

Ref: SWD21/2631

Mr Gerard Hayes Secretary HSU NSW Health Services Union

Email: secretary@hsu.asn.au

Dear Mr Hayes,

I am writing to advise you of proposed changes to the SWSLHD Prevention and Response to Violence, Abuse and Neglect (PARVAN) services within Primary and Community Health (P&CH) which has the potential to directly affect your members.

The proposed changes will align with the NSW Ministry of Health Integrated PARVAN (IPARVAN) Framework (PD2019\_041) and the South Western Sydney Local Health District (SWSLHD) IPARVAN Diagnostic Report (2019). The proposed change is the first phase of the redesign and facilitates movement to an integrated and centralised Referral Management and Early Response (RMER) model of care for all victims of violence and neglect. This will also ensure that clients who reside in SWSLHD will receive adequate support whilst they are waiting to be seen by the relevant service through regular follow up phone calls.

At this stage, the proposed services responsible for covering RMER will include Sexual Assault (SAS), Green Valley Liverpool Domestic Violence Service (GVLDVs) and the Child Protection Counselling Service (CPCS).

The RMER program will be based at Hoxton Park Community Health Centre and will operate from Monday to Friday between the hours of 8:30am to 5:00pm. It is proposed that staff members will be rotated onto the roster dependent on their contracted hours. Staff members will only be based at Hoxton Park for the hours they are rostered on the RMER program, allowing staff members to continue to see clients in their services as per normal. There will be no afterhours or call back for this program.

As intake work is a primary responsibility of service provision there will be only be minor changes made to position descriptions as the work will be integrated Violence and Neglect. Training will also be provided to staff prior to RMER commencing.

It is proposed that there will be a Health Professional Level 4 appointed as RMER Coordinator to lead and support the staff.

As per correspondence dated 6 January 2020 sent to the HSU and as part of the state-wide review of IPARVAN services, staff have been involved in consultation, service mapping and service delivery discussion for the past 18 months. This includes, a Central Intake Working Group being established comprising of representatives from each service. At a recent IPARVAN planning day, staff were given the opportunity to ask questions and or raise concerns about the central intake/RMES model.

South Western Sydney Local Health District acknowledges the traditional owners of the land.



Given the extensive level of consultation and the design processes that has been undertaken to date, we are ready to move this model forward with an aim to implement on 1 March 2021.

For noting a letter was sent to the HSU on 28 July 2020 informing of the establishment of an IPARVAN Coordinator position to provide line management support and clinical governance to the IPARVAN services in Primary & Community Health. This position was recruited to and the successful applicant Catherine Lovan commenced early November 2020, services have now moved into this new management structure.

Before final approval for these changes is sought, and to ensure the changes have the input of staff, further consultation with staff is being planned and will now be undertaken. In line with the consultative provisions of the Public Hospitals (Professional and Associated Staff) Conditions of Employment (Staff) Award, I am writing to invite you to provide any comments regarding the proposed changes within two weeks from the date of this letter.

To date there has been extensive consultation with staff members which commenced on 23 August 2019, including:

- SWSLHD PARVAN staff Forum held at Hoxton Park
- Staff were invited to be members of the Central Intake Working Group
- Staff were also given the opportunity to ask questions and/or raise issues at an IPARVAN Planning Day held on December 10 2020
- Staff were also invited to complete a short survey regarding what may be the barriers to being involved in the RMER.

Following these responses is when it was decided not to have staff on roster for three months at a time that the preference by staff would be 1 - 2 days a week allowing for staff to continue to see clients in their services.

Another proposed change is to the structure for Child Protection Counselling Service. Currently the Head of Department manages Green Valley Liverpool Domestic Violence service (GVLDVS) also. The current Head of Department incumbent is only temporary and as the GVLDVS is only temporarily funded it was agreed to split the two services and have two team leaders. This will result in the need to regrade the two positions prior to recruiting.

Alternatively I would be happy to meet to discuss this matter further with your representative and affected workers.

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South Western Sydney Local Health District ABN 46 738 965 845



If you would like to discuss the proposed changes further please do not hesitate to contact me by email mick.rowles@health.nsw.gov.au or by phone (02) 4621 8771.

Sincerely

**Mick Rowles** 

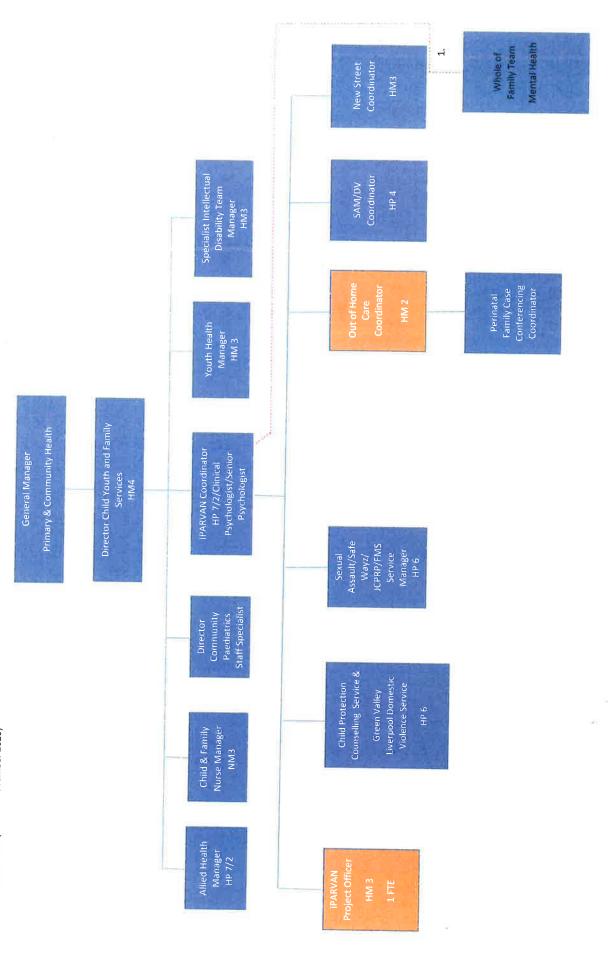
A/General Manager Primary and Community Health

