to court with you: *“A lot of us go to court on our own and it is awful”.*

##### Other services should be accessible through the Hubs

Some people spoke about the potential for early intervention services to be delivered in parallel with health services; in particular, pregnancy was seen as a high risk time for family violence and an opportunity for early intervention services to be delivered.

A number of participants suggested that people should be able to access education and information on the dynamics of family violence (including information on the ‘circle of violence’). One woman completed a six-week course on family violence, and she said that for her, the course was a “*really intense, good course that enabled me to calmly identify [that what she had been through was family violence]*”. The certificate made her feel more in control, and she felt empowered to have calm conversations about family violence with others. Others noted that they would be too time-poor to do such an intensive course, but that making a shorter online version accessible would be good.

We also heard that the Hubs should consider others ways of supporting wellbeing and building self-esteem. There were a number of suggestions for other services, that could be identified and people could be connected to:

* Opportunities for ‘self-care’ – e.g. trips to the hairdresser and Dilly Bag programs (three-day workshops that focus on reconnecting Aboriginal women with their culture and themselves)
* Programs and supports to strengthen women and children’s’ identity – including cultural identity
* Self-defence courses
* Art and music therapy
  + Social outings and events in the community (e.g. movie nights).

Other women may need assistance specific to their religion or cultural background. For example, one woman told us that she was divorced from her husband under Australian law but he said that they were still married under Islam and that the divorce was haram. Her worker helped her to divorce her husband by supporting her to contact the Sheikh at her Mosque.

##### Hubs should understand the importance of the long-term needs, and connect people to services/ programs to support these

Across all sessions, it was emphasised consistently that support should be long-term and that continuity of care is important for families and children who need support.

In relation to family violence, participants strongly emphasised that Hubs need to operate with an understanding that recovery takes time, and a deep understanding of the dynamics of trauma.

***“It’s only when you feel safe that other needs start to emerge”***

We heard from many people that the types of services needed in the long-term are very different from those needed in crisis: *“When you are in crisis, you are in fight/flight mode. The real scars and the real battle emerge after the fact. No services were available then, because I wasn’t in danger.”*

One participant told us “*No one should ever be told, ‘you are a year on – tough luck*.’”The ‘support’ component of the Hubs needs to be delivered; “*The Hub needs to be that hand supporting you until you’re well*.” People need to know that there are different services available at different times but they also need to know the services they had received are still available. Information and transparency regarding “*where can I go if things ‘flare up’?*” is crucial to supporting individuals managing dynamic risk.

We heard a lot about the financial difficulties that families needing support and family violence victims face, and the types of help people might need with sorting out their finances in the long-term. The Hubs should be able to provide access to financial counselling and advocacy. People described that it would be helpful to have assistance with disentangling joint utilities accounts, phone plans and bank accounts after a separation, setting up new accounts or organising to be placed on hardship plans, as well access to holistic financial counselling and education to plan for the future.

Practical support was also identified as important for the Hubs to be able to connect people to, such as:

* Help with enrolling children in school, organising school uniforms etc.
  + Transport to appointments or house inspections for people who don’t have cars: “I had been relocated to a refuge and so I had to pack up my unsafe house without a car. I had to look for a new house without a car”.

Taking a broader view, we heard that individuals and families need to be linked with services in order to re-build their lives. After times of difficulty, people may need to establish a new sense of purpose and move on with their lives with a sense of agency. At a practical level, individuals and families need income to support themselves and their children. Some of the women we spoke to said that they would have liked to be linked with services to help re-build their lives and promote long-term recovery: *“Housing, finance and counselling to help the women lead an independent life”.* Other services referenced included:

* Education (e.g., TAFE, short courses, language courses). We heard that the Hubs should be able to help people get into schooling and short courses: “W*hen you educate people, it sets them up. It’s all about education*.”
* Employment services (not just Centrelink)
* Mental health and drug and alcohol services (possibly co-located at the Hubs)
  + Peer support groups.

##### Hubs must provide tailored services that meet the needs of children – from toddlers to teenagers

In every session, we heard strongly that the Hubs must provide genuine, tailored support to meet the needs of children. We heard that “*People never knew there were problems. The question of what to do when the kids are in trouble is ‘hidden away*’.”

This was seen as particularly important for families that have experienced family violence: “*Kids pick up a lot – when they have experienced family violence they grow up quickly – they are over exposed and traumatised.”* One participant said they would like to see programs that explains to parents the effects that experiencing family violence can have on children.

We heard that the Hubs must ensure that the developmental needs and ongoing safety and wellbeing of children is put front-and-centre. Assessing and addressing the child’s needs must be coupled with an assessment of how the family can support the child – for example, through parenting skills programs.

There was significant discussion about the importance of providing more available services, and a range of different options for families needing support. As one young person described, “*Child Protection can’t be the only service response for kids*.”

Specialist, trauma-informed and age-appropriate counselling for kids was cited as an essential service that the Hubs must be able to provide access to. We repeatedly heard stories of women trying to access these services for their kids, but not being able to find a counsellor with the appropriate skills and availability. We also heard that connecting to services like alternative therapies, such as art and music therapies, should also be considered by the Hubs.

We heard that counselling plays an important role in educating the child about what’s happened. Women told us that they often find it difficult to bear this burden of trying to help their kids come to terms with what’s happened: “*I ended up being my kid’s counsellor.*” Some people suggested that it would be helpful if the Hubs could equip parents to better explain what is happening to their children: “*You want to let them know what’s going on, but in the right way*.” It was emphasised that access to these services must be free: “*I don’t have $150 spare at the end of the week to afford counselling for my kid*.”

We also heard about the importance of schools and child care centres in supporting children through difficult periods and experiences. During times of crisis or transition, the Hubs could help organise for children to keep attending their current school (by arranging transport from emergency housing to schools for example), or support for children moving to a new school.

