ABORIGINAL FAMILY HEALTH STRATEGY 2011–2016

Responding to Family Violence in Aboriginal Communities

NSW GOVERNMENT Health

Artwork

NSW Department of Health would like to acknowledge Adam Ingram of the Wiradjuri nation, whose artwork appears in this document. The painting reflects the artist's concept of strong families and communities; the hands bordering the painting represent the community encircling the family. The large hands at the centre of the painting holding a sphere represent mother earth holding the sun. The figures which appear above the sun represent the family, and the green leaves and yellow fruits which appear below the sun represent the traditional fruits eaten by Aboriginal people.

This artwork has been edited for the purpose of better representing the concept of the Aboriginal Family Health Strategy.

Acknowledgements

The *NSW Health Aboriginal Family Health Strategy 2011* reflects the input of many individuals who have contributed to its development by participating in consultations and providing expert advice and ongoing feedback. NSW Health would like to thank members of the following organisations for their contribution:

- Aboriginal Family Health Worker's Network
- Aboriginal Affairs NSW
- Australian Family & Domestic Violence Clearinghouse
- Aboriginal Health & Medical Research Council
- Community Services
- Education Centre Against Violence
- National Child Protection Clearing House
- New South Wales Police
- Office for Women's Policy, Department of Premier and Cabinet
- Primary Health and Community Partnerships Branch, NSW Department of Health

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Note: For the purposes of this paper 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. The term acknowledges that Torres Strait Islanders are a separate people, and Aboriginal people are the original inhabitants of New South Wales.

April 2011

Statement of Commitment

We acknowledge that we are located on the lands of the Cammeraygul people. The Cammeraygul are the traditional custodians of this land and are part of the greater Eora Nation. We pay our respects to past, present and future ancestors of the Aboriginal nations.

The NSW Department of Health acknowledges that we are located on the lands of the Cammeraygal people. The Cammeraygal are the traditional custodians of this land and are part of the greater Eora Nation. We pay our respects to past, present and future ancestors of the Aboriginal nations.

This Statement of Commitment, originally signed on Sorry Day, 26 May 2010, is an acknowledgment of regret over past practices and policies which have impacted on the social and emotional wellbeing of Aboriginal people and their health.

We recognise Aboriginal people as the First Nations' People of Australia and the traditional owners and custodians of land. Aboriginal people have lived here for over 60,000 years and are recognised as being the oldest living, continuous culture of the world, with unique languages and spiritual relationships to the land and seas. We are strongly committed to improving the physical, cultural, spiritual and family wellbeing of Aboriginal people in this State.

The NSW Department of Health, are ***Sorry*** for the pain and loss placed on the lives of Aboriginal people who have been dislocated from their culture, displaced from their homelands and watched their children being taken away.

We have made this Statement of Commitment to continue to:

- Uphold and apply cultural protocols such as `Welcome to Country' or 'Acknowledgment of Country';
- Acknowledge and respect Aboriginal cultural identity, practices and beliefs by working in partnership with Aboriginal peoples through the use of the NSW Aboriginal Health Partnership Agreement;
- Use the Aboriginal Health Impact Statement when developing or reviewing significant policies and programs; and
- Implement agreed actions that support delivery of services and programs to Aboriginal people in NSW.

For the NSW Department of Health, this Statement of Commitment means building our cultural competence and working to deliver sustainable health outcomes and contribute to closing the health gap between Aboriginal and non-Aboriginal people.

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Content

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Foreword

NSW Health is committed to reducing the incidence and impact of family violence by working in partnership with Aboriginal people and their communities.

This revised edition of the NSW Health Aboriginal Family Health Strategy (2011-2016) will guide activity that responds to family violence in Aboriginal communities over the next five years by supporting work currently underway and identifying new opportunities to achieve safer and stronger Aboriginal families and communities.

The Aboriginal Family Health Strategy was first released in 1998 and presented an innovative approach for working with family violence within a cultural context. The Strategy has been revised with the aim of engaging mainstream services and facilitating the NSW Health response to whole of government initiatives addressing family violence.

The Aboriginal Family Health Strategy is unique among family violence prevention and intervention strategies in its focus on the Aboriginal family and culture, and its healing approach. At the same time it is acknowledged that NSW Health is currently implementing a range of policies and programs to ensure appropriate intervention options for all families experiencing family violence. This Strategy will promote a coordinated response across the service network so that Aboriginal families benefit from all services.

The revision of the Strategy has involved an extensive consultation process to ensure it is a comprehensive and relevant strategy which guides activity in response to family violence across the health system, including the community controlled sector.

I take this opportunity to acknowledge the sustained effort of all those involved in this complex and challenging field and offer my support and encouragement. Thank you for your contribution into the future. I wish you success in your endeavours.

Dr Mary Foley
Director-General

The NSW Aboriginal Family Health Strategy is dedicated to the Aboriginal Family Health Workers who have worked tirelessly, often with little recognition, to reduce the impact of family violence in Aboriginal communities.

Their work has given hope for the future to the many families whose lives have been impacted upon by family violence.

In particular this Strategy is dedicated to Sera Iancu (1962-2010) of Awabakal Aboriginal Medical Service and the Education Centre Against Violence.

The Strategy at a glance

Target Population

Aboriginal families and communities in NSW.

Goal And Aims:

That all Aboriginal people in NSW live safe and healthy lives free of family violence. This will happen when we:

- Reduce the incidence and impact of family violence in Aboriginal communities.
- Build the capacity and strength of individuals and communities to prevent, respond to, and recover from, family violence.
- Nurture the spirit, resilience and cultural identity that build Aboriginal families.

Burden Of Family Violence:

- In 2008 the rates of reported victims of domestic violence were 6 times higher for Aboriginal females than non-Aboriginal females (3,148 per 100,000 and 511 per 100,000, respectively), and 4 times higher in Aboriginal males than non-Aboriginal males. (NSW Bureau of Crime Statistics and Research, 2010).
- The number of child protection reports made to Community Services for Aboriginal children and young people has increased by more than 3 times in the past 8 years, from 18,348 in 2001/02 to 59,375 in 2008/09. During the same period the increase for the non-Aboriginal population was 1.7 times, from 141,295 reports made in 2001/02 to 250,301 in 2008/09. (NSW Department of Community Services, 2007a and 2007b and additional data from the Client Information System (CIS), and the Key Information and Directory System (KIDS) Annual Statistical Extract).

Aboriginal Family Health Model Of Care

The foundation of this model is Aboriginal culture and family. Its core elements are:

- Strategic leadership.
- Effective service delivery
- Culturally competent workforce
- Strong Community capacity

The model is built on the foundation of a healing approach, and research and evaluation will inform the implementation of each element.

Introduction

The NSW Aboriginal Family Health Strategy 2011 – 2016 (the Strategy) sets out NSW Health's plan to respond to family violence in Aboriginal communities over the next five years. It is a Strategy that informs the response at both strategic and operational levels.

This Strategy builds on a range of new and existing initiatives focussed on reducing the incidence and impact of family violence in Aboriginal communities in NSW. In particular, it builds on the successful work of Aboriginal Family Health Workers (AFHWs) and the Education Centre Against Violence.

This Strategy has been significantly influenced by National and State policy and structural reforms that aim to improve the way that governments and communities work together to prevent and respond to family violence. In particular, the roll-out of the NSW Government's *Keep Them Safe: A shared approach to Child Wellbeing* which aims to fundamentally change the way children and families are supported and protected.

The goal of the Strategy is to ensure that all Aboriginal people in NSW live safe and healthy lives free of family violence. To achieve this goal, the Strategy sets out a model of care that will guide the implementation of specific actions by Local Health Districts (LHDs), Aboriginal Community Controlled Health Services (ACCHSs) and other non-Government Organisations (NGOs) over the next five years. This model of care is informed by evidence based best practice, and built on the foundation of a healing approach. Its implementation will continue to be informed by building research and evaluation into program activity.

This Strategy will contribute to the provision of an integrated response to family violence in Aboriginal communities based on collaboration between services. The long term success of the Aboriginal Family Health Strategy will be assessed from a holistic and community based perspective in accordance with the principles of Aboriginal health.

Burden of Family Violence

Defining family violence

Family violence describes all forms of violence – including physical, emotional, psychological, sexual, sociological, economic and spiritual – in intimate, family and other relationships of mutual obligation and support (Aboriginal Child Sexual Assault Taskforce 2006). The term "family violence" takes place within the extended nature of Aboriginal families. Responses need to take account of the diversity and complexity of kinship ties in Aboriginal communities, and this holistic definition recognise that family violence in Aboriginal communities impacts on a wide range of kin and community members.

In the case of an Aboriginal person or a Torres Strait Islander, a person has a "domestic relationship" with another person if the person 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.

Crimes (Domestic and Personal Violence) Act 2007.

The evidence

Family violence is one of the most serious issues affecting Aboriginal communities. It has a devastating impact and burden on the health and social and emotional wellbeing of Aboriginal communities in NSW (NSW Department of Premier and Cabinet 2009a).

Domestic violence

Aboriginal women continue to report higher levels of physical violence during their lifetime than do non-Aboriginal women, and are also much more likely to experience sexual violence and sustain injury. Barriers to seeking support services, and the likelihood of receiving inadequate or inappropriate responses, mean Aboriginal women are increasingly vulnerable to the risks and effects of violence.

In NSW Aboriginal women remain significantly over-represented among reported victims of sexual assault and domestic violence related assault (NSW Department of Premier and Cabinet 2008b).

- In 2008, the rates of reported victims of domestic violence were 6 times higher for Aboriginal females than non-Aboriginal females (3,148 per 100,000 and 511 per 100,000, respectively), and 4 times higher for Aboriginal males than non-Aboriginal males. (NSW Bureau of Crime Statistics and Research, 2010).

- The proportion of hospitalisations due to violence was much higher among Aboriginal people (18%) compared to non-Aboriginal people (5%). Aboriginal females are 12 times more likely to be hospitalised due to violence compared to the non-Aboriginal population (NSW Department of Health 2010).

