Aboriginal Family Health Workers - Operational Guidelines

Summary These Operational Guidelines identify specific requirements of the Aboriginal Family Health Workers. The Guidelines aim to ensure the workers are well supported in their role to reduce the incidence and prevalence of family violence, sexual assault and child abuse within Aboriginal communities and to strengthen families and communities. The Guidelines describe the role of the Aboriginal Family Health Workers, orientation, mandatory training and professional development requirements, supervision, mentoring, planning, monitoring and evaluation, and the job description. The Operational Guidelines are intended to complement and supplement existing human resource policies and procedures.
Operational guidelines for Aboriginal family health workers
Introduction

These Operational Guidelines provide direction on the role, specific requirements and supports for Aboriginal Family Health Workers who are funded to deliver projects under the Aboriginal Family Health Strategy. The aim of the Strategy is to reduce the incidence and prevalence of family violence within Aboriginal communities and to strengthen families and communities.

Aboriginal Family Health Workers work from a holistic health perspective which acknowledges that solutions to family violence are to be found in local communities. They recognise the historical, cultural, legal, social, political and personal power relations affecting Aboriginal communities.

Aboriginal Family Health Workers are based in existing services with the expectation that they work as part of multidisciplinary teams, are well linked with other services and are part of networks to address family violence. Aboriginal Family Health projects were established between 1998–2001 and most are based in regional and rural areas.

The intended audience of these Operational Guidelines is Aboriginal Family Health Workers, their managers and other key stakeholders with whom they closely work. The Guidelines describe the role of Aboriginal Family Health Workers, orientation, mandatory training and professional development requirements, supervision, mentoring, planning, monitoring and evaluation, and the job description. These Operational Guidelines are intended to complement and supplement existing human resource policies and procedures. The detail provided will inform the Funding and Performance Agreements for the Aboriginal Family Health projects. Brief information on the range of other domestic violence, sexual assault and child abuse services is provided in Appendix 2.

Defining family violence, sexual assault and child abuse

Family violence describes all forms of violence (including physical, emotional, sexual, sociological, economic and spiritual) in intimate, family and other relationships of mutual obligation and support (Partnerships Against Domestic Violence 1998 cited in Aboriginal Child Sexual Assault Taskforce 2006).

Family violence encapsulates the extended nature of Aboriginal families and takes account of the diversity and complexity of kinship ties in Aboriginal communities. It recognises that Aboriginal family violence impacts on a wide range of kin and community members.

Though types of abuse in relationships often overlap they are identified separately here:

**Domestic violence**
– physical, emotional, financial and spiritual violence of a partner or ex-partner.

**Sexual assault**
– for children this includes sexual abuse, pornography, prostitution, sexual threat
– for adults this includes date rape, adult sexual assault and sexual assault of older people.

**Child abuse and neglect**
– physical and psychological abuse and neglect, and witnessing domestic violence.

**Abuse and neglect of older people**
– physical, sexual, psychological, financial and spiritual abuse and neglect of an older person within any relationship where there is an expectation of trust between the victim and abuser.

Although there has been little research that explores the relationship between these types of violence, the research that does exist suggests a strong link between the presence of family violence and the incidence of child sexual assault (Aboriginal Child Sexual Assault Taskforce 2006).
Aboriginal family health projects

Overview
Aboriginal Family Health projects are locally based projects employing Aboriginal Family Health Workers. These projects aim to reduce the incidence of family violence in Aboriginal communities through a mixture of prevention, early intervention and community development activities.

Evidence demonstrates that for family violence to be effectively addressed solutions must be community owned and controlled. It is recognised that solutions need to be found in the context of the particular communities or social networks in which the violence is occurring (Memmott et al. 2006). Currently two Area Health Services and fourteen non-government organisations receive funding for three and fifteen positions respectively (see Appendix 1).

The Aboriginal Family Health projects receive recurrent funding from the NSW Department of Health. The Funding and Performance Agreements of the organisations employing Family Health Workers specify a number of requirements which ensure the workers receive the required direction and support.

It is a condition of funding that the position of Aboriginal Family Health Worker is filled by a person of Aboriginal origin. Positions may only be filled temporarily by a non-Aboriginal person in the absence of an appropriately qualified Aboriginal person and while a recruitment process for an Aboriginal person continues.

Core role of the Aboriginal family health workers
The core role of Aboriginal Family Health Workers includes a mix of individual and family support focused activities, including initial crisis support, advocacy and referral to other services. Their work also comprises broader community development and education strategies, with a focus on prevention and early intervention.

The initiatives they work on aim to respond to local needs and contexts, actively engage local communities, including Elders and other community leaders and relevant government agencies, and incorporate healing and promotion of Aboriginal independence and empowerment.

Prevention and early intervention approaches
Prevention and early intervention are key approaches used in developing initiatives under the Aboriginal Family Health Strategy. Prevention initiatives operate on a number of levels and include education and awareness raising activities that work to change attitudes towards family violence, sexual assault and child abuse and abuse of older people and make it less acceptable. These initiatives include:

- workshops and forums that bring communities together to discuss and work on local anti-violence and abuse solutions
- support groups for women and for men that provide a safe environment to share experiences
• work to build confidence and gain skills in resolving and preventing conflict
• a range of programs developed for and with Aboriginal men that focus on rebuilding the male role in the family, community and as an individual. These programs may involve activities for fathers and sons that focus on strengthening culture and contribute to building pride and confidence while delivering messages on the unacceptability of family violence.

Early intervention initiatives focus on providing an appropriate response for individuals and families experiencing family violence. These initiatives provide support for adults and children who have experienced violence by ensuring they are able to access the services they need, while also ensuring that services are culturally competent to provide appropriate outcomes for adults and children.

Good practice
Good practice in addressing family violence in Aboriginal communities is evident in projects which:
• employ a mixture of individual and family support activities, including advocacy and facilitating access to other services, as well as community development strategies, with a focus on prevention and early intervention and access to appropriate health and community support services
• are part of well functioning teams and partnerships (both internally and externally) that enhance family centred approaches
• are responsive to local needs and contexts and actively engage local communities, including Elders and other community leaders
• incorporate healing and promote Aboriginal independence and empowerment
• are located within well functioning organisations that have effective systems, structures and capacity to support workers
• provide workers with regular and frequent supervision
• provide workers with the opportunity to gain and maintain the skills and knowledge to equip them for their roles and access to ongoing professional development

• provide regular opportunities for workers to meet, share experiences and exchange information, for peer support and to develop responses to common problems (Memmott et al 2006).

Family support role: Yarning and listening
Aboriginal Family Health Workers have an important role in supporting families experiencing family violence. This role includes short periods of intensive support in crisis situations to protect the safety of family members experiencing domestic violence, sexual assault, child abuse or abuse of older people, and less intensive support as clients gain the knowledge and awareness of their options and rights.

