Background

Family violence has an enormous impact on the health and social and emotional wellbeing of Aboriginal communities in NSW. As part of its commitment to work in partnership with Aboriginal communities to reduce family violence, NSW Health developed the *Aboriginal Family Health Strategy 2011-2016: Responding to Family Violence in Aboriginal Communities* (AFHS). The aims of the AFHS are to:

- 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 builds Aboriginal families.

The AFHS provides the NSW Health response to family violence in Aboriginal communities through 24 Aboriginal Family Health Worker (AFHW) positions in Local Health Districts (LHDs), Aboriginal Community Controlled Health Services (ACCHSs) and non-government organisations, and four Aboriginal Family Health Coordinators (AFH Coordinators) in four LHDs.

Evaluation methods

- The NSW Ministry of Health commissioned the Cultural and Indigenous Research Centre Australia to conduct an evaluation of the AFHS.
- The evaluation aimed to describe the implementation of the AFHS at the state and local level, and identify achievements and challenges related to the four core elements of the Aboriginal Family Health Model: Effective Service Delivery, Strategic Leadership, Culturally Competent Workforce, and Strong Community Capacity.
- A mixed methods process evaluation was undertaken including interviews with AFHWs, AFH Coordinators and key stakeholders at the state and local level, analysis of program monitoring data, and a document review.
- The evaluation was approved by the Aboriginal Health & Medical Research Council Ethics Committee.

Results

Implementation of the AFHS

Aboriginal Family Health Workers provide crisis support, advocacy and referral to other services for Aboriginal people experiencing family violence. They also provide broader community development
and education activities, with a focus on prevention and early intervention. The activities undertaken by AFHWs reflect local needs and contexts, and include:

- **Prevention and early intervention**: AFHWs undertake activities with women (e.g. sewing groups, mums and bubs groups), men (e.g. job skills training courses, woodwork groups), and children and young people (e.g. formal school programs such as Love Bites, informal talks and guest speakers, mentoring programs).

- **Crisis intervention, advocacy and case management**: AFHWs assist clients to access services including crisis and temporary accommodation, clinical services and legal services.

- **Community development and education**: AFHWs coordinate community events such as White Ribbon Day events and NAIDOC celebrations.

Aboriginal Family Health Coordinators facilitate improved system planning and coordination of service delivery, and provide linkage between the NSW Health system, non-government organisations and whole of government initiatives addressing family violence in Aboriginal communities. The AFH Coordinator position has been implemented differently in each region, responding to regional contexts. Activities undertaken by AFH Coordinators include:

- **Mentoring and cultural supervision**: AFH Coordinators provide cultural supervision and mentoring to Aboriginal and non-Aboriginal staff within the LHD, and have developed networks or peer support groups (both formal and informal) with Aboriginal staff within the LHD to provide cultural support.

- **Workforce development**: AFH Coordinators have organised training for both Aboriginal and non-Aboriginal staff on topics including in relation to child protection, responding to child sexual assault, and domestic violence. This training is offered to LHD staff, as well as other government and non-government services across the LHD.

- **Community development and engagement**: AFH Coordinators engage with community through Elders’ groups, women’s groups, ACCHSs, land councils and other Aboriginal organisations. AFH Coordinators have been involved in conducting training programs in partnership with the NSW Health Education Centre Against Violence such as Strong Aboriginal Men, Strong Aboriginal Women and Weaving the Net.

- **Strategic partnerships and advocacy**: AFH Coordinators provide an advocacy role through membership of LHD executives and management committees. AFH Coordinators have also developed strategic partnerships with government agencies, ACCHSs, universities and other organisations and services to facilitate an integrated and culturally appropriate and responsive approach to family violence.

### Achievements and challenges of the AFHS

Key achievements of the AFHS are summarised below, in relation to the four elements of the Aboriginal Family Health Model.

#### Effective service delivery

- Good working relationships have been established among AFHWs, and between AFHWs and AFH Coordinators in their region. Statewide network meetings were identified as a key way for AFHWs to connect.