Date: 12/01/2021

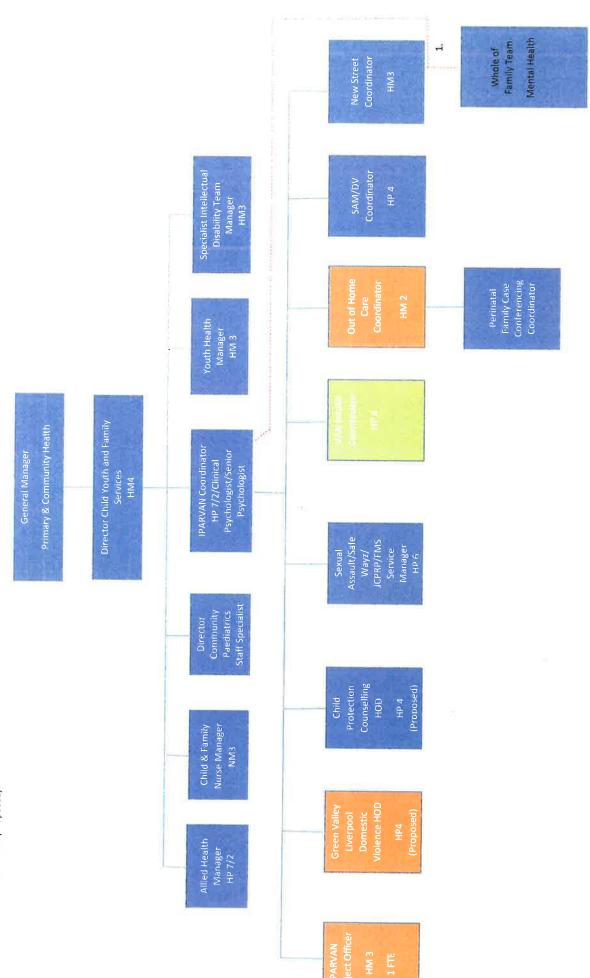
#### **Attachments**

**IPARVAN Current Organisational Structure IPARVAN Proposed Organisational Structure** CPCS Senior Child Protection Counsellor Position Description SAS Counsellor Social Worker or Psychologist Position Description CPCS Child Protection Counsellor Position Description **Domestic Violence Counsellor Position Description** PD2019\_014 Child Protection Counselling Services Policy and Procedures (section 5.2.5. page 36) PD2020\_006 Responding to Sexual Assault (adult and child) Policy and Procedure (section 13.3. page 86) Intake procedures for GVLDVS Section 3.8. IPARVAN Planning Day Agenda

South Western Sydney Local Health District acknowledges the traditional owners of the land.



Blue – Existing services/positions Orange – Temporary funded services (Green Valley Liverpool Domestic Violence Temp funded) Green – New positions/services



Blue – Existing services/positions Orange – Temporary funded services Green – New positions/services



### **OUR CORE VALUES** COLLABORATION OPENNESS RESPECT **EMPOWERMENT** Complete this Position Description template after reading the SWSLHD Guide to Writing a Position Description. Use the Guide for assistance on each section and examples of writing styles. **Role Details Role Title** Senior Child Protection Counsellor Health and Community Employees Psychologists (State) Award Award NSW Health Service Health Professionals (State) Award Is this a Multi-Disciplinary Role? Yes Please list all relevant classifications below Award Classification(s) / Grade / Level **Psychologist** Social Worker Level 3 Job Category \*\* SWSLHD Recruitment Unit to Complete \*\* Job Classification \*\* SWSLHD Recruitment Unit to Complete \*\* Specialties \*\* SWSLHD Recruitment Unit to Complete \*\* Stafflink Position Number **Cost Centre Number** Does this role manage or No supervise others?



#### Primary Purpose of Role (\*\*Maximum Character Limit 3400 including spaces\*\*)

The position is responsible for improving the emotional, social and mental wellbeing of children, young people, parents/carers and their families where there has been a confirmed history violence and neglect by providing specialist counselling and interventions. This response includes:

- 1. Trauma informed interventions and responses.
- 2. Case coordination that includes intake, assessment, case planning and referral functions,
- 3. Client focussed advocacy, liaison and consultation.
- 4. Provide consultation in relation to child protection matters to other health professionals as part of the team's service delivery.
- 5. A genuine child-centred, family focused approach, collaborating across services to ensure clients receive the service they need, when they need it.

This position is to ensure the provision of optimal health outcomes consistent with SWSLHD policies and procedures, standards, relevant legislation, and the NSW Health Code of Conduct. The position will also participate in professional development, clinical supervision, teaching, quality activities and other relevant departmental and administrative duties.

Child, Youth and Family Clinical Services Directorate staff work within a trauma informed framework with an understanding of and responsiveness to the impact of trauma on children, young people and their families. The position will ensure that services are provided in a manner that is welcoming, safe and appropriate for all, including individuals, families and communities who have experienced trauma. By adopting a trauma-informed and family sensitive approach, health services can play a key part in identifying and meeting the needs of children, young people, individuals, families and communities who are vulnerable.