Child abuse

Aboriginal children are significantly over-represented in the child protection system. The following statistics provide an indication of the rates of child abuse in NSW:

- The number of child protection reports made to Community Services for Aboriginal children and young people has increased by more than 3 times in the past 8 years, from 18,348 in 2001/02 to 59,375 in 2008/09. During the same period, the increase for the non-Aboriginal population was 1.7 times, from 141,295 reports made in 2001/02 to 250,301 in 2008/09. (NSW Department of Community Services, 2007b and additional data from the Client Information System (CIS), and the Key Information and Directory System (KIDS) Annual Statistical Extract).
- In NSW, the rate of child sexual assault of Aboriginal females under the age of 16 years in 2004 was more than double that of non-Aboriginal females. However, of all the children who accessed services that respond to sexual assault in 2003-2004, only 11% were Aboriginal (NSW Government, 2007).

Economic costs

In 2004, Access Economics reported that the cost of violence against women to the economy was $8.1 billion. The largest component of this cost was pain, suffering and premature mortality at $3.5 billion. If no new actions are taken to reduce the incidence and the impact of violence against women by 2021-22, the cost to the economy of violence against women and their children will have almost doubled to $15.6 billion (Access Economics 2004).

Long term costs

Domestic violence has serious long-term effects on women and children that extend well beyond the immediate experience of family violence and leaving an abusive relationship. Studies highlight the long-term impact on women and children in the areas of health, justice, income security, child support, parenting and social support services. Serious long-term impacts on women's health may include an increased risk depression, post-traumatic stress disorder, eating disorders, arthritis, early menopause and cancer. (Evans 2007).

Contributing factors for Aboriginal people

The prevalence and seriousness of family violence in Aboriginal communities must be seen in the context of the historical, political, social and cultural environments in which it occurs (Memmott, 2006). The high incidence of violent crime in some Aboriginal communities is exacerbated by factors not present in the broader Australian community. These factors that have impaired community functioning and increased Aboriginal families' vulnerability to family violence include:

- dispossession from land and traditional culture
- breakdown of community kinship systems and erosion of traditional lores and customs
- racism and vilification
- economic exclusion and entrenched poverty
- effects of overcrowding and inadequate housing
- the effects of institutionalisation and child removal policies
- inherited grief and trauma
- the loss of traditional Aboriginal female roles, male roles, and status

The close-knit nature of the Aboriginal community, with its kinship networks, means that family violence has the potential to affect a wide circle of people. Therefore, women who have experienced violence in Aboriginal communities may be reluctant to leave the physical and emotional support of families. This, combined with obligations and loyalties, compel women to stay in the violent environment (Lumb B. and Farrelly T. 2009)

All these factors are seen as contributing to high levels of distress within Aboriginal communities, which is often demonstrated through destructive behaviours such as substance abuse, self-harm and violence (Aboriginal Affairs Victoria 2008).

As this context frames an individual's experience of family violence it must also frame NSW Health's response.

Earlier Approaches

Aboriginal Family Health Strategy

In 1998, the NSW Department of Health released the Aboriginal Family Health Strategy. The Strategy was originally developed with funds received through the National Women's Health Program. It became the Department's first step towards working in partnership with Aboriginal communities to address family violence and sexual assault in Aboriginal communities. The Strategy provided a framework for working with concerns about family violence in a culturally appropriate manner and in partnership with communities.

A major focus of the original Strategy was the funding of AFHWs to work on locally based projects. Drawing on holistic approaches, AFHWs have provided critical support to families dealing with family violence. Projects were established in a number of regional locations and mainly within Aboriginal Community Controlled Health Services (ACCHSs).

The core role of AFHWs includes a mix of individual and family support 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. AFHWs 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 family violence and less intensive support – as clients gain knowledge and awareness of their options and rights and other support mechanisms are established.

AFHWs provide a service that aims to respond to local needs and contexts, actively engage local communities, including Elders and other community leaders, and relevant government agencies – and incorporate healing while promoting Aboriginal independence and empowerment. Further detail on the role of the AFHWs is available in the AFHW Operational Guidelines at http://www.health.nsw.gov.au/policies/gl/2009/GL2009_001.html (NSW Department of Health 2009).

Broader NSW Health system approach

The needs of Aboriginal people affected by family violence may be met by a wide range of workers employed within NSW Health and other government agencies, the ACCHSs sector and other NGOs. These workers may be in positions specifically established to respond to family violence and are appropriately trained – such as Domestic and Family Violence Workers, Sexual Assault and Child Sexual Assault Workers and Counsellors. However, many other workers address these issues while working in Drug and Alcohol, Mental Health, Women's Health and Maternal Health. Some of these positions are filled by Aboriginal staff but the majority are not.

Commonly, services are delivered separately to victims of domestic and family violence, sexual assault and child abuse and neglect. This fractured response, within individual service streams, does not always recognise that the forms family violence occurs simultaneously are not distinct from each other in the lives of adults and children and can occur over a lifetime (NSW Department of Health 2011).

Recognition of the need for a more family centred care is increasingly reflected in the development of NSW Health policy which impacts on the identification of families experiencing a range of vulnerabilities which may include family violence. The related care planning and service co-ordination required to ensure appropriate interventions may be enhanced by more culturally competent and holistic approaches promoted by the Aboriginal Family Health Strategy.

Review and the need for change

Review of Aboriginal Family Health Strategy

A review of the Aboriginal Family Health Strategy (McDonald, 2005) found that it had provided a comprehensive, holistic and family centred approach, setting the benchmark for other approaches to family violence in Aboriginal communities.

The 2005 review recommended that the Strategy be revised to focus on its core elements and the development of supportive infrastructure. During the revision it was decided the complexity of issues necessitated increased consultation. This consultation commenced with a review of all services funded under the Strategy during 2008. It involved meetings on location with the AFHWs and, in some instances, their line managers and more senior management. The reviews identified the following service provision outcomes, including:

- The establishment of, and recurrent funding for, 20 AFHW positions (currently 25)
- A pool of committed and resilient workers
- Partnerships established between NGOs funded under the Strategy and LHDs
- National accreditation of the Certificate IV Aboriginal Family (Family Violence, Sexual Assault, and Child Protection), evaluated in 2010
- Establishment of the AFHW Network
- Release of the *Operational Guidelines for Aboriginal Family Health Workers*
- Other agencies have dedicated funding to establish AFHW positions working under the Operational Guidelines
- Development of the AFHW Data Collection
- A strong partnership with the Education Centre Against Violence (ECAV)

Importantly, the 2005 and 2008 reviews also identified a number of significant challenges that highlighted the need for the revision of the Aboriginal Family Health Strategy, including:

- The complexity of the issues related to family violence
- Poorer physical health status and high levels of chronic stress for Aboriginal people
- Workforce shortages – insufficient numbers both of appropriately skilled and trained Aboriginal staff and culturally competent non-Aboriginal workers
- Burn-out among workers, due to high workload and the stressful nature of the work
- Community expectations about service provision, particularly the high level of expectations people may have of AFHWs working in the communities in which they live
- The need to build capacity in families and communities prior to interventions, which is both time-consuming and resource-intensive
- Limited financial resources of agencies to provide support and enhance the services of the Aboriginal Family Health Program
- Lack of consistent and coordinated service delivery due to the various targeted location responses to related interagency and whole of Government strategies
- The risk of duplication of effort arising from different funding streams
- Barriers to collaboration and partnerships that result when lack of resources limit the capacity of services to engage in necessary activities, which – if stakeholders and organisations participated in them, would place strain on existing services.

Changing policy context

The revised Aboriginal Family Health Strategy is underpinned by legislation and National and State policy frameworks prioritising action on the protection of children from abuse, including sexual abuse and other forms of family violence in Aboriginal communities.

NSW Policy

The NSW State Plan

A New Direction for NSW: State Health Plan Towards 2010.

Keep Them Safe: A Shared Approach to Child Wellbeing

Stop the Violence End the Silence - The NSW Domestic and Family Violence Action Plan

NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006–2011

NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence

The Domestic Violence Interagency Guidelines

NSW Health / Families NSW supporting families early package

Two Ways Together – a 10-year plan (2003–2012) to improve the lives of Aboriginal people and their communities

Working Together: Preventing Violence against Gay, Lesbian, Bisexual and Transgender People (Strategic Framework 2007–2012)

Better Together: A New Direction to Make NSW Government Services Work Better for People with a Disability and their Families 2007–2011

The NSW Police Force Domestic and Family Violence Policy

A Way Home: Reducing Homelessness in NSW

The **NSW State Plan** (Department of Premier and Cabinet 2010), reflects the NSW Government's commitment to strengthen Aboriginal communities by preventing and addressing family violence. This plan states that, "Through the development of a social inclusion agenda and collaboration with the non–government sector, we will build the capacity and resilience of communities and the independence, safety and wellbeing of individuals and families". It includes specific targets to

- Increase the proportion of children who have a safe and healthy start to life and
- Ensure children and young people in NSW, along with their families, have access to appropriate and responsive services when needed
- Reduce the level of domestic violence for Aboriginal children and young people

Keep Them Safe: A shared approach to Child Wellbeing (NSW Department of Premier and Cabinet 2009b), which aims to fundamentally change the way children and families are supported and protected, is another significant policy driver for the revision of the Aboriginal Family Health Strategy. Broadly, *Keep Them Safe* is the NSW Government's five-year plan to provide appropriate support to families earlier, and prevent as many children and young people as possible from requiring statutory child protection intervention.

Keep Them Safe was developed in response to Commissioner Wood's (2008) Report of the Special Commission of the Inquiry into Child Protection Services in NSW. This Report was handed down in late 2008, with 111 recommendations aimed at strengthening government and community responsibility for child protection. A particularly significant finding of this Inquiry was the over-representation of Aboriginal children and young people in the child protection and juvenile justice systems.

Consequently, one aim of Keep Them Safe (NSW Department of Premier and Cabinet 2008a) is to reduce this over-representation, through a range of initiatives aimed at increasing support to Aboriginal children and their families. *Keep Them Safe* also provides a commitment to assessing the impact of all actions in the plan on Aboriginal children and families. The Aboriginal Family Health Strategy will contribute to the implementation of Keep Them Safe and other whole of government initiatives.