The types of support which may be provided include:
• building rapport, listening and developing trust
• naming and identifying the violence
• assessment of risk
• providing information regarding the nature and effect of violence
• identification and assessment of needs taking into account the social, cultural and political context
• providing information on rights and options to enhance safety and protection
• facilitating client access to services and resources in the initial crisis stage through providing information on the range of services and how to access, organising referrals and supporting clients to access services
• assisting vulnerable older people to access aged care supports of their choosing and providing facilitated action for those unable to make choices on their own due to cognitive impairment or lack of self or family group advocacy
• identification of children at risk, consulting with child protection specialists for advice and support, and making mandatory notifications
• identification of older people at risk and consulting with specialist aged care services for advice
• participating in case conferences with other team members and agencies
• setting up support and healing groups and withdrawing over time as the groups become self sustaining
• maintaining confidentiality within reporting compliance requirements.
The Aboriginal Family Health Worker role is not to investigate or make judgements about an allegation of either sexual assault or child sexual assault or abuse or neglect. Nor should Aboriginal Family Health Workers attempt to provide therapeutic interventions to address offending behaviour. Offender programs for family violence remain predominantly within the criminal justice system from where referrals to appropriate intervention programs will be made.

A clear understanding of the priority of care obligations is essential, as is compliance with mandatory reporting requirements identified in the Legal Obligations section.

Liaison with other agencies/referrals
An integral part of their client/family support and community development role requires Aboriginal Family Health Workers to liaise with a range of other agencies, both government and non-government.

This liaison is important for a number of reasons including:
- keeping informed and up to date with the range of other services and supports that might be of benefit
- facilitating referral access to these services
- obtaining information on behalf of clients and families
- joint development of sustainable support strategies/with other agencies that are in line with local and cultural needs
- the provision of education and awareness raising activities for the community and families on ways to recognise, report and reduce family violence
- contributing to improved planning, coordination and delivery of services to better meet the needs of Aboriginal communities.

Community education
Community education involves a mixture of organising and contributing to group programs, short programs, topic specific workshops, general family violence information days, resource production and dissemination and participation in programs or activities initiated by other services. Workers also take part in activities organised by other Aboriginal Health Workers.

These programs are important for informing participants about their rights, options, other services and community supports. Topic specific workshops with an explicit focus on domestic violence and sexual assault and child abuse are part of the community development approach.

Specific group work that aims to build the confidence and capacity of women and rebuild the male role in the family and community have resulted in positive outcomes.

Camps and gatherings can involve input from a number of other services and organisations, both mainstream and Aboriginal. These relaxed environments focus on culture and fun and contribute to building pride and confidence as well as providing an opportunity for education, sharing information and mutual support in relation to health and well being.

Resource development is also a feature of community education and should be done in partnership and collaboration with other services and agencies. Resources include culturally appropriate information leaflets, directories, diaries and posters.
Examples of Community development projects

**Who am I? My journal about me**

The journal was produced by the Family Violence and Child Protection Workers at Wallessend Campus, Hunter New England Health.

It aims to meet the very personal needs of Aboriginal women who are generally so busy caring for others and living with present and past traumas that they don’t know themselves at all. As the Journal states “This journal is to help you explore you, learn about you, and help you learn to love and care about you”.

It is artistically designed with space for women to record everything from their favourite time of the year to their favourite people who it reminds them they can go to when they need to feel safe. It asks questions such as “How important is my family to me?” and “What do I know about my Aboriginal identity?”. The Journal tells the inspirational story of the “Strong Black Woman”.

“Who am I?” provides graphical information on the “cycle of violence” to help women understand the reasons they find themselves in their current position and explores how the pressures of family and community expectations have affected their lives. The Journal provides for a record of their counselling “journey” and contact information for those services that may them in breaking free from that cycle.

**LOVE Bites**

This is a school based early intervention and prevention program on sexual assault and domestic violence developed for high school students on the Mid-North Coast. It was produced as a collaborative effort between the Area Health Services’ Women’s Health Educator, the Department of Community Services Regional Strategies Office as well as local family violence services and educators.

It is an inter-active and innovative workshop that is run either in or out of the school for a full day for year 9 and 10 students. Workshops are run in the morning and during the afternoon facilitators work with students to consolidate the information from the workshops by working along side students to write, perform and record a hip hop song and develop posters and other resources around the issues of domestic violence and sexual assault.

The LOVE Bites program then feeds into local community campaigns including 16 days of Activism to Stop Violence Against Women, White Ribbon Day and Reclaim the Night. Participants from local high schools contribute their artwork and resources to the campaigns and perform their songs and drama at these events. Students also take the lead in engaging local media on these campaigns.

**Little black book for strong black women**

Through partnership with the Violence Against Women Specialist, an Aboriginal Family Health Worker on the Central Coast secured funding to develop The Little Black Book for Strong Black Women. The diary provides a continuous resource with the aim of reducing and preventing the recurring incidence of family violence experienced by Aboriginal women and children, by providing education, information and encouragement through the distribution of and use of the diary.

The diary presents:

- legal information and advice touching on all forms of abuse
- contact details for agencies and services that relate to safety and support around family violence
- empowering messages from women who have experienced and worked through family violence
- visual representations of Aboriginal families, friends and community members
- Aboriginal art and poetry.

**Working with children**

Aboriginal Family Health Workers must recognise the importance of protecting children and supporting them in order to to break the ‘cycles’ of family and community violence. Programs implemented should incorporate practices that maintain children’s safety, protection and rights via education and other interventions.

Aboriginal Family Health Workers must operate within the framework of *NSW Child Protection Interagency Guidelines* (NSW Government 2006) and *NSW Health Frontline Procedures for the Protection of Children and Young People* (NSW Health 2000). Where they suspect children may be at risk of harm, they are advised to consult with child protection specialists for advice and support and it is mandatory that they make a notification to the Department of Community Services.

**Working with older people**

Aboriginal Family Health Workers play an important role in identifying abuse and providing culturally appropriate
support and advice to older Aboriginal people and their families who have been referred to Aged Care Assessment Teams and providers of aged care services.

The NSW Government Interagency Protocol for Responding to Abuse of Older People (NSW Government 2007) should be used as resource by Aboriginal Family Health Workers when dealing with suspected or actual cases of abuse.

Aboriginal Family Health Workers should make themselves aware of the function of the NSW Guardianship Tribunal in regard to the appointment of substitute decisions makers for impaired adults who do not have the capacity to make informed decisions. The Attorney-General’s Department Capacity Toolkit 2008 also aims to assist people to correctly identify whether an individual has the capacity to make their own decisions and supports the right of individuals for autonomous decision making and/or ‘self determination’.

Legal obligations

Aboriginal Family Health Workers play an important role in providing culturally appropriate support to Aboriginal children and their families who have been referred to the child protection and justice system. Aboriginal Family Health Workers also have legal obligations.

Crimes Act 1900

The NSW Crimes Act 1900 sets out the reporting responsibility of individuals where they have knowledge regarding the committal of serious offences. Section 316 of the Act states that, “if a person has committed a serious indictable offence and another person knows or believes that the offence has been committed and that he or she has information which might be of material assistance in securing the apprehension of the offender or the prosecution or conviction of the offender for it fails without reasonable excuse to bring that information to the attention of a member of the Police Force or other appropriate authority, that other person is liable to imprisonment for two years”.

Serious indictable offences include assault occasioning actual bodily harm and sexual assault.

A recent amendment to Section 562 of this Act extends the definition “domestic relationship“ to include, “in the case of an Aboriginal person or a Torres Strait Islander, (a person who) is or has been part of the extended family or kin of the other person according to the Indigenous kinship system of the person’s culture.”