- A wide range of activities seeking to address Aboriginal family violence have been implemented, tailored to reflect the needs of the local community.
• AFHWs and AFH Coordinators work in a collaborative manner with other local services, and have developed a broad range of partnerships, networks and stakeholder relationships.

• Staff turnover and competition between local services for limited funding were cited as barriers to effective partnerships.

• A lack of emergency crisis accommodation and alcohol and other drug rehabilitation services were cited as barriers to successfully delivering services that meet client needs.

• Existing program monitoring systems were unable to accurately capture the work being undertaken by AFHWs and AFH Coordinators, particularly more qualitative components (e.g. community engagement, building partnerships with other services, and stories of change among families and communities).

• The AFHS and the AFHW Operational Guidelines were identified as relevant and useful documents to guide the work of AFHWs and AFH Coordinators.

**Strategic leadership**

• The evaluation found the AFH Coordinator positions are highly valued and seen to contribute significantly to the AFHS implementation.

• Strategic partnerships have been developed at local and regional levels with a wide range of government agencies including Family and Community Services, NSW Police, Aboriginal Affairs, the Department of Education and Communities and the NSW Health Education Centre Against Violence. Partnerships have also been built with Aboriginal Community Controlled Health Services to facilitate better access to NSW Health services and resources.

• Stakeholders identified a need for greater promotion of the AFHS to facilitate the development of strategic partnerships and visibility in mainstream violence prevention initiatives and frameworks.

**Culturally competent workforce**

• AFHWs generally felt well supported in their roles, and felt that the experience and skills gained through the AFHS had enhanced their career opportunities and pathways.

• AFHWs are supported to undertake the Certificate IV in Aboriginal Family Health (Family Violence, Sexual Assault & Child Protection), and further relevant education such as the Advanced Diploma in Aboriginal Specialist Trauma Counselling. AFHWs and AFH Coordinators felt that the training and skills development opportunities had increased their knowledge, skills and capacity to undertake their roles.

• The role of the AFH Coordinators in providing mentoring and support is seen as an important element of the AFHS, particularly given the potential geographic isolation of AFHWs. Cultural supervision provided by AFH Coordinators was also valued for creating a safe space for Aboriginal workers to share experiences.

**Strong community capacity**

• Consultation to identify community needs was seen as an important part of implementing the AFHS. This included direct consultation with community members, and consultation with Aboriginal workers within community health services and community advisory groups.
The AFHS was felt to increase the knowledge, skills and capacity of Aboriginal communities to prevent and respond to family violence. Examples were given of communities being more willing to speak about family violence, communities wanting to do something about family violence, raising the profile of family violence, increased attendance at family violence education programs, greater engagement by men on the issue, and increased understanding among people who had experienced family violence.

**Key implications**

- AFHWs and AFH Coordinators were found to work in a collaborative and culturally appropriate manner with local communities. However, interviewees felt that greater visibility of the Strategy amongst mainstream service providers had potential to inform the work of LHDs and other agencies in preventing family violence in Aboriginal communities.

- Training provided by AFHWs has built substantial workforce capacity and was considered to improve service delivery and, as such, there is merit in continuing to support AFHWs to undertake the Certificate IV in Aboriginal Family Health (Family Violence, Sexual Assault & Child Protection) and Advanced Diploma in Aboriginal Specialist Trauma Counselling.

- Regular network meetings were considered an important communication and peer support tool for AFHWs and AFH Coordinators and should be continued in the future.

- The AFHS program monitoring system should more effectively capture program activities and reach. This system should produce periodic reports required by NSW Health and have the capacity to be used locally as a quality improvement tool.

Thank you to the staff involved in implementing the AFHS and to all those who participated in the evaluation.

For further information about the AFHS, please contact the Office of Kids and Families on (02) 9391 9000 or nswkf@doh.health.nsw.gov.au