Stop the Violence End the Silence – The NSW Domestic and Family Violence Action Plan (NSW Department of Premier and Cabinet 2010a) is underpinned by 5 strategic directions: prevention and early intervention; protection, safety and justice; provision of services and support; building capacity, and data collection and research.

It builds on initiatives already in place that prevent violence, better assess the risk of violence in our communities, and respond when violence occurs. It also helps to end the silence, by targeting messages that violence is not acceptable – as well as supporting women who have experienced violence as they come into contact with the criminal justice system, so they become confident about reporting. This Plan also recognises the need for Aboriginal communities to have alternative pathways to address domestic and family violence.

The **NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities 2006-2011** (NSW Government 2007) – "the Interagency Plan" – is a key policy framework that informs the Aboriginal Family Health Strategy. The Interagency Plan was developed by the NSW Government in response to the findings of the 2006 The Aboriginal Child Sexual Assault Taskforce report *Breaking the Silence: Creating the Future* (Aboriginal Child Sexual Assault Taskforce 2006), which revealed the widespread and devastating impact that child sexual assault is having in Aboriginal communities, and the overwhelming need community members have for this abuse to be prevented and stopped.

The Interagency Plan is a whole-of-government five year plan to reduce the high incidence of sexual assault of Aboriginal children in NSW. The goals of this plan are to:

- reduce the incidence of child sexual abuse
- reduce disadvantage and dysfunction in Aboriginal communities
- build up Aboriginal leadership and increase family and community safety and wellbeing

The Interagency Plan includes a number of strategic directions that relate to the Aboriginal Family Health Strategy including:

- Child Protection: the provision of appropriate, consistent and effective child protection responses, ensuring that ongoing support and treatment are available, and that services earn the confidence of their Aboriginal clients
- Prevention and Early Intervention: improve the future life chances and wellbeing of Aboriginal children overall, strengthen families, and reduce the occurrence of child sexual assault by intervening at strategic points, to address problem behaviours and to support people at risk
- Community leadership and support: improve the way governments and Aboriginal communities work together to minimise risk factors and raise awareness of child sexual assault, and to empower Aboriginal leaders and communities to respond to child sexual assault.

The **NSW Health / Families NSW Supporting Families Early package** brings together initiatives from NSW Health's Primary Health and Community Partnerships Branch and Mental Health and Drug & Alcohol Office. It promotes an integrated approach to the care of women, their infants and families in the perinatal period. Three companion documents form the Families NSW Supporting Families Early package:

- Supporting families early SAFE START strategic policy
- Maternal and Child Health Primary Health Care Policy
- Improving mental health outcomes for parents and infants.

National Policy

National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (Council of Australian Governments – COAG – 2008)

Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children 2009–2021

The National Plan to Reduce Violence against Women

Women's Safety Agenda

Conceptual Framework for Family and Domestic Violence Australia 2009 , Australian Bureau of Statistics (ABS)

National Child Protection Framework, COAG

The Road Home: Homelessness White Paper

Australasian Policing Strategy for the Prevention and Reduction of Family Violence

The **National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes** (COAG 2008) is a key policy document driving the revision of the Aboriginal Family Health Strategy . This historic agreement includes funding for a range of initiatives that aim to improve coordination of service delivery for Aboriginal families including:

- Making Indigenous health everyone's business, through improved multi-agency, multi-programme and inter-sectoral collaboration and coordination to meet the needs of Indigenous families and communities
- Improving access to targeted early detection and intervention programs , particularly families with high levels of contact with services such as child protection, juvenile justice, corrections, housing and health services
- Ensuring a healthy transition to adulthood through reduced hospitalisations for violence and injury

The NSW Government has developed a National Partnership Implementation Plan (NSW Government 2009) that sets out how funding will be allocated to deliver programs to achieve the objectives of the Agreement. Specific actions being progressed by the Centre for Aboriginal Health, NSW Health under this plan include:

- The revision of the Aboriginal Family Health Strategy to improve coordination of service delivery for high need Aboriginal families.
- Funding of additional AFHW positions located in areas of unmet need
- A trial of Aboriginal Family Health Coordinator positions in three LHDs

Additional actions to be implemented by NSW Health to further the Aboriginal Family Health Strategy focus on improving health service responses to child sexual assault in Aboriginal communities include:

- Establishing additional Aboriginal child sexual assault counselling positions in priority locations
- Developing and implementing training and workforce development initiatives to ensure services are culturally competent
- Implementing a range of initiatives to enhance the availability of forensic and medical services to victims of sexual assault, focusing on rural locations
- Establishing an additional community based treatment program in Hunter New England based on the New Street Program, an early intervention program for young people who have sexually abused.

International Policy

The United Nations' Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

The United Nations' Declaration on the Elimination of Violence against Women

The United Nations' Handbook for Legislation on Violence Against Women

The United Nations' Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power

The United Nations' Beijing Platform for Action

The United Nations' Millennium Development Goals
Amnesty International: Setting the Standard: International Good Practice to Inform an Australian National Plan of Action to Eliminate Violence against Women

The United Nations Declaration on the Rights of Indigenous Peoples

This Strategy reflects the intentions of these international charters and the right of every human being to live a life of dignity that is free from violence. It also recognises the historical context and the continuing effects of grief that impact on Aboriginal communities and the barriers these present in achieving the basic human right of freedom from violence and abuse.

The **United Nations Declaration on the Rights of Indigenous Peoples**, a document that – while not yet having the status of a legally binding international treaty – has been formally endorsed by the Australian Government, describes the human rights framework in an Indigenous context, and sets a standard of achievement to be pursued in a spirit of partnership and mutual respect (*United Nations 2007*).

This Declaration reflects the principles of the Aboriginal Family Health Strategy by recognising that:

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions (Article 23).

It also encourages:

... measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination (Article 22).

Australia is also a signatory to the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) and the *Convention on the Rights of the Child* (CRC). The NSW legislation that addresses domestic and family violence, the *Crimes (Domestic and Personal) Violence Act 2007*, includes in its objects provisions that are consistent with these policies.

The Strategy also acknowledges that family violence prevention requires a family based approach. While recognising that women's traditional culture and authority in the community needs to be promoted, it also acknowledges that men need to be part of the solution.

Goal of the NSW Aboriginal Family Health Strategy

All Aboriginal people in NSW live safe and healthy lives, free from family violence. The aims of the Strategy that will achieve this goal are:

- **To reduce the incidence and impact of family violence in Aboriginal communities.**
- **To build the capacity and strength of individuals and communities to prevent, respond to and recover from family violence.**
- **To nurture the spirit, resilience and cultural identity that builds Aboriginal families.**

Principles

Implementation of the Aboriginal Family Health Strategy is supported by these principles of Aboriginal Health (Department of Health and Ageing 1989). These principles are described here with reference to family violence.

Whole-of-life view of health

This refers not just to the physical well being of an individual but the social, emotional, and cultural well being of the whole community – a community in which each individual is able to achieve his or her full potential, thereby contributing to whole of community well being. It is a whole of life view, and includes the cyclical concept of life-death-life.

Self-determination

Leadership for solutions to family violence in Aboriginal communities will be found in Aboriginal communities. Solutions need to be community devised, managed and implemented to ensure responses are focussed on priority needs, which may be different for different Aboriginal communities. Ownership of solutions by Aboriginal people will ensure their effectiveness.

Working in partnership

This Strategy will contribute to the provision of a cohesive and cooperative response to family violence in Aboriginal communities. Based on collaboration rather than competition between services, it will work towards reducing family violence in Aboriginal communities, while building the capacity and strength of individuals and communities to recover re-empower and rebuild family relationships and cultural identity.

Cultural understanding

Aboriginal family is pivotal to Aboriginal culture. The Aboriginal family is enduring and enabling. It provides the emotional strength and spirit for people who strive to maintain strong identity while adapting to changing, often difficult environments. Family ties, loyalties and obligations are fundamental to the lives of Aboriginal people. Aboriginal families and communities are interlinked and one family or child cannot be treated in isolation from the community environment.

Recognition of trauma and loss

Frontline workers implementing the Strategy are working in traumatised communities. Programs they implement must acknowledge the historical context and the continuing effects of grief that impact on communities today, in order to address the negative health impacts arising from this trauma. Healing is a vital underpinning element of the Aboriginal Family Health Strategy.

The Way Forward

Implementation of the Aboriginal Family Health Strategy will require a flexible approach to incorporating the recommendations of ongoing consultation and review of the AFHW Program and the Aboriginal Family Health Strategy. The Strategy will continue to build on achievements and work on mitigating challenges – it will rely on a deep commitment to the family on the part of community members, and by all those working in services that respond to family violence in Aboriginal communities.

It appears both timely and necessary to integrate the Aboriginal Family Health approach within mainstream health service planning and provision. With the implementation of *Keep Them Safe: A shared approach to child wellbeing* (NSW Department of Premier and Cabinet (2009b), *Stop the Violence End the Silence* NSW Department of Premier and Cabinet (2010a) and the continuing work under the *Interagency Plan to Tackle Child Sexual Assault in Aboriginal communities* (NSW Government 2007), it is essential that the multitude of activity be coordinated and integrated as part of an overall comprehensive response to family violence in Aboriginal communities.

Given that the Aboriginal Family Health Strategy already contains many of the elements of good practice approaches, it is intended that this revised Strategy now inform those responses provided through mainstream services. This will enable improved service provision within an Aboriginal Family Health context that intensifies shared understandings and shared responsibility for tackling family violence in Aboriginal communities.

Reviews of the Strategy have identified that there was no single best service delivery model or organisational type for addressing family violence. Rather, effective models shared common characteristics. Recognising that there is limited evidence to support outcome-based practice in terms of culturally appropriate family violence "models," much can be applied in terms of culturally appropriate good practice approaches. With this in mind, service and program **"integration"** is a key theme underpinning good practice approaches. Such integration is central to the way forward in realising the ambitions of this Strategy.

An integrated approach

The most compelling reason for an integrated approach is that we know the underlying causes and subsequent consequences of family violence are similar across all of the forms of family violence and for many people, the experiences are intertwined and occurring across their lives (Herman 1997).