Key Accountabilities ( \*\*Maximum of 12 Accountabilities \*\*Maximum 3800 characters including spaces \*\*)

#### Clinical

- Effective and efficient provision of clinical interventions to clients (ie children, young people, parents/carers and their families) utilising a child—centred, family focused framework whilst adhering to the service's clinical procedure and guidelines, including:
  - o assessment, counselling/therapy, psycho-education,
  - o clinical reports, referrals, information and advocacy
  - parent education and training in proactive and positive methods of meeting the biopsychosocial and developmental needs of their children
  - o facilitating groupwork programs, health promotion and community development activities in conjunction with other team members and professionals
  - Participate in case meetings with Family and Community Services (FaCS) / Non-Government Organisations (NGOs).
- Provide high level independent professional judgment in ensuring clinical care is delivered within professional, organisational, legal and ethical boundaries and reflects evidence based, best practice knowledge and practice. This includes maintaining a high level of knowledge and skills around current child protection assessment and intervention, a working knowledge of the Acts pertaining to child protection, and adhere to all NSW Health and organisational policies relating to child protection.
- Liaise with other care and service providers to ensure seamless continuum of care that meets the needs of clients. This includes this role of liaison and consultation with FaCS.

#### **Professional**

- Lead the identification, planning, development and implementation of continuous quality improvement projects, clinical measures, key performance indicators, business planning activities and research.
- Participate in professional development activities in accordance with departmental priorities and policies as negotiated with Service Manager including:
  - Managing for performance including development of professional development plan
  - o Clinical supervision
  - o Peer reviews
  - o Clinical networks
  - Clinical competencies
  - External professional development courses



- Participate in team, centre and other relevant meetings
- The development of policies and protocols
- Provide clinical supervision and mentorship for staff, consultation and education for other health professionals as part of the team's service delivery, and participate in the training of students.
- Act as an appropriate role model and promote a culture and supporting practices that reflect the
  organisational values through demonstrated behaviours and interactions with employees,
  consumers, their families and natural supports. Ensure that work is conducted in a manner that
  demonstrates values of cultural respect for Aboriginal people and diverse communities in
  accordance with SWSLHD's CORE Values, Transforming Your Experience, the AASW or APS
  Code of Ethics and EEO principles.

#### **Administrative**

 Maintain adequate client records on aspects of care including, progress notes and reports, databases and statistics relevant to the service. Complete work in a timely manner, and meet all prescribed key performance indicators.

#### Other

- Fulfil other departmental duties as required by the Service Manager.
- Comply with relevant policies and procedures.

### Key Challenges (\*\*Minimum of 1 maximum of 3\*\* Maximum 1000 characters per challenge).

- 1. Ability to work clinically with vulnerable populations on a home-visiting or outreach basis, including those who have been victims and working with parents/carers who have neglected and/or physically, emotionally and/or psychologically abused their child. This requires the counsellor to have sound professional skills, set clear boundaries, be non-judgemental and balanced, yet still be clear about their expectations for the therapeutic relationship with the client in the home, as well as manage interruptions and contain other problems as they arise in this non-neutral environment. The counsellor needs to be aware of the impact of vicarious trauma and taking responsibility for ensuring levels of stress are monitored and communicated to management.
- 2. Ensuring high quality assessment and therapeutic services to clients with complex needs. Provision of a high quality, integrated approach to service delivery. Ensuring high quality and timely intervention to clients with complex needs.
- Provision of a reliable, flexible and integrated approach to service delivery and work closely with FaCS.
   Assessing referrals requires effective communication. Ongoing co-management of clients means that
   the counsellor needs to develop formal and informal links with the FaCS office and other agencies
   involved with the client.



Ke	Key Relationships (** <u>Who</u> -Max 200 characters <u>Why</u> -Max 500 Characters**)			
Who		Why?		
Internal Relationships				
1	Children, young people, parents/carers and their families	Communication to provide client-centred, family focused care		
2	Health Care team	Consultation and advice regarding clinical care and care planning		
3	Clinicians, Clinical Leaders and Service Manager	Receive direction, support clinical decision making, workload management, provide clinical and administrative supervision, professional development, review of service provision quality, subject matter expertise, escalate issues and share ideas.		
Does this role routinely interact with external Stakeholders? Yes				
1	Government service agencies and community service providers	Referrals and liaison to meet the needs of children, young people, parents/carers and their families.		
2				

Essential Requirements (\*\*Information (where relevant) about essential role requirements, such as: whether the role is identified, qualifications requirements, employment screening checks, licence requirements etc\*\* \*\*Maximum 3800 characters including spaces.\*\*)

- (a) A Social Work degree which provides eligibility for membership of the Australian Association of Social Workers (AASW) or
  - (b) Full registration as a Psychologist with the Psychology Board of Australia. Completion of fouryear sequence of accredited undergraduate study in the discipline of psychology (or equivalent completed overseas).
- 2. Evidence of a current unrestricted NSW Driver's Licence (P2 Licence acceptable) and the ability and willingness to travel for work purposes, including providing outreach and home-visiting services.
- 3. Current Working With Children's Check (WWCC)
- 4. Evidence of Vaccination Category A



### **Selection Criteria**

\*\*Maximum of 8 Selection Criteria\*\* \*\*Maximum of 3800 characters including spaces for all criteria\*\*

- 1. Demonstrated extensive post graduate clinical experience in providing counselling, groupwork, parenting and case management interventions to clients where child protection, violence, neglect and trauma incidents has occurred.
- 2. Demonstrated knowledge of child protection issues including the relevant legislation and guidelines and the appropriate response for clinical practice.
- 3. Demonstrated experience in engaging with difficult and involuntary clients.
- 4. Demonstrated experience in prioritising a challenging and demanding workload; managing stressful situations; and applying advanced reasoning skills and independent professional judgement when dealing with situations of a novel or critical nature.
- Demonstrated high level of communication skills (written and verbal) and demonstrated computer skills.
- 6. Demonstrated experience in the provision of clinical supervision and expert advice/consultation to other professionals in relation to counselling and child protection issues.
- Demonstrated experience in the planning, implementing, leading and evaluating of quality improvement activities involving the application of evidenced based practice.