Children and Young Persons (Care and Protection) Act 1998

The NSW Children and Young Persons (Care and Protection) Act 1998 requires a person who in the course of their professional work has reasonable grounds to suspect that a child is at risk of harm to report their suspicions and the grounds for these as soon as practicable. These responsibilities are set out in the NSW Health Frontline Procedures for the Protection of Children and Young People 2000 and the NSW Interagency Guidelines for Child Protection Intervention 2006 which provide information to assist frontline health workers recognise children at risk of harm, understand their legal obligations, make a report to the Department of Community Services, respond to requests for service, and exchange information with the Department of Community Services. The procedures acknowledge the sensitivity of removing Aboriginal children and recognise the principle of self-determination. This document is available on the NSW Health website at http://www.health.nsw.gov.au/pubs/2000/frontlineprocedures.html

The Crimes Act 1900 and the Children and Young Persons (Care and Protection) Act 1998 take precedence over all other legislation such as confidentiality and privacy. All employees of NSW Health and the projects, programs and agencies it funds are subject to this legislation. Breaches of compliance with the legislation and the legal principle of duty of care may be dealt with through criminal or civil proceedings against the individual worker and/or the agency.
Appropriate orientation, training and professional development opportunities for Aboriginal Family Health Workers are vital. Participation enhances their knowledge, skills and competencies, enabling them to provide high quality prevention, early intervention and family support services and programs. A component of the annual budget is allocated for professional development.

It is the responsibility of the employing organisation to ensure the training and development needs of Aboriginal Family Health Workers are identified and met. Managers of Aboriginal Family Health Workers are required to implement a program of continuing professional development to ensure skills and competencies are maintained and enhanced.

Mandatory requirements for professional development include:

- completion of a formal orientation program and support for the first three months of employment in the position
- enrolment in the first available Education Centre Against Violence (ECAV) Certificate IV Aboriginal Family Health (Family Violence, Sexual Assault and Child Protection) and ongoing support to continue and complete the course within the specified time frame
- participation in the Aboriginal Family Health Network meetings held twice each year.

**Orientation**

A timely and comprehensive orientation program will assist newly appointed Aboriginal Family Health Workers to work effectively within their role. It also ensures that workers have the information they need to act on behalf of the organisation.

**Core elements**

The orientation program is to include the following core elements:

- responsibility
- information
- program of visits.

**Responsibility**

Delegated authority for the orientation of all newly appointed Aboriginal Family Health Workers must be clearly defined by the worker’s manager. Those responsible for orientation must monitor the process and completion of the orientation program by the worker. A sample orientation check list is provided as Appendix 4.

**Information**

In addition to the general orientation that all new employees receive, the orientation program for the Aboriginal Family Health Workers must include information on:

- role, function and responsibilities (including a copy of their position description, relevant industrial award, relevant extracts from the NSW Health Funding and Performance Agreement, supervision arrangements and accountabilities, staff entitlements and working conditions
- occupational health and safety issues, especially in relation to personal safety whilst working in communities and with families experiencing family violence
• policies on keeping client records
• geographic area of responsibility
• contact details of personnel associated with the Aboriginal Family Health Strategy at the local and regional levels, including an Area Health Service representative and a contact person at the Education Centre Against Violence
• copies of the relevant strategies, policies and guidelines relating to family violence (see Appendix 3).

Program of visits to all relevant services and organisations
A program of visits or telephone calls by the Aboriginal Family Health Worker to all relevant services and organisations within the first month of employment is to be organised with the assistance of the manager of the Aboriginal Family Health Worker.

The purpose of these contacts is for the worker to:
• become familiar with the range and type of services in the Area that help address family violence in Aboriginal communities
• meet other workers and learn about the focus of their services and programs, how clients access the service and how they meet the needs of Aboriginal communities in a culturally appropriate manner
• discuss linkages between the Aboriginal Family Health Worker and the service.

The services and organisations to be contacted include at a minimum:
• other Aboriginal Family Health Workers in the Area
• Aboriginal Community Controlled Health Services in the Area
• all violence, sexual assault and child protection services across the Area
• local and regional inter-agency groups which deal with family violence and child protection
• other relevant NSW Health Aboriginal Health Workers including Managers/Coordinators of PANOC, Sexual Assault and Violence Abuse and Neglect units and the Area Manager/Director of Aboriginal Health
• DoCS Family Support Workers
• Education Centre Against Violence.

Having a buddy
All newly appointed Aboriginal Family Health Workers must have a “buddy”. This is an experienced worker in their service/organisation or an experienced Aboriginal Family Health Worker who can assist and support the worker during their orientation period and up until they are able to commence the Certificate IV training.

The role of a buddy includes:
• briefing the worker on the nature and type of work and existing networks that are beneficial to the position
• initial advice on how to deal with stresses associated with the work and advice on who to refer to in more serious situations
• reinforcing legal responsibilities.

Training and professional development
The importance of appropriate training and ongoing professional development for workers who support people experiencing family violence is supported by research and evidence.

Core training
All Aboriginal Family Health Workers are required to attend and complete the Education Centre Against Violence (ECAV), nationally accredited Certificate IV Aboriginal Family Health (Family Violence, Sexual Assault and Child Protection). This mandatory requirement is included in the Funding and Performance Agreement for all Aboriginal Family Health projects and funding for each project includes an allocation to support the cost of undertaking the course.

This accredited course has been designed specifically for Aboriginal Family Health Workers and Aboriginal Health Workers who work in the specialist areas of child protection, family violence and sexual assault. The Certificate IV runs over 12 months in six one week blocks and is delivered face to face. There are two intakes per year and all newly appointed Aboriginal Family Health Workers are required to enrol in the first available course and to complete it within three years.
Continuing education and professional development support

Access to continuing education and training is important for the professional development of Aboriginal Family Health Workers and to strengthen their skills and competencies. An important aspect of this training is the transfer of skills from experienced Aboriginal Health Workers to a “new” generation of workers. (Memmott 2006)

Continuing training and professional development needs will be identified through supervision and performance appraisal processes and access to relevant education and professional development opportunities will be provided.

Aboriginal Family Health Network

The twice yearly Aboriginal Family Health Network meetings are an important structure to support the Aboriginal Family Health Workers. Attendance of these meetings by workers, and on some occasions their managers, is a mandatory requirement of the Funding and Performance Agreements for Aboriginal Family Health projects.

The purpose of the Aboriginal Family Health Network is to:

- ensure that the workers are up to date with current policy directions and initiatives and have an opportunity to discuss implications for local projects
- provide an opportunity for sharing and learning across the Network
- provide an opportunity for training.

Representatives from the Education Centre Against Violence and the Centre for Aboriginal Health attend the network meetings. Managers of the Aboriginal Family Health Workers are invited to attend some meetings and part of some meetings.

The meetings run for two days. Current practice is that one meeting is held in Sydney and another in a regional location each year. Meetings are coordinated and facilitated through a designated policy officer in the Centre for Aboriginal Health in consultation with the Education Centre Against Violence and the Chair of the Network. There is a set agenda for each meeting that includes a number of standing items:

Update, information sharing, worker support

- an update from the Centre for Aboriginal Health/NSW Health
- guest speakers on relevant issues including new research, reports and policy initiatives
- presentations of projects by at least two Aboriginal Family Health Workers demonstrating positive outcomes
- facilitated ‘yarn’ session, where workers have an opportunity to debrief regarding their work. Common issues are identified for future discussion or action.

Training

The focus of this training, conducted by the Education Centre Against Violence, is based on the needs identified by workers, including specific professional development, and changes in key policies, legislation or procedures.