The integration of the strategic and operational aspects of this Strategy can be achieved by building on existing activity and linking processes within a culturally appropriate framework. An integrated approach includes mutual understandings of shared responsibility; commitment; support; accountability and agreed planning processes (Courage Partners et al, 2005). Common elements of good practice approaches have been captured to develop an Aboriginal Family Health Model of Care. The application of this model into mainstream approaches provides practical ways to enhance existing efforts within a culturally competent framework.

An integrated approach to addressing family violence at both the operational (local) level and the higher strategic (State and regional) level will require strong leadership and support for the specific actions identified under the key elements of the **Aboriginal Family Health Model of Care**, which will have at its core Aboriginal family and culture. The elements of the Model of Care are: strategic leadership; effective service delivery; culturally competent workforce and; strong community capacity.

Good practice approaches at a strategic level suggest that mechanisms need to be in place for regional planning, information sharing, advocacy, coordination, and development and maintenance of partnerships. It is anticipated that a more integrated approach at an operational level will cut duplication, and result in less wastage of resources, fewer gaps in services, and an overall improvement in responses and outcomes for Aboriginal people dealing with issues of family violence.

Building workforce capacity

In keeping with the principles of the Aboriginal Family Health Strategy and the evidence demonstrating the importance of community ownership and control to successful programs, the existing operational component of this Strategy – the Aboriginal Family Health Program – will be maintained predominantly within the ACCHSs and NGO sector. This will ensure that solutions to family violence are locally developed and owned.

Funding made available under the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* has provided the opportunity to increase workforce capacity to implement the Strategy. Additional AFHWs will be funded in prioritised areas of need, and a trial of a new Aboriginal Family Health Coordinator position will take place in three LHDs. The aim is to establish this Co-ordinator position in each LHD.

It is envisaged that the Coordinator will provide linkages between the NSW Health system, both universal and Aboriginal specific programs, NGOs, and whole of Government, including Commonwealth Government, initiatives to reduce and prevent family violence in Aboriginal communities. The role is intended to be strategic, with an emphasis on building formally recognised and active partnerships within a LHD and regional context, and to thereby facilitate better access for Aboriginal people to a range of services supporting a holistic response.

Aboriginal Family Health Model Of Care

The Model Unpacked

This section describes each element of the Aboriginal Family Health Model of Care, and identifies areas of activity that will contribute to achieving the overall goal and aims of the Strategy. These areas of focus have informed the Implementation Actions and the framework for monitoring and evaluation of the Strategy. This evaluation, combined with ongoing research, will inform the further development and implementation of actions under each element.

The Model is built on the foundation of a healing approach, which should be considered in the implementation of the actions under each element. The actions will continue to be informed and enhanced by an approach which prioritises evidence-based good practice.

Element 1: Strategic Leadership

Family violence is a multifaceted and multilayered issue that requires an equivalent response integrated into policy, program development, management and service delivery to improve outcomes for Aboriginal communities. A coordinated and integrated response as mandated by the Strategy requires leadership, collaboration and partnerships at State and Health Service level. Strategic Leadership will involve:

- NSW Health Aboriginal Health Impact Statement (NSW Department of Health 2007b)
- Formalised partnerships
- Aboriginal Family Health Action Plans
- Regional Aboriginal Family Health Action Groups
- Designated responsibility for implementation and coordination
- Workforce development
- Mechanisms to showcase successful projects
- Advocacy for the pursuit of shared responsibility for outcomes
- Development of Aboriginal Family Health Service Guidelines

Element 2: Effective Service Delivery

The Strategy acknowledges the rights and diverse experiences of individuals, their families and communities, and the need for flexible and tailored responses. Prevention and early intervention are key approaches used in developing initiatives under the Strategy, particularly in relation to the role of the AFHWs. Integrated and coordinated responses to family violence must draw on a range of specialist and mainstream services that support the AFHWs in their work.

Effective service delivery depends on the level of co-ordination and genuine collaboration between the ACCHSs Sector and government agencies and involves:

- Focus on prevention and early intervention
- Engagement of Aboriginal people
- Responses tailored to client needs
- Accessibility of services
- Establishing AFHW positions in prioritised areas of need
- Formal and active links and pathways between services
- Education and awareness raising activities
- Family based approach
- Implementation of the Aboriginal Family Health Service Guidelines

Element 3: Culturally Competent Workforce

The vulnerability of Aboriginal people to the risks and effects of violence is increased by barriers people face when seeking support services, which is complicated by the likelihood of receiving inadequate or inappropriate responses. It has also been found that Aboriginal family violence programs face significant barriers to effective implementation as a result of "burn out" amongst staff, caused by regular dealing with constant, stress-inducing occurrences of violence in the community.

AFHWs provide a holistic, family based approach to supporting families dealing with issues relating to the violence. It is also critical that mainstream services provide a culturally competent service to support Aboriginal clients, recognise community context and approaches, and avoid treating problems as individualistic and isolated. Capable, well trained and resilient staff will ensure low staff turnover, as well as a consistency in approach that will allow clients to build trust with staff. A culturally competent workforce will be progressed through:

- Training and ongoing professional development
- Culturally competent response training
- Orientation and supervision
- Defined roles and responsibilities
- Mentoring
- Peer support
- Clinical supervision
- Implementation of Aboriginal Family Health Service Guidelines

Element 4: Strong Community Capacity

People live in communities. But the real importance of "living in community" is that people – and groups of people – develop ways and means to care for each other, to nurture the talents and leadership that enhance the quality of community life – and to tackle the problems that threaten the community and undermine its potential and opportunities which can help it. When people do these things, communities become healthy; when they do not, communities deteriorate. Communities that have the ways and means to undertake challenges demonstrate "capacity."(Aspen Institute, 1996)

The Strategy recognises the potential Aboriginal communities have to plan, manage and implement localised community based solutions that focus on the capacity for a reciprocal response between the health and well being of a family and the health and well being of community. Strong community capacity will be based on:

- Building on community strengths and resilience
- Recognising, acknowledging and or identifying community leaders
- Community devised and owned solutions
- Promoting and sharing success
- Community development activities
- Education and awareness raising activities
- Social determinants of health approach
- A focus on healing.

Healing and the Aboriginal Family Health Strategy

The concept of healing is as significant to the Aboriginal Family Health Strategy as it is fundamental to building the capacity and strengths of individuals, families and communities to respond to and recover from the trauma of family violence, sexual assault and child abuse (Aim 2). The Aboriginal Family Health Strategy acknowledges that the healing process will contribute to nurturing the spirit, the emotional and physical wellbeing and cultural identity of Aboriginal individuals and families, which in turn will help in building strong and resilient communities (Aim 3).

> Healing gives us back to ourselves. Not to hide or fight anymore. But to sit still, calm our minds, listen to the universe and allow our spirits to dance on the wind. It lets us enjoy the sunshine and be bathed by the golden glow of the moon as we drift into our dreamtime. Healing ultimately gives us back to our country. To stand once again in our rightful place, eternal and generational (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009)

Western notions of healing are framed within a medical model that primarily sees health as the absence of disease (Ustun & Jakob 2005). Principles underpinning an Aboriginal Healing Framework are embedded in notions of holistic health and wellbeing (Wingard & Lester 2001). The Healing Framework is dynamic and multifaceted, in that it recognises the interrelationships of the spirit, the mind, the body, the physical environment and culture. Significantly, it encompasses the connections and relationships to people, to country and to Places of belonging. The healing approach places as much emphasis on the restoration of health as on continuing nourishment and refurbishment of people's wellbeing.

Implementation of the Aboriginal Family Health Strategy will promote a healing approach. While opportunities to do so will be supported and incorporated into specific actions under the elements of Effective Service Delivery and Strong Community Capacity, healing will be a theme which underpins the Strategy overall.

Men and the Aboriginal Family Health Strategy

The role of Aboriginal men is increasingly recognised as vital in the work to reduce the incidence and impact of family violence in Aboriginal communities and is consistent with the holistic approach to Aboriginal health in general. Implementation of the Aboriginal Family Health Strategy currently involves specific actions such as the establishment of additional male AFHWs, in particular within the Justice Health system, to work with vulnerable men and their families. In addition, while accounting for a smaller proportion of the total, the Strategy acknowledges that men may be victims of family violence and culturally competent and sensitive service provision is required.

The current scope of the Strategy excludes directly working with perpetrators of family violence whether men or women. AFHWs currently implementing the Strategy work directly with victims of family violence and from a prevention perspective with communities where families are at risk. Working with both victims and perpetrators presents a conflict of interest which resources for the program could not currently be manage. The review of the *Operational Guidelines for Aboriginal Family Health Workers* (NSW Department of Health 2009) will address relevant issues, including referral processes, for workers who come into contact with perpetrators in the provision of services to families.

Aboriginal people are determined that perpetrators of violence accept responsibility for and the consequences of their actions. In an effort to maintain critical values in Aboriginal culture through younger generations, communities are demanding that men accept traditional responsibilities taking responsibilities for the reworking of spiritually strong masculine roles. Ongoing research and evaluation will inform future options activity under the Aboriginal Family Health Strategy from the perspective of men as victims, perpetrators or those at risk of either.

Research and evaluation

NSW Health will continue to build the research and evidence base for best practice in preventing and responding to family violence in Aboriginal communities in NSW. This will take place through a range of strategies, including establishing research and evaluation partnerships with research institutes and researchers, as well as commissioning specific research projects.

Ongoing communication with organisations such as the *Australian Domestic and Family Violence Clearinghouse* and the *Australian Child Protection Clearinghouse* will ensure a greater awareness of current activity, both Australian and international, and increase understanding of how to bridge the gap between research and practice.

In addition the AFHW Data Collection will facilitate the evaluation of the Aboriginal Family Health program and its contribution to the Strategy as a whole.

Evidence based good practice

To reduce family violence in Aboriginal communities, it is essential that LHDs and ACCHSs develop and deliver programs and strategic initiatives that are evidence based and informed by the best available research on what works effectively in Aboriginal communities. Common elements and approaches that have been demonstrated to work well are described below. These good practices are imbedded into the development of individual actions which will be implemented through each element of the Aboriginal Family Health Model of Care.