Jobs Demand Checklist	
Job Demands Frequency Key:	
I = Infrequent (intermittent activity exists for a short time on a very infrequent basis)	
O = Occasional (activity exists up to 1/3 of the time when performing the job)	
F = Frequent (activity exists between 1/3 and 2/3 of the time when performing the job)	
C = Constant (activity exists for more than 2/3 or the time when performing the job)	
R = Repetitive (activity involved repetitive movements)	
N = Not Applicable (activity is not required to perform the job)	
Physical Demands	
Sitting - remaining in a seated position to perform tasks	F
Standing - remaining standing without moving about to perform tasks	ı
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	0
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	N
<b>Bend/Lean Forward from Waist</b> - Forward bending from the waist to perform tasks	0
Trunk Twisting - Turning from the waist while sitting or standing to	
perform tasks	Į,
Kneeling - remaining in a kneeling posture to perform tasks	1
Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks	I
Leg / Foot Movement - Use of leg and / or foot to operate machinery	0
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	0
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	Г
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	N
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	N
Reaching - Arms fully extended forward or raised above shoulder	J
<b>Pushing / Pulling / Restraining</b> - Using force to hold / restrain or move objects toward or away from the body	j.
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	0
Hand & Arm Movements - Repetitive movements of hands and arms	Ï
<b>Grasping / Fine Manipulation</b> - Gripping, holding, clasping with fingers or hands	1



Jobs Demand Checklist (Continued)	
Work At Heights - Using ladders, footstools, scaffolding, or other objects to perform work	N
Driving - Operating any motor powered vehicle	O
Sensory Demands	
<b>Sight</b> - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens	F
<b>Hearing</b> - Use of hearing is an integral part of work performance e.g. Telephone enquiries	F
Smell - Use of smell is an integral part of work performance e.g. Working with chemicals	N
<b>Taste</b> - Use of taste is an integral part of work performance e.g. Food preparation	N
Touch - Use of touch is an integral part of work performance	N
Psychosocial Demands	
Distressed People - e.g. Emergency or grief situations	0
Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness	0
Unpredictable People - e.g. Dementia, mental illness, head injuries	0
Restraining - involvement in physical containment of patients / clients	N
Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies	С
Environmental Demands	
Dust - Exposure to atmospheric dust	N
Gases - Working with explosive or flammable gases requiring precautionary measures	N
Fumes - Exposure to noxious or toxic fumes	N
<b>Liquids</b> - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	N
Hazardous substances - e.g. Dry chemicals, glues	N
Noise - Environmental / background noise necessitates people raise their voice to be heard	N
Inadequate Lighting - Risk of trips, falls or eyestrain	N
Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight	N



Jobs Demand Checklist (Continued)	
Environmental Demands (Continued)	
<b>Extreme Temperatures</b> - Environmental temperatures are less than 15C or more than 35C	Ī
Confined Spaces - areas where only one egress (escape route) exists	0
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	N
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls	N
<b>Working At Heights</b> - Ladders / stepladders / scaffolding are required to perform tasks	N
<b>Biological Hazards</b> - e.g. exposure to body fluids, bacteria, infectious diseases	N

Created By:	 
Title:	
Approved By:	
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### **OUR CORE VALUES**

## COLLABORATION OPENNESS RESPECT

EMPOWERMENT			
Complete this Position Description template after reading the SWSLHD Guide to Writing a Position Description. Use the Guide for assistance on each section and examples of writing styles.			
Role Details			
Role Title	Female Sexual Assault Worker Level 1/2		
Award	Health and Community Employees Psychologists (State) Award NSW Health Service Health Professionals (State) Award		
Is this a Multi-Disciplinary Role?	Yes Please list all relevant classifications below		
Award Classification(s) / Grade	e / Level		
Psychologist			
Social Worker Level 1-2			
Job Classification ** SWSLHD F Specialties ** SWSLHD Recruit	Recruitment Unit to Complete **  ment Unit to Complete **		
Stafflink Position Number 242755			
Cost Centre Number 501126			
Ooes this role manage or No			

Stafflink Position Number	242755
Cost Centre Number	501126
Does this role manage or supervise others?	No



#### Primary Purpose of Role (\*\*Maximum Character Limit 3400 including spaces\*\*)

The position is responsible for the provision of a broad range of therapeutic and support services for children, young people and adults who have experienced sexual assault as well as their non-offending parents/carers and significant others.

This response includes:

- Case management, counselling, crisis counselling, advocacy and support during medical examinations.
- 2. Intake, assessment, case planning and referral functions,
- 3. Participation on the afterhours sexual assault roster
- 4. Court preparation and court support

This position is to ensure the provision of optimal health outcomes consistent with SWSLHD policies and procedures, standards, relevant legislation, and the NSW Health Code of Conduct. The position will also participate in professional development, clinical supervision, teaching, quality activities and other relevant departmental and administrative duties.