Graduation Ceremony

At the time of one of the network meetings each year a Graduation Ceremony is held for those workers who have completed the Certificate IV Family Health. It provides the opportunity for workers to be recognised by their peers and managers for their achievement in acquiring this qualification.
Regular supervision and support is mandatory for all Aboriginal Family Health Workers.

Regular supervision is important to ensure that all workers are well supported in their work, and that their work is carried out effectively. Aboriginal Family Health Workers work with traumatised communities and families and the nature of the work can be difficult and challenging. In many cases the workers live and work in the same community as their clients.

There is a very real potential for burn out and occupational related stress. The nature of their work in family violence also requires Aboriginal Family Health Workers and their employing organisation to comply with various legislative and reporting requirements and duty of care responsibilities.

There are two major types of supervision:
- management supervision
- professional supervision.

Management supervision

Management supervision refers to the supervision that workers receive in relation to the administrative aspects of their work. This includes human resource and work environment issues, planning and monitoring their activities and workloads, and compliance with organisational administrative policies and procedures. All Aboriginal Family Health Workers must receive regular weekly or fortnightly administrative supervision, preferably from their direct line manager.

Requirements

Management supervision, at a minimum, needs to cover the following:
- occupational health and safety, including worker safety when working in communities and undertaking home visits; safety issues in conducting community-based activities; and travelling long distances in rural/remote areas
- client records and reports, including compliance with organisational policies and procedures and legislative requirements on keeping client records
- data collection and compliance with the Service Development Reporting Framework (SDRF) (see Appendix 6)
- review of activities, issues arising, (including work load issues, time management, barriers experienced) and progress report on annual plan
- training and professional development
- performance management
Professional supervision

Regular professional supervision provides an opportunity for debriefing and professional support and intervening early to protect the health and well being of Aboriginal Family Health Workers. It also ensures that duty of care obligations relating to both the worker and Aboriginal communities are met.

Professional supervision also builds the skills and knowledge of Aboriginal Family Health Workers, assisting them to identify new ways of working with families and communities. It provides a confidential mechanism through which the worker can reflect on and raise issues related to their practice.

For the organisation/service, professional supervision ensures that the worker is operating within agreed boundaries and provides a level of assurance that new or inexperienced workers are receiving appropriate support, learning and guidance in developing their role.

The Aboriginal Workforce Development Strategic Plan (NSW Department of Health 2003) recommends that local protocols be developed to provide Aboriginal health staff with culturally appropriate professional supervision and that each Aboriginal employee is provided with a professional supervisor for a regular ongoing supervision.

Requirements

All Aboriginal Family Health Workers will receive regular professional supervision from an appropriately qualified internal or external supervisor at least once a month. Additional opportunities for debriefing should also be provided in between these times to protect the emotional health and well being of the workers. This could take the form of regular team debriefing sessions or one-on-one debriefing either face-to-face or by telephone.

Professional supervision is different from line management/administrative supervision and it is recommended that line managers do not act as professional supervisors for workers who report directly to them.

Aboriginal Family Health Workers require supervision for all aspects of their work including prevention/early intervention, community development and client/family support work. This may mean they require access to more than one person who is qualified to provide high quality supervision in these areas.

Professional supervision needs to remain flexible to ensure that it continues to meet the needs of both new and more experienced Aboriginal Family Health Workers at all stages of their development and career path.

Professional supervision can be offered on either a one-on-one or group basis, although there are particular issues of confidentiality that need to be taken into account in group supervision models.

Roles and responsibilities

The roles and responsibilities of supervisors and the workers need to be clear and documented, for example in a supervision contract or agreement. This agreement, to be established locally, should include:

- role of the supervisor
- frequency of supervision
- accountability of the supervisor to the worker and to the organisation
- mechanisms for addressing how concerns of the supervisor or the worker about the supervision process will be addressed
- confidentiality requirements
- payment for the supervisor (where appropriate).

The employing organisation/service may elect to use either internal or external professional supervisors. Supervisors need to be trained in professional supervision, ensure that they operate within relevant ethical and professional codes of conduct, and provide supervision in line with the requirements of the service.

Mentoring

Mentoring is a developmental relationship between a more experienced worker and a less experienced Aboriginal Family Health Worker. The mentor may be a community Elder, a highly experienced Aboriginal worker, or a non-Aboriginal person, depending on the needs of the Aboriginal Family Health Worker. Mentoring relationships usually develop over time.

Mentoring provides the worker with the opportunity to share experiences, enhance skills and develop networks in order to perform their role more effectively. This relationship is based on encouragement, constructive comments, openness, mutual trust, respect and a willingness to learn and share. Confidentiality is a critical element of mentoring. Mentoring also assists the workers gain confidence and increased self-esteem and contributes significantly to their professional and personal development.

Choosing a mentor

In choosing a mentor, Aboriginal Family Health Workers need to carefully consider what they are wanting out of the relationship and what sort of mentor is best suited to their needs.

When thinking about a possible mentor, Aboriginal Family Health Workers may need to consider the following:

- the mentor should be a person with greater experience and knowledge in areas they consider important for skills development
- they must trust the mentor, and know that their confidence will be kept
- the mentor needs to be a person who will enjoy guiding the Aboriginal Family Health Worker and be able to share knowledge and experience openly and honestly
- the mentor should be someone other than the Aboriginal Family Health Worker’s immediate manager, in order for them to expand networks, and to avoid potentially conflicting roles
- the mentor can be an Aboriginal or non-Aboriginal person.

Forms of mentoring

Mentoring can occur informally or can involve a more formal and structured program. Aboriginal Family Health Workers can choose to meet with their mentors on a regular basis or as the need arises.

Learning from Elders has proven to be an important means of improving the cultural knowledge and understanding of Aboriginal Family Health Workers. This informal mentoring has given workers a deeper understanding of the history and culture of the local Aboriginal people that has helped in the way workers approach client support and community development work.

While mentoring usually occurs face-to-face, this does not need to be the case. Where workers and their mentors are not located nearby, it may be necessary to use phone and email to maintain contact. However, occasional face-to-face meetings are valuable and, where possible, should be included.

Group mentoring provides the opportunity to mentor to several workers. The mentor acts as the facilitator, guide and catalyst for sharing personal experiences and insights and to create a forum for discussion and learning.

The Indigenous Mentorship Program (Department of Health and Community Services 2002) is a useful resource in regard to mentoring of AFHWs. This document is available at www.nt.gov.au/health/comm_health/abhealth_strategy/aecds/atsi Mentorship.pdf
Planning, monitoring and evaluation of their projects are important activities of Aboriginal Family Health Workers. These activities assist them to respond in a proactive way to the needs and priorities of their community.

Aboriginal Family Health Workers are required to develop and implement an annual work plan and collect relevant data to enable progress to be monitored, evaluated and reported on.

Annual work plan

An annual work plan should be developed by each Aboriginal Family Health Worker in consultation with their manager. For non-government organisations this work plan comprises the annual Service Development and Reporting Framework Action Plan which is included in the Funding and Performance Agreement for the organisation.

It is recommended that the Annual Work Plan includes, at a minimum, the following components:

- objectives
- major strategies for each objective
- resources needed to support each strategy (including financial, materials, equipment)
- progress towards achievement of the outcomes (both quantitative and descriptive information)
- time frame for implementation of each strategy (which could be time limited or ongoing).