Community engagement and consultation

Actively engaging local communities in all aspects of policy, planning, governance and delivery is necessary to ensure that programs are community owned and responsive to local need (Loxton et al, 2008). Extensive community consultation and negotiation is essential to the success of any program. This may include holding community forums and workshops and engaging local elders and community leaders. The most successful programs are those developed by and for the community.

Holistic focus

Family violence in Aboriginal communities is influenced by a range of factors. These may be classified as:

- *underlying factors*, including the breakdown of traditional social structures and loss of individual and community identity as a result of colonisation
- *situational factors* which contribute to the likelihood of violence – for example, overcrowded and inadequate housing, poverty, unemployment, substance abuse, and
- *precipitating causes*, such as particular events that trigger a violent episode (Memmott P et al 2001).

Program Logic

Inputs

Direct inputs:

Aboriginal Family Health Strategy:

- Aboriginal Family Health Workers (AFHW)
- Aboriginal Family Health Coordinators

Training and education:

Training delivered by the Education Centre Against Violence (ECAV).

In-direct inputs:

Broader system response:

- Mainstream service provision
- Aboriginal Community Controlled Sector
- Other Non-Government Organisation (NGO) service provision.
- Specialised family violence services.
- Workforce investment
- Education and training.
- Interagency collaboration

Existing support:

The strength and resilience of Aboriginal families and communities and the good will and commitment of those working in the area of family violence in Aboriginal communities.

Strategies

Strategic leadership

Effective Service Delivery

Culturally competent work force

Strong community capacity

Activities & Outputs

Strategic leadership

- Develop Aboriginal Family Health Service Guidelines.
- Trial Aboriginal Family Health Coordinator positions in three Local Health Districts (LHD).
- Aboriginal Family Health lead person identified in each LHD
- Establish Aboriginal Family Health Implementation Committee.
- Develop Aboriginal Family Health Strategy Communication protocols.
- Develop effective strategic partnerships with key stakeholders.

Effective Service Delivery

- Aboriginal Family Health Plans developed and implemented.
- Aboriginal Family Health Action Groups established to support implementation of the Strategy.
- Service partnerships developed at both local and regional level.
- Aboriginal Health Impact Statement and Aboriginal Family Health Service Guidelines to be used as ongoing service delivery tools.
- Recruitment and training of new Aboriginal Family Health Workers.
- Aboriginal Family Health Worker Operational Guidelines redeveloped and implemented.

Culturally competent work force

- Support the delivery of cultural competency training and resources, including Competent Responses to Aboriginal Sexual Family Violence, to health service staff that work with Aboriginal families.
- Support Aboriginal Health Workers to undertake the Certificate IV Aboriginal Family Violence, the Advanced Diploma in Aboriginal Trauma Counselling and related training.
- Establish Aboriginal Family Health Worker Traineeship Program.
- Incorporate the Aboriginal Family Health Program into the NSW Health Aboriginal Workforce Development Strategy.

Strong community capacity

- Engage and empower local Aboriginal communities in all aspects of service planning, development and delivery of solutions for family violence services.
- Support the delivery of community based education and awareness programs by Aboriginal Family Health Program and related services, including those of ECAV.
- Utilise Regional Family Health Action Groups to share information and keep AFHWs and health services informed of relevant education, awareness and prevention activities in family violence.

Short Term Outcomes

- Improved state and regional service coordination and partnerships between stakeholders involved in the response to family violence in Aboriginal communities.
- Integration of the AFHS within broader health system responses to family violence.
- Evaluate the AFHS and contribute to the evidence base for best practice.

- Improved service collaboration, coordination and integration of service deliver between key stakeholders at a local and regional level.
- Improved access to culturally competent, appropriate and responsive services for Aboriginal families.
- Demonstrated application of Aboriginal Family Health Service Guidelines in the design and delivery of accessible and culturally appropriate programs and services.
- Increased skills and capacity of Aboriginal and non-Aboriginal workforce to prevent and respond to family violence in Aboriginal communities.

- A highly skilled, supported and culturally competent workforce able to address issues related to family violence in Aboriginal communities.
- Enhanced capacity of health services to deliver culturally appropriate and holistic services to prevent and respond to family violence in Aboriginal communities.
- Increase the skills of the Aboriginal Family Health workforce through the creation of further career development opportunities and pathways.
- Development of a long term workforce strategy for workers responding to family violence in Aboriginal communities

- Increased capacity of health services to deliver responses to family violence that have community ownership and are responsive to local need.
- Increased knowledge, skills and capacity of Aboriginal communities to prevent and respond to family violence.
- Enhanced skills of Aboriginal and non-Aboriginal workforce, and those of community members to facilitate education and community development programs that prevent and respond to family violence.

Long Term Outcomes

Aboriginal families are better protected from family violence.

Decreased incidence of family violence in Aboriginal communities, including a reduction in the number of Aboriginal children at risk of harm.

Aboriginal families experiencing family violence have access to effective and culturally competent and appropriate support services.

Improved safety and wellbeing of victims leading to a decreased need for more intensive interventions

Increased capacity of Aboriginal communities to prevent and respond to family violence.

Reduced tolerance of family violence in Aboriginal communities.

Aboriginal communities where victims of family violence are safe and supported in seeking help.

It is a holistic approach – which aims to address a range of factors simultaneously, rather than in isolation – that may ensure more effective and sustainable outcomes for Aboriginal communities experiencing family violence.

Interagency collaboration

The most successful programs adopt an approach that involves extensive collaboration and integration of service provision between relevant government agencies and NGOs. An example includes mainstream domestic violence services working alongside mental health and drug and alcohol services in partnerships with ACCHSs. Examples of successful service collaboration include integrated referral and assessment processes, streamlined information sharing frameworks, and local interagency networks comprised of key services.

Mixture of services

Providing Aboriginal specific services as well as facilitating access to culturally competent mainstream services ensures appropriate access for Aboriginal clients (Farrelly et al, 2009). It is also critical that approaches are flexible and adaptable, to understand and meet the needs of the community and individual clients (Loxton et al, 2008).

Mixture of approaches

Evidence suggests that there is cultural preference for group approaches rather than one-on-one counselling. This highlights the need for a mix of approaches (Farrelly et al, 2009). Approaches that employ a mixture of both individual and family support and community development strategies, and a focus on prevention, early intervention and access to appropriate health and community support services, are recommended. In the placement of AFHWs in prioritised areas of high need will include innovative approaches such as the trial of an AFHW within the Justice Health system.

Workforce development

Ideally, workers should be strategically located as part of well-functioning multidisciplinary teams and partnerships that enhance holistic family centred approaches. Workers also need to be well supported when working in stressful and demanding roles, as is often the case in positions responding to family violence in Aboriginal communities. At the same time, workers should be provided with regular opportunities to meet, share experiences and exchange information – for peer support and to develop responses to common problems.

For example the Aboriginal Mothers Babies and Children Training and Support Unit has been established to provide education and training supports for Aboriginal Health workers within the Aboriginal Maternal and Infant Health Strategy and Building Strong Foundations programs and the bi-annual Aboriginal Family Health Network meeting focuses strongly on the provision of peer support.

Educational campaigns

Successful educational campaigns (including Walking Into Doors: National Indigenous Campaign) have undertaken extensive community and stakeholder consultation (including regional forums), involving use of Aboriginal media, and use of well known and respected Indigenous elders as role models and spokespeople (Loxton et al, 2008).

Building cultural competency of mainstream services

Non-Aboriginal workers often feel challenged and uncertain about the most culturally respectful and competent approach to effective service delivery, particularly for matters relating to family violence in Aboriginal communities. Many services remain unaware of the Aboriginal Family Health Strategy and its underlying principles. It is important that all non-Aboriginal workers develop the knowledge and skills to join with Aboriginal colleagues to address access and equity issues thereby enhancing services for Aboriginal clients. Cultural competency requires workers to understand the principle of community solutions to family violence, and to be open to new ideas and learning new ways of working and sharing knowledge.

For mainstream services to be able to ensure that a level of choice in services for Aboriginal people experiencing family violence, there needs to be an adequate level of cultural competence within the mainstream organisation and within referring organisations and health professionals, and within other partnerships, and business relationships (Farrelly et al, 2009). To achieve cultural competency, mainstream services need to utilise a range of strategies and initiatives, including:

- Cultural competency training – training delivered to mainstream staff to increase the cultural competency of the service and its staff in working with and responding to the needs of Aboriginal people. This will improve service accessibility and responsiveness. Recommended training includes *Competent responses to Aboriginal sexual & family violence* conducted by the Education Centre Against Violence (2010). However, this training alone will not achieve cultural competency on its own.
- Mentoring - whereby mainstream services establish relationships with Aboriginal specific services and key community members who can provide them with mentoring in relation to service provision (Farrelly et al, 2009).
- Employment of Aboriginal staff – as has been previously noted, there is a need for more Aboriginal workers in mainstream services.
- Other strategies include utilising Aboriginal specific resources (Farrelly et al, 2009) and ensuring services are provided in culturally friendly environments and engage with the Aboriginal community.

Organisational change

Anecdotal evidence suggests that the barriers to Aboriginal people accessing mainstream health services may be attributed in part to systemic and personal racism, and culturally inappropriate service provision models. It is intended that the Aboriginal Family Health Model of Care will contribute to addressing these issues, not only from the perspective of Aboriginal families and communities, but also for Aboriginal workers. Recruitment, retention and workplace safety are among the key workforce issues requiring attention.

By acknowledging their responsibility to ensure the provision of equitable, appropriate and effective services to all clients, NSW Health services can build the sustainable capacity of the organisation to achieve outcomes for the Aboriginal Family Health Strategy. These changes will be reflected in more effective working partnerships with ACCHSs, particularly concerning their programs addressing family violence.

Identification of Aboriginal clients

In order to develop, monitor, evaluate and improve services that respond to family violence in Aboriginal communities, it is vital that a record of Aboriginal status is recorded. In general, Aboriginal status is poorly recorded in health related data. Consequently, the utilisation of services by Aboriginal clients is under-represented in statistics. This in turn contributes to insufficient levels of culturally appropriate and accessible service provision. It is therefore vital that Aboriginality is recorded accurately and consistently at all presentations.