Child, Youth and Family Clinical Services Directorate staff work within a trauma informed framework with an understanding of and responsiveness to the impact of trauma on children, young people and their families. The position will ensure that services are provided in a manner that is welcoming, safe and appropriate for all, including; Individuals, families and communities who have experienced trauma. By adopting a trauma-informed and family sensitive approach, health services can play a key part in identifying and meeting the needs of children, young people, individuals, families and communities who are vulnerable.

Key Accountabilities ( \*\*Maximum of 12 Accountabilities \*\*Maximum 3800 characters including spaces \*\*)

#### Clinical

- Ensure clinical care is delivered within professional, organisational, legal and ethical boundaries
  and reflects evidence based practice and knowledge. This includes maintaining knowledge and
  skills around current sexual assault, crisis and legal support interventions and adherence to all
  NSW Health and organisational policies relating to sexual assault, child protection and domestic
  and family violence.
- Provide holistic case management, counselling and advocacy to children, young people, adults and their non-offending carers/parents/significant others where sexual assault has been experienced.
- Effective and efficient provision of clinical interventions to clients (i.e. children, young people, parents/carers/significant others) including;
  - Assessment, counselling, psycho-education,
  - o Counselling assessment and support for general and forensic medical presentations
  - Court preparation and court support
  - o Clinical reports, referrals, information and advocacy
  - Liaison with stakeholders (i.e. JIRT, Police, FACS, ODPP & NGO's) to develop formal and informal links with agencies involved with the client.
  - Facilitating group work programs, health promotion and community development activities in conjunction with other team members and professionals
  - Participation on the Afterhours Forensic Medical Sexual Assault roster.

#### **Professional**

- Participate in continuous quality improvement activities, business plan activities, research and EQuIP as directed by the Service Manager.
- Participate in professional development activities in accordance with departmental priorities and policies as negotiated with Clinical/Service Manager including:
  - o Managing for performance including development of professional development plan
  - Clinical supervision
  - Administrative supervision
  - o Peer reviews
  - o Clinical competencies
  - External professional development courses
- Ensure that work is conducted in a manner that demonstrates values of cultural respect for Aboriginal people and diverse communities in accordance with SWSLHD's CORE Values,



Transforming Your Experience, the AASW Code of Ethics / APS Code of Ethics, and EEO principles.

#### **Administrative**

Maintain adequate client records including, progress notes and reports, databases and statistics
relevant to the service. Complete work in a timely manner, and meet all prescribed key performance
indicators.

#### Other

- Fulfil other departmental duties as required by the Service Manager or their delegate.
- · Comply with relevant policies and procedures.



### Key Challenges (\*\*Minimum of 1 maximum of 3\*\* Maximum 1000 characters per challenge)

- Remaining flexible, open and composed in difficult situations when working with clients with high levels of distress, anger and anxiety
- Negotiating intra and inter-agency differences for the best client outcomes.



Ke	Key Relationships (** <u>Who</u> -Max 200 characters <u>Why</u> -Max 500 Characters**)			
Who		Why?		
Int	Internal Relationships			
1	Referred clients, carers and their families	Communication to provide client-centred care		
2	Health Care team	Consultation and advice regarding clinical care and care planning		
3	Clinicians, Team/Clinical Leaders and Service Manager	Receive direction, support clinical decision making, workload management, provide clinical and administrative supervision, professional development, review of service provision quality, subject matter expertise, escalate issues and share ideas.		
Does this role routinely interact with external Stakeholders? Yes				
1	_	Referral, liaison and advocacy to ensure the needs of clients, carers and non-offending family members are met.		
2				

Essential Requirements (\*\*Information (where relevant) about essential role requirements, such as: whether the role is identified, qualifications requirements, employment screening checks, licence requirements etc\*\* \*\*Maximum 3800 characters including spaces.\*\*)

Qualification of either:

- A Social Work degree which provides eligibility for membership of the Australian Association of Social Workers (AASW) or
- Registration as a Psychologist with the Psychology Board of Australia. Completion of four-year sequence of accredited undergraduate study in the discipline of psychology (or equivalent completed overseas).
- Bachelor degree in Health related field with an emphasis on human behaviour, psychosocial development and counselling.

Being a woman is a genuine requirement for this position under Section 31.2H of the Anti – Discrimination Act 1977.

Evidence of a current unrestricted NSW Driver's Licence (P2 Licence acceptable) and the ability and willingness to travel for work purposes, including providing outreach.

Current Working With Children's Check (WWCC)

Evidence of Vaccination Category A

18 of 48



#### **Selection Criteria**

\*\*Maximum of 8 Selection Criteria \*\* \*\*Maximum of 3800 characters including spaces for all criteria \*\*

- 1. Being a woman is a genuine requirement for this position under Section 31.2H of the Anti-Discrimination Act 1977
- 2. Demonstrated experience prioritizing work and managing stressful situations.
- 3. Proven ability to work independently and collaboratively as part of a team and build partnerships with local agencies.
- Demonstrated high level of communication skills (written and verbal) and demonstrated computer skills.
- 5. Evidence of commitment to clinical supervision and professional learning.
- 6. Demonstrated understanding of, and commitment to quality processes, and the application of evidenced based practice within counselling.
- 7. Demonstrated knowledge and experience in the provision of crisis intervention, assessment, and counselling to children, young people, adults and non-offending parents/carer's/significant others.
- 8. Demonstrated knowledge of the dynamics and impact of sexual assault, and domestic and family violence including child protection issues.