We also heard that the Hubs should provide or connect people to early intervention and education programs for adolescents and young couples about healthy relationships. The lack of positive male role models for young boys was also raised in the context of both early intervention and development for children and young people.

##### Additional assistance may be required for people with a disability, or who might otherwise find it hard to engage with mainstream services

There are many ways that people with diverse and intersecting identities may be at increased risk of experiencing family violence, and may need additional or specialist support to be safe and recover.

Whilst this round of consultation did not specifically seek to understand the experiences of people with diverse needs, we did hear about the experiences of a few people. For example, we heard that people with disabilities may need additional support staff to help them at hearings or to fill in forms, or that they may need help with different things, or services provided for longer.

##### Engaging perpetrators of family violence to “keep them in view”

Many women that we spoke to who had experienced family violence said that they felt that often perpetrators are not held accountable or made to recognise the harm they have caused. They are *“completely out of view of the system”.* We heard stories of frustration, in which women felt they carried the burden of leaving the home and starting a new life, while *“he was left free to* *go about his business as normal”.* We heard that this often means that victims are the only one who has contact with the perpetrator, and she is therefore left to manage the risk he poses on her own. We heard that the Hubs should work with Police and the Courts to monitor the perpetrators movements, and help to engage him in services to hold him accountable and change his behaviour.

In addition, we heard that the Hubs should be able to provide victims with information related to their situation including legal proceedings involving the perpetrator (e.g. whether bail has been granted, or if there are warrants out for his arrest). Women told us that not having access to this kind of information is disempowering and it means they constantly live in fear: *“It’s three years on and I still live with a bag packed so I’m ready to flee at any time.”*

##### Services for perpetrators and men should include education, but should also shift responsibility onto the perpetrator

Participants acknowledged the importance of providing services that will engage men in family life to foster healthy relationships and support children’s wellbeing and safety. One participant said that in cases of family violence, men should be directed to Hubs by police, as this would have been the only way her former partner would have attended. Some participants expressed high degrees of scepticism regarding the effectiveness of Men’s Behaviour Change Programs, and the potential for perpetrators to be managed effectively in general: *“How do you deal with someone who believes his own lies?”*

***“We need more education for men about what causes family violence”***

Other participants emphasised that perpetrators need help, not judgement. A whole of family approach was supported as the best way forward: *“If she’s willing to seek help and he is too, we can make things work”.* The importance of targeted education programs and awareness raising initiatives was also repeatedly emphasised: *“We need more education for men about what causes family violence”, “We need to send all the men to be educated about violence”.* Participants clearly expressed that such programs should not only target perpetrators, but also young men and men who have recently immigrated. It was also noted that there should be more services available for men, and services to work with them in their role as fathers, as this is an important for early intervention.

Some also noted that it would be good to see the Hubs shift greater responsibility for the violence to the perpetrator: *“Women pay too bigger price when deciding to leave”.* One person commented that the Hubs should help to *“take the person who’s creating the trouble out of the home”* and another spoke about how she had to move herself and her children to Queensland, even with an intervention order in place, and wondered why it wasn’t the perpetrator that was removed.

##### Timing of services that aligns to people’s needs

Participants consistently expressed that timeframes and eligibility criteria for services like counselling are problematic and counter to truly trauma-informed, respectful and empowering service provision: “*services should be available when you need it for as long as you need*,” *“I don’t want to feel like I have a deadline that I have to be all sorted by”, “by the time you’ve spent the hour, you’ve just hit the [tip of the] iceberg.”*

We heard one story of a woman who spend 3.5 months living in motels, and was unable to access face-to-face services for this entire time – the service was only able to provide support over the phone while she was still in temporary housing – “*But 3.5 months isn’t temporary*.” One person reported that a service once told her that there was a timeline for moving her through the service: “*We’ll have you for 8 months – I felt like I had to sort out my whole life in 8 months! They should have said nothing about timelines*.”

***“I don’t want to feel like I have a deadline that I have to be all sorted by”***

We also heard women say that “*sometimes services just drop you…. They say, ‘oh you’re linked in with that other service now, so you don’t need us anymore’ even though the services might be for completely different things*”. Another woman said, “*I was told, ‘you’re out now, so you have to get better*’”, and another, who happened to have knowledge of the services through formal study, noted *“it’s only because I’ve done the course I knew I could keep referring myself”*.

We need to remember, however, that it is when support drops off that “*it’s easier for the perpetrator to attack you again because you’re weak and vulnerable”.*

We also heard that a lack of long-term funding has meant that services have been shut down, which is disruptive for the participants, and that sometimes eligibility requirements have meant that people can’t access the services they feel that they need. In general, we heard that “*Hubs must be adequately resourced in every way*”.

## Conclusion

This consultation approach generated a significant amount of insights and advice on the development of the state-wide concept for the Support and Safety Hubs from people who have experienced the existing service system. Most of the findings were consistent with the Royal Commission’s findings and supported the recommendations for the establishment and design of the Hubs, however a greater level of detail and consideration of the design and features of the Hubs, and their connection with the broader service system, was provided.

The key themes emphasised through this consultation were that:

* women and children should feel heard, respected and empowered throughout their experience using the Hubs
* everyone should know about the Hubs and how to refer people to them
* there should be many ways to access the Hubs to accommodate different needs
* the importance of the ‘safety’ component for people experiencing family violence
* a broad range of services should be accessible through the Hubs.

These key themes will inform the design of the state-wide concept for the Hubs and more detailed design and policy for their establishment and implementation. Further, the insights and experiences outlined in this report will be built upon through future consultation in the local design phase with people who have experienced the service system in their local area, and then with those who use the Hubs when they are established.