A family based approach

The way forward must take the lead from the "family-centric" view of the problem – that is, from the perspective of parents, children and extended family in terms of what they want and what their priorities are.

The aims of the strategy can be represented by the statements:

	Aim	What this means to an Aboriginal family
1	Reduce the incidence and impact of family violence in Aboriginal communities.	"I want my family to be safe and secure"
2	Build the capacity and strength of individuals and communities to respond to, and recover from, family violence.	"If I have a problem, I want to get help from someone who understands my people."
3	Nurture the spirit and cultural identity that builds Aboriginal families.	"I want to stop violence in my family for good, and heal them from all the hurt."

The case study below demonstrates the complex issues involved in the response to family violence in Aboriginal communities, and provides an opportunity to consider the application of the Aboriginal Family Health Model of Care.

Sheree's story

Sheree is a 26 year old Aboriginal woman living in regional NSW with 3 children; a baby girl 6 months old, Ella; a daughter 6 years old, Tianni; and an 11 year old son, Jai and her 28 year old partner, Larry, (father to the baby only) who often drinks to excess and is violent towards her.

Sheree comes from out of town, has no close family support as her mother (not her birth mother, but a family friend who raised her) was imprisoned when Sheree was in her teens.

Sheree visits the local Aboriginal Medical Service (AMS) to have her baby immunised. The practice nurse attending the baby notices bruising on Sheree's arm and bruising on her forehead which Sheree has unsuccessfully attempted to cover. Sheree also seems depressed.

The nurse discusses her observations and concerns about the bruising and Sheree's mood with Sheree.

Sheree tells the nurse the bruising happened when she fell over the cat and tells the nurse that she is tired because the older kids are playing up and the baby is not sleeping well.

Sheree agrees to see the doctor to check that she doesn't have more serious injuries and agrees to the practice nurse making an appointment with Bev the AFHW to look at ways to manage things happening in her life

The next day Bev meets Sheree and her 6 month old at the local park while the other children are at school.

Sheree reveals, that she has kicked her partner out of home because when he drinks too much he gets violent toward Sheree and she is worried that children see and hear what is going on and what problems that may cause the for the children. The 6 year old and 10 year old children are struggling at school because they are not sleeping and sometimes Sheree keeps them at home because they are frequently involved in playground disputes.

Having done training on *Keep Them Safe with the Education Centre Against Violence* at the recent AFHW Network meeting, Bev is aware of the Mandatory Reporter Guide, recently developed to help determine what action to take regarding children at risk.

Bev discusses her responsibility to report serious concerns for her children's safety. Bev and Sheree yarn some more and Sheree agrees that she is concerned about her children and together they go through the Mandatory Reporter Guidelines which advises a report to Community Services. Bev and Sheree yarn some more and Bev supports Sheree to phone the Community Services Helpline.

Bev also contacts the Child Wellbeing Unit to obtain expert advice on local services who may be able to help Sheree ensure the safety of her children, and to get support for herself.

The Child Wellbeing Unit recommends to Bev that there a range of options for support both for the children and for Sheree.

Bev discusses the supports and together assists Sheree to determine what she want for herself and what is in the best interest for the children.

Sheree decides to take the following actions over a period of a number of weeks.

Children

Ella

Bev contacts the Aboriginal Health Worker (AHW) and the Child and Family Health Nurse at the local Building Strong Foundations for Aboriginal Children Families and Communities (BSF) service to help with sleep and settling and developmental health checks.

The BSF AHW links Sheree and Ella in to the supported playgroup for Aboriginal children run at the centre. Sheree meets some other women whose babies are around the same age as Ella.

Tianni

Bev assists Sheree to meet with Tianni's school teacher to help understand what is occurring at school and may be behind the issues at school. The teacher suggests for Sheree to meet the Aboriginal School Learning Officer (ASLO). With the support of the ASLO Sheree agrees for Tianni to see the school counsellor who arranges some extra help with reading and writing for Tianni.

Sheree and the teacher plan to meet in a few weeks to see how Tianni is progressing with the change in the home environment and the extra support in the classroom

Jai

Bev assists Sheree to meet with Jai's teacher to help understand what is occurring at school and may be behind the issues at school. The teacher suggests for Sheree to meet the ASLO. With the support of the ASLO Sheree agrees for Jai to see the school counsellor who links Jai in to a program to help him get along better with other children at school.

The ASLO also links Jai into the homework group after school and helps Sheree to register Jai in to the local football club – Jai's sporting passion.

Sheree and the teacher plan to meet in a few weeks to see how Jai is progressing with the change in the home environment and the extra support in the classroom

Sheree

Bev explores with Sheree options she might pursue, if and when she chooses to permanently leave her violent partner, and together they develop a "safety plan."

Bev takes Sheree to the local police station, where the Apprehended Violence Order (AVO) process is explained. As Larry has not returned Bev leaves that option, for the time being, for Sheree to decide.

Community Services agrees to assist by arranging child care for 2 days a week. This allows Sheree to see the GP and counsellor for her depression. Bev arranges transport for Sheree to attend regular counselling for six months and see her GP who monitors her medication.

Bev also assists Sheree to complete the required paperwork for Centrelink to ensure she receives appropriate benefits and allowances and is aware of the process she must follow should her circumstances change.

With Bev's support Sheree also links in to the local leaving violence support group for women.

Partner

Bev has consulted with the Drug and Alcohol Worker at the AMS, and provided Larry with information about services to assist him with his drinking problem.

After some time Larry agrees to attend the Drug and Alcohol counsellor for treatment.

Larry makes contact with his family regularly but Sheree has not agreed for him to move back home.

After 12 months

Sheree and Larry are not living together but Larry continues to attend Drug and Alcohol services and visits the family regularly.

Later when Sheree felt better she attended a weekly Women's Group which Bev runs. Sheree participated in the basic computer skills course organised through the Women's Group, to enhance employment opportunities and generally build the women's self-esteem and confidence.

Ella has stayed in child care two days a week and sees the BSF nurse for her child development checks. The BSFAHW keeps Sheree in contact with activities in the local area for parents.

Tianni is now enjoying school and has progressed in her reading and writing with the additional support.

Jai is more settled at school and although he still has problems in the playground with other children it is not as regular. Jai's football team came runner up last season.

Sheree's depression has resolved but she continues to attend the Womens Group for support and as a social network and is assisting with preparation for the White Ribbon Day community activities in the town.

Sheree completed her computer course and is now looking for part time work to fit in with the school hours.

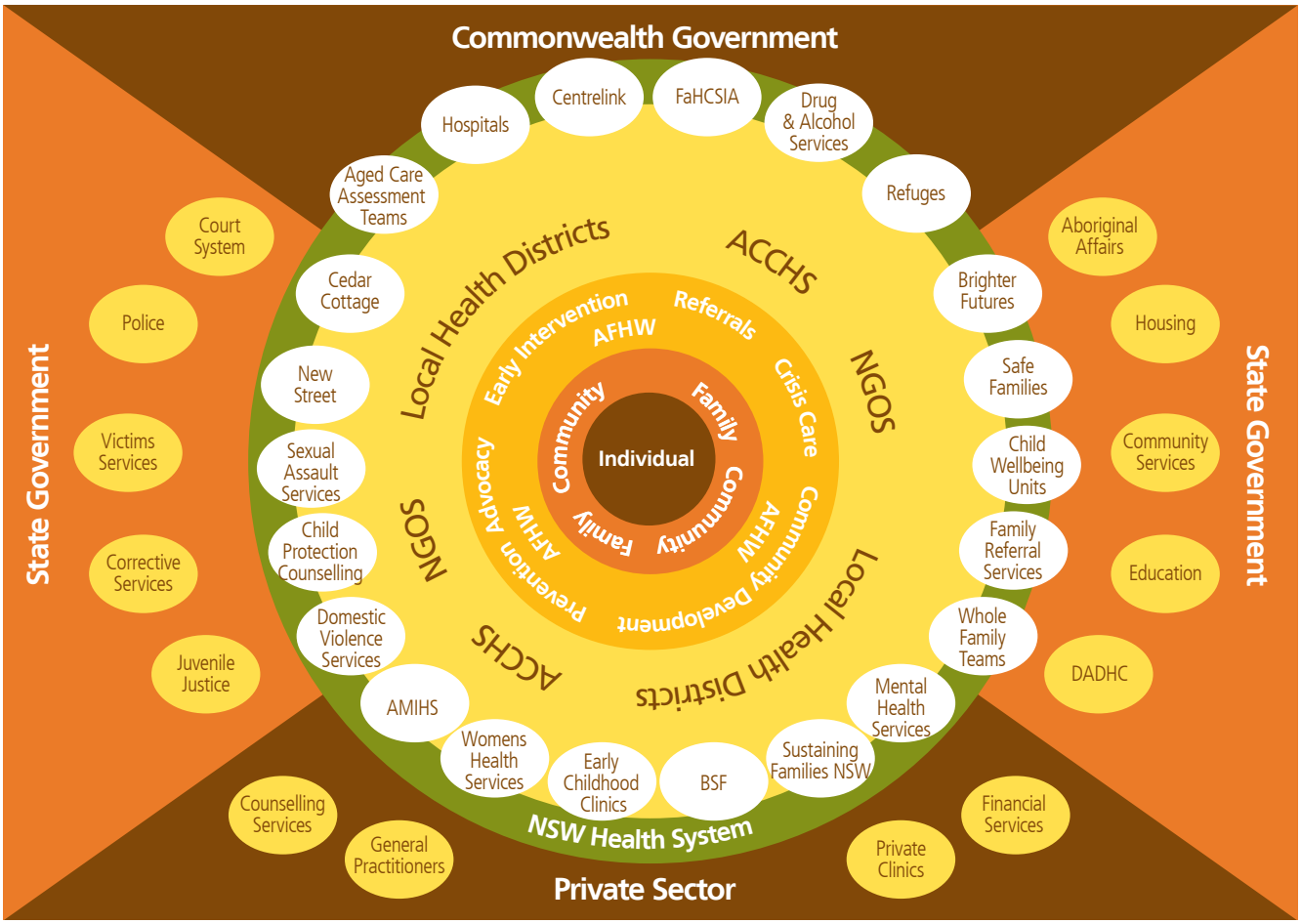
Following a chance meeting with a counsellor visiting the AMS to promote Link-up services, Sheree contemplated the possibility of actually meeting her birth mother. With the help of Link-up, Sheree made contact with her birth mother, and who has connected with Sheree and came to stay for a while until Sheree got back on her feet. Sheree's mother had handed her over to a family friend to raise, as she suffered from drug and alcohol problems, and this friend became the only mother Sheree had known.