Jobs Demand Checklist	
Job Demands Frequency Key:	
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O = Occasional (activity exists up to 1/3 of the time when performing the job)	
F = Frequent (activity exists between 1/3 and 2/3 of the time when performing the job)	
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R = Repetitive (activity involved repetitive movements)	
N = Not Applicable (activity is not required to perform the job)	
Physical Demands	
Sitting - remaining in a seated position to perform tasks	F
Standing - remaining standing without moving about to perform tasks	(L
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	0
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	N
Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks	0
Trunk Twisting - Turning from the waist while sitting or standing to perform tasks	I
Kneeling - remaining in a kneeling posture to perform tasks	I
Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks	ı
Leg / Foot Movement - Use of leg and / or foot to operate machinery	0
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	0
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	I
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	N
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	N
Reaching - Arms fully extended forward or raised above shoulder	(I
Pushing / Pulling / Restraining - Using force to hold / restrain or move objects toward or away from the body	(I
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	0
Hand & Arm Movements - Repetitive movements of hands and arms	Ĺ
<b>Grasping / Fine Manipulation</b> - Gripping, holding, clasping with fingers or hands	F



Jobs Demand Checklist (Continued)		
Work At Heights - Using ladders, footstools, scaffolding, or other objects to perform work	N	
Driving - Operating any motor powered vehicle	F	
Sensory Demands		
Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens	F	
<b>Hearing</b> - Use of hearing is an integral part of work performance e.g. Telephone enquiries	F	
Smell - Use of smell is an integral part of work performance e.g. Working with chemicals	N	
Taste - Use of taste is an integral part of work performance e.g. Food preparation	N	
Touch - Use of touch is an integral part of work performance	N	
Psychosocial Demands		
Distressed People - e.g. Emergency or grief situations	F	
Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness	0	
Unpredictable People - e.g. Dementia, mental illness, head injuries	F	
Restraining - involvement in physical containment of patients / clients	N	
Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies	С	
Environmental Demands		
Dust - Exposure to atmospheric dust	N	
Gases - Working with explosive or flammable gases requiring precautionary measures	N	
Fumes - Exposure to noxious or toxic fumes	N	
Liquids - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	N	
Hazardous substances - e.g. Dry chemicals, glues	N	
<b>Noise</b> - Environmental / background noise necessitates people raise their voice to be heard	N	
Inadequate Lighting - Risk of trips, falls or eyestrain	N	
Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight	N	



Jobs Demand Checklist (Continued)	
Environmental Demands (Continued)	
Extreme Temperatures - Environmental temperatures are less than 15C or more than 35C	N
Confined Spaces - areas where only one egress (escape route) exists	0
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	N
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls	N
Working At Heights - Ladders / stepladders / scaffolding are required to perform tasks	N
Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases	N

Created By: Debbie Allan Title: A/Service Manager Sexual Assault Service	
Approved By:	
Title:	



### **OUR CORE VALUES** COLLABORATION OPENNESS RESPECT **EMPOWERMENT** Complete this Position Description template after reading the SWSLHD Guide to Writing a Position Description. Use the Guide for assistance on each section and examples of writing styles. **Role Details Role Title** Domestic Violence Counsellor Health and Community Employees Psychologists (State) Award Award NSW Health Service Health Professionals (State) Award Is this a Multi-Disciplinary Role? Yes Please list all relevant classifications below Award Classification(s) / Grade / Level **Psychologist Social Worker Level 1-2** Job Category \*\* SWSLHD Recruitment Unit to Complete \*\* Job Classification \*\* SWSLHD Recruitment Unit to Complete \*\* Specialties \*\* SWSLHD Recruitment Unit to Complete \*\* Stafflink Position Number **Cost Centre Number** Does this role manage or No

supervise others?



Primary Purpose of Role (\*\*Maximum Character Limit 3400 including spaces\*\*)

This position is responsible for improving the emotional, social and mental wellbeing of individuals who have been victims of domestic and family violence and their non-offending family members through the provision of a specialist counselling response that includes:

- 1. Trauma informed intervention and response.
- Case coordination and case management that includes intake, assessment, case planning and referral functions.
- 3. Client focused advocacy, liaison and consultation,
- 4. The provision of referral advice and general information in relation to domestic and family violence matters for health professionals and other stakeholders.
- 5. A genuine client-centred approach, collaborating across services to ensure clients receive the service they need, when they need it.

This position is to ensure the provision of optimal health outcomes consistent with SWSLHD policies and procedures, standards, relevant legislation, and the NSW Health Code of Conduct. The position will also participate in professional development, clinical supervision, teaching, quality activities and other relevant departmental and administrative duties.

Child, Youth and Family Clinical Services Directorate staff work within a trauma informed framework with an understanding of and responsiveness to the impact of trauma on children, young people and their families. The position will ensure that services are provided in a manner that is welcoming, safe and appropriate for all, including individuals, families and communities who have experienced trauma. By adopting a trauma-informed and family sensitive approach, health services can play a key part in identifying and meeting the needs of children, young people, individuals, families and communities who are vulnerable.

Key Accountabilities ( \*\*Maximum of 12 Accountabilities \*\*Maximum 3800 characters including spaces \*\*)

#### Clinical

- Ensure clinical care is delivered within professional, organisational, legal and ethical boundaries
  and reflects evidence based practice and knowledge. This includes maintaining knowledge and
  skills around current child protection and domestic and family violence assessment and
  interventions, a working knowledge of the Acts pertaining to child protection and domestic and
  family violence, and adhere to all NSW Health and organisational policies relating to child protection
  and domestic and family violence.
- Liaise with other care and service providers to ensure seamless continuum of care that meets the needs of clients.