Monitoring, review and evaluation

Regular reviews of the annual work plan are important to accommodate changing needs and priorities and to address unforeseen circumstances. These reviews should occur as part of administrative supervision.

It is recommended that each Aboriginal Family Health Worker and their manager undertake a formal review of the annual plan at least six monthly, and make changes to the plan if necessary.

The work plan can also be monitored by requiring workers to write a short progress report that outlines activities undertaken and identifies issues arising during that period.

Completion of the Family Violence Data Collection form biannually is mandatory and facilitates the Service Development and Reporting Framework (SDRF) (see Appendix 6). A six monthly report for the period July to December and an annual report for July to June are required. The information provided will be reviewed and monitored by the Centre for Aboriginal Health to ensure all programs are being implemented in line with the Aboriginal Family Health Strategy.
There are currently eighteen recurrently funded projects across NSW, with most located in rural areas. As the following table shows, the majority are located within non-government organisations (NGOs).

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<th>Aboriginal NGOs</th>
<th>Non-Aboriginal NGOs</th>
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<td>Awabakal AMS, Hamilton (HNEAHS)</td>
<td>Centacare (Bourke and Narromine) (GWAHS)</td>
<td>Bugalwena, located with the Tweed Heads Aboriginal Health Service (NCAHS)</td>
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<td>Biripi AMS, Taree (HNEAHS)</td>
<td>Intereach, Deniliquin (GSAHS)</td>
<td>Child Protection Team, Wallsend (HNEAHS)</td>
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<td>Eleanor Duncan AHS, Wyong (NSCCAHS)</td>
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<tr>
<td>Walgett AMS (GWAHS)</td>
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<td>Waminda (South Coast Women’s Health and Welfare Aboriginal Corporation), Nowra (SESIAHS)</td>
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<td>Yoorana Gunya AMS, Forbes (GWAHS)</td>
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APPENDIX 1

Location of Aboriginal family health projects
APPENDIX 2

Range of family violence intervention services

NSW Health is primarily responsible for the care of victims of violence.

NSW Health specialist violence intervention services

Physical Abuse and Neglect of Children (PANOC) Services/Child Protection Counselling Services (CPCS)

These services have been established to support children and young people, parents and carers where abuse or neglect has been substantiated by an investigation conducted by the Joint Investigation Response Team (JIRT), NSW Department of Community Services or the Children’s Court. The services are located in Area Health Services throughout NSW and provide a range of therapeutic counselling and casework services to children, young people and their families or carers. Where possible and safe to do so, the child or young person is maintained within the family environment. In the circumstance where criminal prosecution has taken place, remediation programs for offenders may be accessed through the NSW Department of Corrective Services.

Child Protection Units

Child Protection Units provide multi-disciplinary 24-hour crisis medical and counselling intervention to children, young people and families in respect of physical abuse and neglect. Medical officers at these units are available to Physical Abuse or Emotional Abuse or Neglect of Children (PANOC) services for consultation. Child Protection Units are located at The Sydney Children’s Hospital, Randwick, The Children’s Hospital at Westmead, and John Hunter Hospital, Newcastle and can be accessed directly by presenting to the hospital or referral from another service.

Domestic violence prevention, identification, risk assessment, early intervention, treatment and referral

Each Area Health Service implements routine screening of women for domestic violence via targeted programs for prevention and early intervention. Counselling is offered in selected services.

Sexual Assault Services

Fifty Sexual Assault Services are located in Area Health Services across NSW to provide crisis and ongoing treatment to victims of child and adult sexual assault and to non-offending caregivers. Twenty-four-hour services in each Area Health Service provide medical examinations, treatment and crisis counseling.

Ongoing counseling, information and advocacy, court preparation and support are also provided, as are community and professional education.

Aged Care Assessment Teams (ACATs)

ACATs comprise health professionals who can provide a thorough assessment of care needs for elderly people and offer advice on care options. These teams also provide referral, counselling, education and support for elderly people who have experienced abuse and neglect. NSW Health coordinates 48 Aged Care Assessment Teams. ACATs can be contacted directly through:

The Australian Government Carelink Centre
Tel 1800 052 222

Aged Care Information Line
Tel 1800 500 853

or through the local hospital or medical practitioner.

APPENDIX 2

Range of family violence intervention services

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Tel 1800 052 222

Aged Care Information Line
Tel 1800 500 853

or through the local hospital or medical practitioner.
Complementary NSW Health services

Aboriginal Maternal and Infant Health
Midwives and Aboriginal Health Workers

Aboriginal Maternal and Infant Health Workers are employed under the Aboriginal Maternal and Infant Health Strategy (AMIHS) to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality through targeted antenatal/postnatal programs in regional and rural NSW. Teams of community midwives and Aboriginal health workers/education officers provide community-based services for Aboriginal women in conjunction with existing medical, midwifery, paediatric and child and family health staff.

Aboriginal Mental Health Workers

Over 70 Aboriginal Mental Health Workers are located in Aboriginal Community Controlled Health Services and Area Health Services. Their roles include client and family support, community education and linkages with mental health services.

Aboriginal Drug and Alcohol Workers

There are approximately 30 Aboriginal Health Workers who are part of the Aboriginal Drug and Alcohol Network across NSW and who work in Aboriginal Community Controlled and Area Health Services. Their roles include client and family support work as well as prevention, early intervention and community development/education.

Services for offenders

NSW Health provides a range of services for violence offenders and access to these services is through defined referral pathways and meeting the specific entry criteria. These services include:

- **PANOC services** provide intervention where the offender is the parent or carer of the child.
- **Sexual assault services** provide intervention for children under the age of ten years who have demonstrated problematic sexualised or sexually abusive behaviour.
- **Child and family health counselling services** provide intervention for children under the age of ten years with problematic sexualised or sexually abusive behaviour.

Pre-trial diversion of offenders program at Cedar cottage provides intervention services for adults’ sexual offending behaviour towards children within the immediate family.

New street adolescent centre located in Parramatta provides counselling for 10–17 year olds who have sexually assaulted others and provides support for their families. Rural New Street located in Tamworth provides the same service with a focus on the Aboriginal community which it is intended will comprise approximately half of the clientel.

Aged Care Assessment Teams (ACAT) may provide referral and counselling for offenders who abuse and neglect older people in the circumstance where the behaviour is not a serious indictable offence.

Other NSW Government services and programs

Brighter futures

The Department of Community Services’ Brighter Futures program provides targeted support to vulnerable families to prevent them from entering or escalating into the child protection system. While families accepted into the Brighter Futures program will receive ongoing case management support participation in the program is voluntary. Brighter Futures is designed for families who have children aged eight years or younger or are expecting a child and who face specific problems. A family can become involved in the program in the following ways:

- with their consent, via community agency referral to a Brighter Futures program Lead Agency
- a family that has been reported to the DoCS Helpline may be invited to join the Brighter Futures program
- there is a direct referral pathway from Aboriginal Maternal and Infant Health Strategy (AMIHS) services to Brighter Futures services. AMIHS services are considered a ‘preferred referrer’ so that families referred will receive priority of access to Brighter Futures.