Sheree's story shows how the Aboriginal Family Health Strategy can be successfully implemented on the ground, and how critical the role of the AFHW is to that success. The story also demonstrates that service coordination is vital to ensuring Aboriginal families get the respect and support they are entitled to as they seek to access services.

Available service structures and links are depicted in the Diagram of Service Links below. The benefits of a family based approach are evident, as is the need for culturally respectful service provision, these being at the core of the Aboriginal Family Health Model of Care. Throughout the story, actions reflecting each element of the Model of Care are apparent. An integrated approach at an operational level ensures the holistic service delivery Sheree needs, while strategic leadership is evident in the involvement, including training, with the whole of government initiatives related to Keep Them Safe that improve service delivery. The focus of the AFHW and others on the community development activities in which Sheree participates illustrate the flow on effects and ability of this approach to contribute to healing individuals and the community as a whole.

Diagram of Service links

This diagram depicts the relationship between the individual, families and communities and the complex array of services in the Aboriginal Family Health Strategy that encourages services to work together in a holistic and family based approach. The diagram shows services that may be involved in implementing the Strategy, where they are positioned in the State Health system, other Government agencies, ACCHSs, services that cut across both sectors, and also external agencies. The services and agencies included are not an exhaustive list, and it is acknowledged that there may be numerous others that play an important role in implementing the Strategy.



Implementation

Implementation of the Aboriginal Family Health Strategy represents a shared effort between NSW Health and key stakeholders to reduce and prevent family violence in Aboriginal communities over the next 5 years. Achieving this outcome will require:

- A family based approach addressing social determinants of health
- Partnerships at all levels, and coordination of services supporting a continuum of care
- Integration of the Strategy into NSW Health LHDs, beyond the Aboriginal Family Health Program.

Implementation will build on the significant achievements, dedication and commitment of AFHWs and their organisations, and by strengthening partnerships and coordination of effort between NSW Health and stakeholders. To enable this to occur, the cultural foundations of this Strategy as well as evidence of good practice will need to be integrated more broadly across existing service and system response frameworks. Application of the Aboriginal Family Health Model of Care will be central to the implementation of the Strategy.

Aboriginal Family Health Service Guidelines

An important initiative that will be progressed under this Strategy is the development, publication and dissemination of *Aboriginal Family Health Service Guidelines*. These Guidelines, which will be developed in consultation with service providers (Government and NGOs), Aboriginal clients and community representatives, will add to and expand on existing good practice approaches. It is intended that the Guidelines will facilitate practical application of the Strategy's principles, and enhance the quality and accessibility of service delivery to Aboriginal families.

Implementation Committee

It is intended that the NSW Department of Health establish a State-wide *Aboriginal Family Health Implementation Committee* to coordinate and oversee the implementation of the Aboriginal Family Health Strategy within the broader health system. This committee will comprise representatives from mainstream health services and ACCHSs

Implementation Actions

In the table which follows actions are identified under each element of the Aboriginal Family Health Model of Care. Responsibility for progressing the actions, as well as the proposed time frames is specified. Implementation of these actions will commit and support all involved towards a coordinated effort in reaching the broader goal and aims of this Strategy. Implementation will be progressed through the trial and eventual roll out of Aboriginal Family Health Coordinator positions and development of Aboriginal Family Health Action Plans that will consolidate effort and identify measures of success.

Aboriginal Family Health Action Plans

It is recognised that population demographics are diverse within LHDs and regional settings. So too are the range of health related services available from both Government (including NSW Health and inter-agency partners such as the Department of Education and Training and Ageing, Disability and Home Care) and NGO services. Levels of responsibility for interagency responses are also varied – for example, those initiated under Keep Them Safe and the Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities.

Effective implementation of the Strategy will require LHDs to take a leadership role through the development of Aboriginal Family Health Action Plans in partnership with ACCHSs and other NGOs. The development of Plans will be managed by the Aboriginal Family Health Coordinator, and prior to this role being established, a lead person at the executive level (Tier 2) should be assigned this task.

Following the release of the revised Aboriginal Family Health Strategy, the Centre for Aboriginal Health will provide LHDs with a template identifying key implementation actions for which annual reports will be requested. LHDs will be asked to use this template as a basis for their own Aboriginal Family Health Action Plans by adding selected actions from the Implementation Actions table. Plans should include other specific actions which focus local needs and priorities, and incorporate existing and planned local responses to family violence in Aboriginal communities. The inclusion of clearly identified performance indicators and outcome measures (that are negotiated with ACCHSs and LHDs) will enable reporting against the Plan to inform monitoring and evaluation of the Strategy.

Aboriginal Family Health Action Groups

In addition it is proposed that LHDs support the development of Regional Aboriginal Family Health Action Groups that will include a range of regional stakeholders to drive and support implementation of the Area Heath Service Aboriginal Family Health Action Plans. It is imperative that these Action Groups include genuine Aboriginal community representation.

Implementation Actions

Element 1: Strategic Leadership

Action	What	When	Who
1.1	Develop and support the implementation of *Aboriginal Family Health Service Guidelines*.	2011 - 2012	DoH
1.2	Fund the trial of an Aboriginal Family Health Coordinator position in three LHDs.	2011	DoH
1.3	Develop the role of Aboriginal Family Health Coordinator.	2011	DoH and LHDs
1.4	Implement the trial of Aboriginal Family Health Coordinator positions, including recruitment, orientation and management of the position.	2011 - 2012	LHDs
1.5	Evaluate the trial of Aboriginal Family Health Coordinator positions.	2012	DoH and LHDs
1.6	Aboriginal Family Health lead person identified in each LHD to support implementation activity (Aboriginal Family Health Coordinators in the 3 trial areas, or alternatively tier 2 officer as lead person).	2011	LHD Chief Executive
1.7	Establish a State wide Aboriginal Family Health Implementation Committee.	2011 - 2012	DoH (lead) LHD and ACCHSs (partners)
1.8	Provide support to LHDs for the development of Aboriginal Family Health Action Plans and establishment of Regional Family Health Action Groups.	2011	DoH
1.9	Develop a communication protocol to enable information sharing between stakeholders across government and regionally (through Regional Family Health Action Groups), including policy and legislation developments, research, training opportunities, etc.	2011 - 2012	DoH
1.10	Establish and facilitate a State-wide information and ideas exchange forum to support the role of both mainstream and community controlled services.	Commence in 2011	DoH
1.11	Develop and maintain ongoing strategic partnerships with key stakeholders at a State level, to support whole of Government and/or State-wide strategies that support implementation and reporting of the Strategy (Keep Them Safe, Safe Families, and the Interagency Plan to Tackle Child Sexual assault in Aboriginal Communities).	Ongoing	DoH
1.12	Identify areas of most need, prioritise resources, and advocate for new resources to implement the Strategy.	Ongoing	DoH, LHDs and ACCHSs and NGOs

Element 2: Effective Service Delivery

Action	What	When	Who
2.1	Each LHD to develop annual Aboriginal Family Health Action Plans.	2011 - 2012	Lead person for the Aboriginal Family Health Strategy (either Aboriginal Family Health Co-ordinators, or an LHD nominated lead person)
2.2	Each LHD to establish a Regional Family Health Action Group, to include a range of regional stakeholders to support implementation of the Aboriginal Family Health Action Plans.	2011	Aboriginal Family Health Co-ordinators and LHD Aboriginal Family Health lead person (lead)
2.3	Promote the use of the Aboriginal Health Impact Statement, as an ongoing tool to ensure the needs and interests of Aboriginal people are considered and addressed in all programs and initiatives related to responding to family violence in Aboriginal communities in NSW.	Ongoing	DoH and LHDs
2.4	Support Health Service providers to ensure responses to family violence utilise the Aboriginal Family Health Service Guidelines.	Commencing in 2012, then ongoing	DoH
2.5	Health Services to utilise the Aboriginal Family Health Service Guidelines.	Commencing in 2012, then ongoing	LHDs
2.6	Develop and maintain service partnerships at a local and regional level in LHDs (domestic violence and sexual assault services, drug and alcohol services, mental health services), ACCHSs and other NGOs. This may include formalised partnerships (including the establishment of Memorandums of Understanding or Service Level Agreements), and – where appropriate – integrated referral pathways and protocols.	Commencing in 2011, then ongoing	AFHW, LHDs Aboriginal Family Health Co-ordinators and LHD Aboriginal Family Health lead person
2.7	Manage the process to establish additional AFHW positions in areas of unmet need. This process will include needs assessment, consultation, negotiation and funding of the positions, which will be located in ACCHSs where possible.	Ongoing	DoH (lead) in consultation with Health Services
2.8	Consider the expansion of the role of AFHWs within the Justice Health system following evaluation of the trial of the position based at Cessnock Correctional Centre	2012	DoH (lead) in consultation with Justice Health

Action	What	When	Who
2.9	Support the establishment of additional AFHW positions located in ACCHSs and LHDs and endeavour to establish a co-operative working relationship with these workers that is maintained through the AFHW Network	Ongoing	DoH (lead) in consultation with Health Services
2.10	Consider opportunities to incorporate the needs of Aboriginal men into family violence policies and programs.	Ongoing	DoH (lead) in consultation with Health Services
2.11	Review, update and promote the implementation of the *Operational Guidelines for Aboriginal Family Health Workers*.	2011 – 2012	DoH