#### **Professional**

- Participate in continuous quality improvement activities, business plan activities, research and EQuIP as directed by Clinical Leader /Service Manager.
- Participate in professional development activities in accordance with departmental priorities and policies as negotiated with Service Manager including:
  - Managing for performance including development of professional development plan
  - o Clinical supervision
  - o Peer reviews
  - o Clinical networks
  - Clinical competencies
  - External professional development courses
- Participate in the training of students, in negotiation with the Service Manager.
  Ensure that work is conducted in a manner that demonstrates values of cultural respect for
- Aboriginal people and diverse communities in accordance with SWSLHD's CORE Values, Transforming Your Experience, the AASW Code of Ethics / APS Code of Ethics, and EEO principles.

#### **Administrative**

 Maintain adequate client records on aspects of care including, progress notes and reports, databases and statistics relevant to the service. Complete work in a timely manner, and meet all prescribed key performance indicators.



#### Other

- Fulfil other departmental duties as required by the Service Manager or their delegate.
- Comply with relevant policies and procedures.

### **Position Specific – Domestic Violence Counsellor**

- Effective and efficient provision of clinical interventions to clients utilising a client—centred framework whilst adhering to the service's clinical procedure and guidelines, including:
  - o Intake, case management and case co-ordination,
  - o Assessment, counselling/therapy, psycho-education,
  - o Clinical reports, referrals, information and advocacy,
  - Education and training.
  - Facilitating group work programs, health promotion and community development activities in conjunction with other team members and professionals,
  - o Participating in case meetings,
  - Provision of referrals for perpetrators of domestic and family violence to address violent behavior and increase safety for victims, including liaison with stakeholders, including Justice NSW
  - o Providing court support.



Key Challenges (\*\*Minimum of 1 maximum of 3\*\* Maximum 1000 characters per challenge)

- 1. Providing:
  - quality assessment and therapeutic services to clients with complex needs;
  - timely interventions to clients with complex needs;
  - effective communication and advocacy to address client safety; and
  - a reliable, flexible and integrated approach to service delivery.
- 2. Working closely with stakeholders (i.e. FaCS and/or Justice NSW, NGO's) for ongoing comanagement of clients to develop formal and informal links with agencies involved with the client.
- Ability to work clinically with vulnerable populations, including those who have been victims of domestic
  and family violence and those who may still live in unsafe situations. Being aware of the impact of
  vicarious trauma and taking responsibility for ensuring levels of stress are monitored and
  communicated to management.



Ке	Key Relationships (**Who-Max 200 characters Why-Max 500 Characters**)			
	Who	Why?		
Int	Internal Relationships			
1	Referred clients, carers and their families	Communication to provide client-centred care		
2	Health Care team	Consultation and advice regarding clinical care and care planning		
3	Clinicians, Team/Clinical Leaders and Service Manager	Receive direction, support clinical decision making, workload management, provide clinical and administrative supervision, professional development, review of service provision quality, subject matter expertise, escalate issues and share ideas.		
Do	Does this role routinely interact with external Stakeholders? Yes			
1	Government service agencies and community service providers	Referrals and liaison to meet the needs of clients, carers and family members.		
2				

Essential Requirements (\*\*Information (where relevant) about essential role requirements, such as: whether the role is identified, qualifications requirements, employment screening checks, licence requirements etc\*\* \*\*Maximum 3800 characters including spaces.\*\*)

- (a) A Social Work degree which provides eligibility for membership of the Australian Association of Social Workers (AASW) or
  - (b) Registration as a Psychologist with the Psychology Board of Australia. Completion of four-year sequence of accredited undergraduate study in the discipline of psychology (or equivalent completed overseas).
- 2. Evidence of a current unrestricted NSW Driver's Licence (P2 Licence acceptable) and the ability and willingness to travel for work purposes, including providing outreach and home-visiting services.
- 3. Current Working With Children's Check (WWCC)
- 4. Evidence of Vaccination Category A



#### **Selection Criteria**

\*\*Maximum of 8 Selection Criteria\*\* \*\*Maximum of 3800 characters including spaces for all criteria\*\*

- 1. Demonstrated experience prioritising work and managing stressful situations.
- 2. Proven ability to work independently and collaboratively as part of a small team and build partnerships with local agencies.
- Demonstrated high level of communication skills (written and verbal) and demonstrated computer skills.
- Evidence of commitment to clinical supervision and professional learning.
- 5. Demonstrated understanding of, and commitment to quality processes, and the application of evidenced based practice within counselling.
- 6. Demonstrated knowledge and experience in the provision of case management, crisis intervention, counselling, group work or telephone counselling to victims of domestic and family violence.
- 7. Demonstrated knowledge and understanding of the dynamics involved in domestic and family violence, the impact it has on the victims, including child protection issues.



Jobs Demand Checklist	
Job Demands Frequency Key:	
I = Infrequent (Intermittent activity exists for a short time on a very infrequent basis)	
O = Occasional (activity exists up to 1/3 of the time when performing the job)	
F = Frequent (activity exists between 1/3 and 2/3 of the time when performing the job)	
C = Constant (activity exists for more than 2/3 or the time when performing the job)	
R = Repetitive (activity involved repetitive movements)	
N = Not Applicable (activity is not required to perform the job)	
Physical Demands	
Sitting - remaining in a seated position to perform tasks	F
Standing - remaining standing without moving about to perform tasks	I
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	0
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	N
<b>Bend/Lean Forward from Waist</b> - Forward bending from the waist to perform tasks	0
Trunk Twisting - Turning from the waist while sitting or standing to perform tasks	T
Kneeling - remaining in a kneeling posture to perform tasks	I
<b>Squatting / Crouching</b> - Adopting a squatting or crouching posture to perform tasks	Ü
Leg / Foot Movement - Use of leg and / or foot to operate machinery	0
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	0
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	J
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	N
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	N
Reaching - Arms fully extended forward or raised above shoulder	T
Pushing / Pulling / Restraining - Using force to hold / restrain or move objects toward or away from the body	Ĩ
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	0
Hand & Arm Movements - Repetitive movements of hands and arms	T
Grasping / Fine Manipulation - Gripping, holding, clasping with fingers	I