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- there is a direct referral pathway from Aboriginal Maternal and Infant Health Strategy (AMIHS) services to Brighter Futures services. AMIHS services are considered a ‘preferred referrer’ so that families referred will receive priority of access to Brighter Futures.
DoCS helpline
Anyone who suspects, on reasonable grounds, that a child or young person is at risk of being neglected or physically, sexually or emotionally abused, should report it to the NSW Department of Community Services (DoCS). ‘Reasonable grounds’ does not mean that reporters are required to confirm their suspicions or obtain evidence before making a report. Investigation of reports to the Helpline is the responsibility of officers of DoCS.

Reports can be made by phoning the DoCS Helpline. Tel 132 111 (TTY 02 9633 7698) for the cost of a local call, 24 hours a day, seven days a week.

The DoCS Domestic Violence Line
This is a 24 hour, 7 days per week telephone service for people affected by domestic violence. Trained, all female staff provide telephone counselling, information and referrals for people affected by domestic violence, including referral to emergency and longer term accommodation. Telephone interpreters are used to assist callers when needed.

Tel 1800 65 64 63 (TTY 1800 671 442), 24 hours a day, 7 days per week.

Victims of crime counselling services

The Victims Support Line
This 24 hours a day seven days a week telephone service provides information, referral and support to victims of crime. Victims Support Line staff provide confidential emotional support, in addition to practical information on how to access the Approved Counselling Scheme, how to access other groups and services, as well as information on the rights victim of crime.

Counselling
The Approved Counselling Scheme provides free face-to-face counselling to victims of violent crimes that have occurred in New South Wales. The counsellors are social workers, psychologists or psychiatrists who have proven experience of working with victims of crime. They are available in most rural and regional areas in NSW.

Sydney metro area, Tel (02) 8688 5400 or NSW, Tel 1800 633 063 (toll free), TTY 02 8688 5575
Website www.lawlink.nsw.gov.au/lawlink/victimsservices/ll_vs.nsf/pages/VS_counselling24hour

Families NSW Aboriginal Workers
These early intervention workers aim to help families before problems arise through providing support with parenting. This work involves home visits, organising local parent groups, and helping families link-up with other services they might need. The workers are funded to support implementation of the DoCS Aboriginal Child, Youth and Family Strategy which focuses on improving outcomes for Aboriginal children, young people, families and communities. The strategy seeks to empower and support Aboriginal communities through flexible and culturally responsive services. The strategy purchases services such as after-school holiday programs, youth groups, transition to school programs, resilience building programs and parental support and development through household budgeting and family nutrition.


NSW Legal Services

Aboriginal Legal Services (NSW/ACT) Limited
The Aboriginal Legal Services (ALS) provide legal services to people of Aboriginal or Torres Strait Islander background from 22 offices across NSW and the ACT. The organisation is predominantly a criminal law practice which provides advice and representation for Aboriginal adults and young persons. It also provides legal services in Family Law and Care and Protection at separate Family Law and Care and Protection Units located in Blacktown, Dubbo, Grafton and Wagga Wagga. The ALS employs several Victims of Family Violence Contact Officers who are highly trained Aboriginal women who act as a first point of contact for Aboriginal people experiencing family violence. They are based at the Wollongong, Grafton and Wagga Wagga offices but will travel to other offices.

Head Office, Tel (02) 8842 8000
Family Law Practice, Tel (02) 8836 3440
Care and Protection Law Practice, Tel (02) 8836 3444
Website www.alsnswact.org.au/default.asp

Wirringa Baiya
This is a community legal centre for Aboriginal women, children and youth living in NSW. This service provides free legal advice to Aboriginal women and children with a focus on those who are, or have been, the victims of violence. The organisation’s website has a range of fact sheets to assist women dealing with issues including...
sexual assault and domestic violence. Wirringa Baiya is a member of the National Network of Indigenous Women’s Legal Services.
Tel 1800 686 587 or (02) 9569 3847
Website www.wirringabaiya.org.au/

Related NSW Government policies

The Premier’s Council on Preventing Violence Against Women
The NSW Government is implementing a new, whole of Government approach to policy development and Service provision which comprises:

- a Domestic and Family Violence Prevention Coordination Unit at the Department of Premier and Cabinet
- five state-wide project officers to deliver major Government initiatives in DoCS, NSW Health and the Attorney General’s Department
- nine regional coordinators within the NSW Police Force focussing on integrated delivery of human services and criminal justice responses.

The major Government initiatives are:

- integrated case management
- risk assessment where domestic violence is already identified
- training of frontline staff in all key agencies
- standard operating procedures for policing and prosecution
- Staying Home leaving Violence, a consistent, proactive approach to support victims who want to stay at home or require supported accommodation or housing assistance.

NSW interagency plan to tackle child sexual assault in Aboriginal communities 2006–2011
This five year plan provides for a whole of government response to sustain improvements to service responses to child sexual assault in Aboriginal communities and to prevent Aboriginal children and families falling through gaps between services. It focuses on improving the way the NSW Government works with Aboriginal communities as partners to address this issue, building on existing frameworks such as Two Ways Together. In addition to statewide actions, a major component of the Government’s plan consists of tailored responses to the circumstances of individual communities where child sexual assault is known to be a significant issue.

Australian Government services and programs

Family Violence Regional Violence Prevention Program (FVRAP)
The FVRAP aims to provide practical and flexible support for grassroots projects that have been identified by Aboriginal communities as a local priority to address family violence, sexual assault, child abuse and/or child protection. Projects funded under the FVRAP target one or more of the scope of the interventions available when addressing family violence for example, victims, perpetrators, children, and women/men. Details on the Australian Government’s Department of Families, Community services and Indigenous Affairs website www.facsia.gov.au

Family Violence Prevention Legal services
Family Violence Prevention Legal Services (FVPLS), funded by the Australian Government Attorney General’s Department, provide services to assist Aboriginal adults and children who are victims of family violence, including sexual abuse, or who are at immediate risk of such violence. The services operate in NSW in Walgett, Moree, Kempsey, Forbes and Bourke/Brewarrina providing legal assistance, case work, court support, crisis counselling and assist with other family law matters as they relate to family violence.

Walgett Family Violence Prevention Legal Services
Tel 02 6828 3143 or 02 6828 3145

Bourke/Brewarrina Family Violence Prevention Legal Services
Tel 02 6872 2440
Other related National non-Government organisations

SNAICC

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) is the national non-government peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children and families. SNAICC operates from a membership base including Aboriginal and Torres Strait Islander community-based child care agencies, Multi-functional Aboriginal Children’s Services and family support services and services for young people at risk.

The SNAICC website contains a Resource Collection contains practical materials for the day-to-day running of Aboriginal and Torres Strait Islander Children and family services, such as activities, teaching aids and information sheets. It also includes many resources for parents, families, communities, children and young people.


Australian Domestic and Family Violence Clearing House

The Clearinghouse is a national organisation, providing high quality information about domestic and family violence issues and practice. The primary goal of the Clearinghouse is to prevent domestic and family violence. We do this by supporting specialist and generalist service providers, government agencies, researchers, advocates and activists in their efforts, through the dissemination of information and research, and through facilitating discussion.

Specifically, the Clearinghouse publishes newsletters and papers on key issues, policy, legislation, training and new initiatives. We maintain a library of research and resources and an online database of good practice programs.