Element 3: Culturally Competent Workforce

Action	What	When	Who
3.1	Develop and implement training and resources, to assist NSW Health to implement its policies and strategic directions and to meet legislative and interagency responsibilities relating to family violence.	Ongoing	DoH
3.2	Continue to fund and support the ECAV to develop and implement training programs and resources to assist NSW Health to implement its policies and strategic directions (including this Strategy), and to meet legislative and interagency responsibilities relating to family violence.	Ongoing	DoH
3.3	Ensure AFHWs complete the Certificate IV *Aboriginal Family Violence* as a condition of employment and as a mandatory funding requirement.	Ongoing	Managers of AFHWs, DoH (through funding contracts)
3.4	Enhance the cultural competency of services responsible for preventing and responding to family violence in Aboriginal communities through a range of strategies and initiatives. This should include ensuring that all non-Aboriginal Health Workers in services that respond to family violence complete the training *Competent responses* to *Aboriginal sexual & family violence* conducted by the Education Centre Against Violence	2011– 2012	DoH, Health Services
3.5	Health Services should ensure that staff are trained in and practice attitudes and behaviours that are conducive to the principles of cultural respect, and responsive to locally specific cultural issues.	Ongoing	DoH, Health Services
3.6	Aboriginal health workers (including AFHWs and other Aboriginal health workers as appropriate) to be encouraged to undertake continued relevant training, in particular that offered by ECAV, including the *Advanced Diploma in Aboriginal Trauma Counselling* (available 2011)	Ongoing	DoH, Health Services
3.7	Support the strategies of the NSW Health Aboriginal Workforce Development Strategy and other relevant Aboriginal workforce plans, particularly in relation to enhancing the Aboriginal family violence workforce (including AFHWs).	Ongoing	DoH, LHDs
3.8	Ensure that the AFHWs are incorporated into the NSW Health Aboriginal Workforce Development Strategy and other relevant Aboriginal workforce plans.	2011 - 2012	DoH, LHDs
3.9	Pursue opportunities to establish traineeships for AFHWs and other Aboriginal Health Workers in the field of family violence.	2011– 2013	DoH

Element 4: Strong Community Capacity

Action	What	When	Who
4.1	Health Services to ensure that local Aboriginal communities are engaged through consultation and involvement in all aspects of service planning, development and implementation of services that prevent and respond to family violence in Aboriginal communities.	Ongoing	Health Services
4.2	Keep AFHWs and Health Services informed of developments in relevant education and awareness programs, services and initiatives – through established mechanisms such as the Aboriginal Family Network and Regional Aboriginal Family Health Action Groups.	Ongoing	DoH, LHDs (Aboriginal Family Health Coordinators or lead person)
4.2	Support AFHWs and related health workers to develop and implement community based education and awareness programs that aim to prevent and respond to family violence, as well as contributing to existing relevant programs.	Ongoing	DoH, ECAV, AFHW Managers
4.3	Health services to support and promote community based education and awareness raising activities concerning issues of family violence in collaboration with AFHWs.	Ongoing	Health Services
4.4	Participate in key community events and specific community development days where workers and their achievements, as well as programs and services, can be promoted .	Ongoing	AFHWs, Health Services
4.5	Local and Regional mechanisms should engage with appropriate community representatives, to ensure they represent the priority needs of their communities concerning family violence – and influence policy development and related funding based on these needs.	Ongoing	AFHWs, LHDs (Aboriginal Family Health Coordinators or lead person), NGOs, ACCHSs
4.7	Continue to fund and support ECAV to develop training and resources to enhance the capacity of Aboriginal communities responding to family violence	Ongoing	DoH
4.8	Organise and promote ECAV training in local communities, in particular *Weaving the Net* and *Defining Healthy Boundaries when working in Aboriginal Communities* to enhance the capacity of communities responding to family violence.	Ongoing	AFHWs, Health Services
4.9	Development of targeted workforce and engagement strategies for employing Aboriginal men to implement Aboriginal Family Health programs.	2011 – 2013.	DoH

Note:

** Where the NSW Department of Health (DoH) is assigned lead role this will, as far as possible, be undertaken in consultation with the ACCHSs Services (ACCHSs) and other relevant stakeholders.

**Health Services refers collectively to LHDs, ACCHSs and non-Government Organisations (NGOs).

Measuring progress

The aims of the Aboriginal Family Health Strategy are common to those of many other strategies currently being implemented in NSW to reduce the incidence and impact of family violence. Although the Aboriginal Family Health Strategy is unique in its cultural and family based approach, other strategies recognise the priority that needs to be given to Aboriginal communities and most involve an interagency and multidisciplinary approach. As a result of the combined and interactive impact of the range of existing strategies, success in achieving the aims of the Aboriginal Family Health Strategy is not only difficult to measure but is also difficult to attribute specifically to this Strategy.

Measures of success

There are, however, a number of measures of success that may be incorporated into the monitoring and evaluation of the Strategy. These include:

- Improved State and regional linkages and coordination between the Strategy and other key initiatives
- Demonstrated application of Aboriginal Family Health Service Guidelines in the design and delivery of accessible and culturally appropriate programs and services.
- Demonstrated formalisation of family violence service links and referral pathways between and NSW Health services, other Government services and NGOs.
- A well trained, resilient and culturally competent workforce to address issues related to family violence in Aboriginal communities.
- Increased capacity of Aboriginal communities to prevent and respond to family violence.
- Data collection, monitoring and reporting systems established and implemented.

Long term success

In the long term, the success of Aboriginal Family Health Strategy will be assessed from a holistic and community based perspective, in accordance with the principles of Aboriginal Health. This Strategy will contribute to providing an integrated response to family violence in Aboriginal communities based on collaboration rather than competition between services. With this approach in mind, the outcomes and suggested measures below will demonstrate success in achieving the aims of the Aboriginal Family Health Strategy, a success that NSW Health will share with its many strategic partners and the Aboriginal community of NSW.

	Proposed outcome	Measure
1	Aboriginal children, young people and families are safe from harm and injury, and better protected from family violence.	■ Number of reports of domestic violence recorded by police. ■ Number of child protection reports made. ■ Number of referrals to Keep Them Safe initiatives eg Family Referral Services ■ Number of hospitalisations due to family violence presenting at Emergency Departments.
2	Decreased incidence of family violence in Aboriginal communities in NSW, including a reduction in the number of Aboriginal children at risk of harm.	■ Number of reports of domestic violence recorded by police. ■ Number of child protection reports made.
3	Increased capacity of Aboriginal communities to prevent and respond to family violence.	■ Rate of reporting of domestic violence recorded by police. ■ Community engagement in service planning, delivery.
4	Adults, children and young people experiencing domestic and family violence have access to effective, accessible, and culturally appropriate support services.	■ Availability and accessibility of culturally appropriate services. ■ Formalised service partnerships established. ■ Integrated assessment and referral pathways developed and implemented. ■ Cultural competence activities undertaken by service providers (cultural competency training, etc).
5	Improved safety and wellbeing of victims and a decreased need for more intensive interventions	■ Number of repeat police callouts to victims.
6	Communities where victims are safe and supported in seeking help.	■ Rate of reporting of incidents to police. ■ Increase uptake of services for victims of family violence.
7	Reduced tolerance of domestic and family violence.	■ Increased local community awareness and engagement activities, including anti-family violence days.

Monitoring and Evaluation

Monitoring

The Department of Health will monitor implementation of the Aboriginal Family Health Strategy by undertaking regular data gathering and analysis through:

- Annual reporting by all LHDs against the actions specified in the LHD Aboriginal Family Health Action Plans.
- Annual reporting by services funded to employ an AFHW (in LHDs or ACCHSs), via the AFHW Data Collection.
- An annual progress report compiled by the Centre for Aboriginal Health, against actions for which the Department of Health has lead responsibility and data compiled from the above sources.

The evaluation will also work to streamline and strengthen the collection of data relating to family violence across relevant mainstream health services, with a view to including data in future monitoring and evaluation processes.

Evaluation

Evaluation of the impact and effectiveness of the Strategy is fundamental to its ongoing success and sustainability. It is needed to build on the evidence base for best practice and to inform future policy, program and funding processes.

Evaluation of the Strategy will examine the impact and effectives of the following:

1. The **Aboriginal Family Health Program** implemented by the AFHWs.

2. The trial of the **Aboriginal Family Health Coordinators.**

3. The **Aboriginal Family Health Model of Care** in achieving the desired outcomes of the Strategy

The Centre for Aboriginal Health will, in consultation with the Aboriginal Family Health Strategy Implementation Committee, develop an evaluation framework that will:

- Identify the key evaluation questions based on the aims of the strategy, and identify suitable performance indicators and outcome measures.
- Identify available data and sources (such as AFHW Data Collection, information collected from interagency collaboration, police data, and child protection data).
- Establish reporting processes that enable LHDs, ACCHSs and other NGO organisations to report data against clearly identified performance indicators and outcome measures.

In developing the evaluation framework, the Centre for Aboriginal Health will utilise core components of the *Evaluation Framework for the Centre for Aboriginal Health*. The evaluation framework will also utilise and build on the Keep Them Safe evaluation where possible. Evaluation will avoid duplication of reporting, by utilising data collected via the AFHW Data Collection, the LHD Aboriginal Family Health Plan and other existing data.

It is anticipated that an evaluation of the 2011-2016 Aboriginal Family Health Strategy will commence three years after its release, with a subsequent review, followed by the release of an updated five year Aboriginal Family Health Strategy 2016-2020.

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APPENDIX

Acronyms

AA	Aboriginal Affairs NSW
AFHS	Aboriginal Family Health Strategy
AFHW	Aboriginal Family Health Worker
ACCHS	Aboriginal Community Controlled Health Service
AH&MRC	Aboriginal Health and Medical Research Council
BSF	Building Strong Foundations for Aboriginal Children Families and Communities
LHD	Local Health District
CAH	Centre for Aboriginal Health, Department of Health
COAG	Council of Australian Governments
CS	Community Services NSW
DoH	NSW Department of Health
ECHC	Early Childhood Clinics
ECAV	Education Centre Against Violence
NGO	Non-government organisation
PH&CPB	Primary Health and Community Partnerships Branch, Department of Health.
SDRF	Service Development and Reporting Framework
UMCFHS	Universal Maternity and Child and Family Health Services

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