Website http://www.austdvclearinghouse.unsw.edu.au/
APPENDIX 3

Contact information

Aboriginal Community Controlled Health Services
Details of most Aboriginal Community Controlled Health Services can be found on the Aboriginal Health and Medical Research Council web page: http://www.ahmrc.org.au/index.htm
Organisations funded by the Office of Aboriginal and Torres Strait Islander Health can be found at www.health.gov.au/internet/publishing.nsf/content/health_oatsih_servicespage-nsw.htm

Services provided through Area Health Services
Most web pages have links to service directories and contact details on a range of services, including Aboriginal health, PANOC, sexual assault, domestic violence, mental health and drug and alcohol services. There are also contact details for community health services, which may be a useful place to start if more specialised services are not easily identified in the directories.

Area Health Service

Metropolitan Area Health Services
Northern Sydney Central Coast AHS
South Eastern Sydney Illawarra AHS
Sydney South West AHS
Sydney West AHS

Rural Area Health Services
Greater Southern AHS
Greater Western AHS
Hunter New England AHS
North Coast AHS

Other government departments/services
Department of Community Services
Links to Protection of children and Communities web pages
Department of Aboriginal Affairs
Attorney General’s Department
Links to Victims Services
Family violence prevention legal services
(Australian government Attorney General’s Department)
Aboriginal and Torres Strait Islander Legal Services
**APPENDIX 4**

**Orientation checklist**

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<td>• Staff entitlements and working conditions</td>
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<tr>
<td>• Client record policies and requirements</td>
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<td>• Aboriginal Family Health Workers</td>
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<td>• The Education Centre Against Violence</td>
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<td>• Aboriginal Family Health Strategy</td>
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<tr>
<td>• Inter-agency Guidelines for Child Protection Intervention 2006</td>
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<tr>
<td>• Policy and Procedures for identifying and responding to domestic violence</td>
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<tr>
<td>• NSW Health Frontline Procedures for the Protection of Children and Young People</td>
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<tr>
<td>• The NSW Children and Young Persons (Care and Protection) Act 1998</td>
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<tr>
<td>• Interagency protocol for Responding to Abuse of Older People, NSW Government 2007</td>
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<td>• NSW Attorney-Generals Department Capacity Toolkit 2008.</td>
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<td>Visits to the following services/agencies:</td>
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<td>• Other Aboriginal Family Health Workers in the region</td>
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<td>• Aboriginal Community Controlled Health Services in the region</td>
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<td>• Violence, sexual assault, child protection services across the region, and contact details</td>
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<td>• Local Aged Care Assessment Teams</td>
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<tr>
<td>• Local and regional interagencies which deal with domestic/family violence</td>
<td></td>
<td></td>
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<tr>
<td>• Aboriginal Health and Family Support Workers</td>
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<tr>
<td>• The Education Centre Against Violence</td>
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Certificate IV Aboriginal Family Health (Family Violence, Sexual Assault & Child Protection)

NSW90618 Certificate IV Aboriginal Family Health (Family Violence, Sexual Assault & Child Protection) is a national qualification accredited by the Vocational, Education and Training Assessment Board (VETAB). To comply with VETAB and Registered Training Organisation (RTO) standards, a significant amount of time is invested in maintaining quality of the course by the development of internal systems to ensure that Aboriginal community needs are being met by industry.

Certificate IV Aboriginal Family Health (Family Violence, Sexual Assault & Child Protection) was developed in partnership with the Centre for Aboriginal Health to support the positions of Aboriginal Family Health Professionals, which have been funded by The Centre for Aboriginal Health, NSW Health, through the NSW Aboriginal Family Health Strategy.

This nationally recognised VETAB accredited course provides Aboriginal Family Health Workers with specific knowledge and skills relevant for their community development role.

The six modules of the course explore:

- ways in which power and control are used at an historic, political, social and personal level and implication of this for work in family/domestic violence, sexual assault and child protection in Aboriginal communities
- theories behind work in family/domestic violence, sexual assault and child protection in Aboriginal communities
- the nature, extent and impact of child sexual assault and offender tactics on the child and other family members
- ways of working with Aboriginal communities to address family/domestic violence, sexual assault and child protection
- co-operative interagency approaches
- community development strategies to address family/domestic violence, sexual assault and child abuse
- respectful approaches to individuals, families and communities affected by family/domestic violence, sexual assault and child abuse

Workers who successfully complete the requirements of the assessments receive the qualification: Certificate IV Family/Domestic Violence and Sexual Assault (Aboriginal Family Health).

Course entry requirements

Applicants for this course must be Aboriginal workers who work in the specialist areas of child protection, family/domestic violence and sexual assault.

For further information contact:
Catherine Clarke
Tel. (02) 9840 3742 or
Marlene Lauw
Tel. (02) 9840 3736

Competent responses for Aboriginal Family Health (family/domestic violence, sexual assault and child protection)

Promotion of Aboriginal Family Health Services (formally known as Strategies for effective Delivery of Aboriginal Family Health Services) is aligned to National Units of Competency and is in the development stage of being accredited.

The aim of the training is to work within the principles of the Aboriginal Family Health Strategy (outlined above) to:

- join colleagues in addressing access and equity issues for Aboriginal clients
- enhance Aboriginal peoples’ participation in your service
- redress the impact of family/domestic violence, sexual assault and child abuse on the lives of Aboriginal people
• find community solutions in relation to family/domestic violence, sexual assault and child abuse
• create opportunities to share knowledge and learn new ways of working.

The target group
The training has been developed for non-Aboriginal workers in the following services: PANOC, Sexual Assaults, Drug and Alcohol, Domestic Violence, Child and Family Health, Women’s Health, Women’s Health Coordinators, Midwifery, Mental Health and their interagency partners.

Course entry requirements
1. Participants will have worked for a minimum of 12 months full time over the past five years in an organisation whose primary aim is to provide sexual assault, family/violence (relates to intimate relationships) child abuse services.
2. Completed a course with the Education Centre Against Violence or other relevant RTO that focuses on one of the core issues listed below:
   • child sexual assault
   • adult sexual assault
   • physical and emotional abuse and neglect of children and young people
   • family/domestic violence (intimate relationship).

The benefits to you
Professional:
• Gain a better understanding of the Aboriginal Family Health Strategy and other relevant NSW Health Policies and Strategies relating to fairer access and equity for Aboriginal peoples.
• Understand better community solutions to Aboriginal Family Health Issues.
• Learn strategies to improve client service to Aboriginal People.
• Acquire skills-based training about services that enhance Aboriginal participation in service development and delivery.
• Acquire skills-based training around effective communication processes between Aboriginal and non-Aboriginal people.

Personal:
• Gain a Statement of participation and attendance.
• Potentially enhance career pathways.

For further information contact:
Catherine Clarke
Tel. (02) 9840 3742 or
Marlene Lauw
Tel. (02) 9840 3736
NSW Aboriginal Family Violence Data Collection

**Note:** All Boxes are to be filled out numerically.

**Goal:** To prevent, reduce and remEDIATE family violence which includes:
- Domestic violence
- Sexual assault
- Abuse and neglect of children
- Abuse and neglect of older people

**Client Profile:** What percentage of your clients are identified as Aboriginal?

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<tr>
<th></th>
<th>Adult Male</th>
<th>Adult Female</th>
<th>Children 0–12</th>
<th>Children 13–18</th>
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<tr>
<td>Aboriginal</td>
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</tr>
<tr>
<td>Non-Aboriginal</td>
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If the breakdown above is not available give an estimate based on total clients:

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<td>Aboriginal</td>
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<tr>
<td>Non-Aboriginal</td>
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**Strategy**

**Measures**

**Results**

**Comments**

**Service Delivery**

**Aim:** To provide casework services to victims and their families

**Presenting issue**
- Number and type per year
- Report primary presenting issue and avoid double counting

**Casework clients**:
- Number at 30 June
- Domestic violence
  - Male
  - Female
- Sexual assault
  - Male
  - Female
- Child neglect and abuse
  - Male
  - Female

- Abuse and neglect of older people
  - Male
  - Female
  - Children 0–12
  - Children 13–18
  - Total

- Past abuse
- Other issue (specify)
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<th>Strategies</th>
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<td>Source of referrals</td>
<td>Self referrals</td>
<td>Joint Investigative Response teams</td>
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<td>Number per year by source</td>
<td>DOCS</td>
<td>Housing</td>
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<td>NSW Health</td>
<td>Police</td>
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<td>GPs</td>
<td>Other (specify) _________________________</td>
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<td>PANOC</td>
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<td>Hours spent dealing with representations</td>
<td>Local Court (AVO)</td>
<td>DIVERT (or similar programs)</td>
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<td></td>
<td></td>
<td>Accommodation organisations</td>
<td>Centrelink</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Estimated hours per year</td>
<td>Other (specify) _________________________</td>
</tr>
<tr>
<td></td>
<td>Transport</td>
<td>Estimated hours per year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hours spent transporting clients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Aim: Provide prevention and early intervention education programs

<table>
<thead>
<tr>
<th>Name of program</th>
<th>Venue</th>
<th>Male</th>
<th>Female</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop new programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement existing programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of program</th>
<th>Venue</th>
<th>Male</th>
<th>Female</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs initiated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of participants involved</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Aim: Gather evidence of unmet need

<table>
<thead>
<tr>
<th>Unmet need</th>
<th>Number of times service unavailable for presenting issue by category of client per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waiting lists</th>
<th>Number of clients</th>
<th>Number of needs assessment activities</th>
<th>Provide details if available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meetings</th>
<th>Surveys</th>
<th>Focus groups</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number at 30 June</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Children 0–12</th>
<th>Children 13–18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy</td>
<td>Measure</td>
<td>Results</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aim: Provide an efficient service which meets the priority needs of clients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Implement Aboriginal Family Health Strategy Operational Guidelines and required training</td>
<td>Training</td>
<td>Number of staff trained per year</td>
</tr>
<tr>
<td></td>
<td>Aboriginal Family Health Strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reporting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comply with NSW Health and Office of Aboriginal and Torres Strait Islander Health (OATSIH) reporting requirements.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Submissions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Successful submissions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prepare submissions to secure maximum funding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintain accurate and comprehensive records</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aim: Provide ongoing professional development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide regular professional supervision</td>
<td>Professional Supervision</td>
<td>Number of supervisions per worker per year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of sessions per worker</td>
</tr>
<tr>
<td>• Provide regular debriefing sessions</td>
<td>Professional debriefing</td>
<td>Number of sessions per worker</td>
</tr>
<tr>
<td>• Promote continued education of worker</td>
<td>Education/Training</td>
<td>Number of staff enrolled in other tertiary education courses during the year</td>
</tr>
<tr>
<td>• Attend bi-annual Aboriginal Family Health Worker meetings</td>
<td>Aboriginal Family Health Worker Network Meetings</td>
<td>Number of meetings attended per year</td>
</tr>
<tr>
<td>Strategy</td>
<td>Measure</td>
<td>Results</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>Aim: Maintain accountability in relation to funding</strong></td>
<td>• Provide annual financial return to DOH and OATSIH</td>
<td>Financial Return Return correctly completed and submitted by due date</td>
</tr>
<tr>
<td><strong>Co-ordination and Linkages</strong></td>
<td>• Establish non-clinical collaborative networks with external organisations that support the Aboriginal Family Health Strategy</td>
<td>Network Number of network activities by type per year</td>
</tr>
<tr>
<td><strong>Community involvement</strong></td>
<td>• Initiate and participate in local initiatives that support the Aboriginal Family Health Strategy.</td>
<td>Community involvement initiatives Number of programs/initiatives by type per year – specify</td>
</tr>
</tbody>
</table>
Philosophy
Solutions to Aboriginal family violence are to be found in family and community. These solutions must take into account the historical, social, legal, cultural, political, personal and power relations affecting Aboriginal communities. Family violence involves serious abuses of power that impact on ongoing community development.

Aim
To empower and engage Aboriginal families and communities and relevant agencies to take control and work together, to reduce the occurrence of family violence in Aboriginal communities.

Responsibilities
Responsibilities of Aboriginal Family Health Workers include:

- to actively work with the local Aboriginal community and relevant government and non-government agencies on community development strategies and initiatives to reduce the incidence and prevalence of family violence
- to develop sustainable support strategies/projects in collaboration with other agencies that are in line with local and cultural needs
- to provide education and awareness raising activities for the community and families on ways to reduce family violence and sexual assault
- Legal responsibilities and duty of care.

Statement of duties
Support and referral
- support families through short periods of intensive crisis, in liaison with clinical experts and counsellors, moving on to less intensive support as clients gain the knowledge and awareness of their options and rights and are more empowered
- liaise and network with both Aboriginal and mainstream local health and welfare services in order to provide appropriate referrals for clients
- maintain current information regarding legislation and update service policies in relation to legislation.

Community education and community development
- support communities by organising and providing appropriate resources for educational/community development events (eg workshops, forums, camps etc.)
- encourage and support communities to access the services that are available
- encourage and support communities to report acts of abuse and violence
- promote and contribute to the development of inter-agency responses to issues of family violence, sexual assault and child abuse in the community.

Administration and staff development
- collect and collate necessary data for planning and evaluation
- write regular activity reports as required
- undertake mandatory and other appropriate training/education and staff development as required
- participate in regular supervision and peer support meetings
- work independently and participate as a member of a multi-disciplinary team
- attend, and contribute to, the twice yearly Aboriginal Family Health Network meetings.

Selection criteria
The position is to be filled by an Aboriginal person with experience in working with and for Aboriginal communities. If there is a delay in recruitment of a suitable Aboriginal person for the position, a non-Aboriginal person may be recruited for a limited period of time, while the active search for a suitable Aboriginal person continues.
Experience
Essential:

- experience working with and for Aboriginal communities
- an understanding of working within a community development model.

Desirable:

- knowledge of working within violence prevention frameworks
- experience in collecting and collating data.

Knowledge
Essential:

- knowledge and understanding of the principles underpinning community development processes and projects
- knowledge and understanding of the impact of family violence, sexual assault and child abuse on Aboriginal families and communities
- knowledge of and commitment to, principles of non-discriminatory work practices in respect of ethnicity, gender, disability and sexuality.

Skills and ability
Essential:

- strong listening skills and the ability to empathise with and refer people seeking assistance
- community knowledge
- demonstrated ability to work independently and to work within a team and to relate respectfully to colleagues
- good written and verbal communication skills
- basic computer skills
- current drivers licence.

Education
Essential:

- agreement to undertake relevant training and other on the job professional development.

Desirable:

- qualifications in welfare, health, community development or related field.
References


Industry Partnerships Section (2004). Mentoring. Canberra, Australian Government Department of Agriculture, Fisheries and Forestry