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Jobs Demand Checklist (Continued)	
Environmental Demands (Continued)	
<b>Extreme Temperatures</b> - Environmental temperatures are less than 15C or more than 35C	15/
Confined Spaces - areas where only one egress (escape route) exists	0
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	N
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls	N
Working At Heights - Ladders / stepladders / scaffolding are required to perform tasks	N
<b>Biological Hazards</b> - e.g. exposure to body fluids, bacteria, infectious diseases	N

Created By:		
Title:		in in
Approved By:		
Title:		



## **OUR CORE VALUES** COLLABORATION OPENNESS RESPECT **EMPOWERMENT** Complete this Position Description template after reading the SWSLHD Guide to Writing a Position Description. Use the Guide for assistance on each section and examples of writing styles. **Role Details** Role Title Child Protection Counsellor Health and Community Employees Psychologists (State) Award Award NSW Health Service Health Professionals (State) Award is this a Multi-Disciplinary Role? Please list all relevant classifications below Yes Award Classification(s) / Grade / Level **Psychologist Social Worker Level 1-2** Job Category \*\* SWSLHD Recruitment Unit to Complete \*\* Job Classification \*\* SWSLHD Recruitment Unit to Complete \*\* Specialties \*\* SWSLHD Recruitment Unit to Complete \*\* Stafflink Position Number Cost Centre Number

Does this role manage or

supervise others?

No



#### Primary Purpose of Role (\*\*Maximum Character Limit 3400 including spaces\*\*)

The position is responsible for improving the emotional, social and mental wellbeing of children, young people, parents/carers and their families where there has been a confirmed history violence and neglect by providing specialist counselling and interventions. This response includes:

- 1. Trauma informed interventions and responses,
- 2. Case coordination that includes intake, assessment, case planning and referral functions,
- 3. Client focused advocacy and liaison,
- 4. A genuine child-centred, family focused approach, collaborating across services to ensure clients receive the service they need, when they need it.

This position is to ensure the provision of optimal health outcomes consistent with SWSLHD policies and procedures, standards, relevant legislation, and the NSW Health Code of Conduct. The position will also participate in professional development, clinical supervision, teaching, quality activities and other relevant departmental and administrative duties.

Child, Youth and Family Clinical Services Directorate staff work within a trauma informed framework with an understanding of and responsiveness to the impact of trauma on children, young people and their families. The position will ensure that services are provided in a manner that is welcoming, safe and appropriate for all, including individuals, families and communities who have experienced trauma. By adopting a trauma-informed and family sensitive approach, health services can play a key part in identifying and meeting the needs of children, young people, individuals, families and communities who are vulnerable.

Key Accountabilities ( \*\*Maximum of 12 Accountabilities \*\*Maximum 3800 characters including spaces \*\*)

#### Clinical

- Ensure clinical care is delivered within professional, organisational, legal and ethical boundaries
  and reflects evidence based practice and knowledge. This includes maintaining knowledge and
  skills around current child protection and domestic and family violence assessment and
  interventions, a working knowledge of the Acts pertaining to child protection and domestic and
  family violence, and adhere to all NSW Health and organisational policies relating to child protection
  and domestic and family violence.
- Liaise with other care and service providers to ensure seamless continuum of care that meets the needs of clients.

#### **Professional**

- Participate in continuous quality improvement activities, business plan activities, research and EQuIP as directed by Clinical Leader /Service Manager.
- Participate in professional development activities in accordance with departmental priorities and policies as negotiated with Service Manager including:
  - Managing for performance including development of professional development plan
  - Clinical supervision
  - Peer reviews
  - Clinical networks
  - o Clinical competencies
  - External professional development courses
- Participate in the training of students, in negotiation with the Service Manager.
- Ensure that work is conducted in a manner that demonstrates values of cultural respect for Aboriginal people and diverse communities in accordance with SWSLHD's CORE Values, Transforming Your Experience, the AASW Code of Ethics / APS Code of Ethics, and EEO principles.

#### **Administrative**

 Maintain adequate client records on aspects of care including, progress notes and reports, databases and statistics relevant to the service. Complete work in a timely manner, and meet all prescribed key performance indicators.

#### Other



- Fulfil other departmental duties as required by the Service Manager or their delegate.
- Comply with relevant policies and procedures.

#### Position Specific – Child Protection Counsellor

- Effective and efficient provision of clinical interventions to clients (i.e. children, young people, parents/carers and their families) utilising a child–centred, family focused framework whilst adhering to the service's clinical procedure and guidelines, including:
  - o assessment, counselling/therapy, psycho-education,
  - o clinical reports, referrals, information and advocacy
  - parent education and training in proactive and positive methods of meeting the biopsychosocial and developmental needs of their children
  - o facilitating groupwork programs, health promotion and community development activities in conjunction with other team members and professionals
  - participating in case meetings with Family and Community Services (FaCS) / Non-Government Organisations (NGOs).



Key Challenges (\*\*Minimum of 1 maximum of 3\*\* Maximum 1000 characters per challenge)

- 1. Providing:
  - quality assessment and therapeutic services to clients with complex needs;
  - timely interventions to clients with complex needs;
  - effective communication and advocacy to address client safety; and
  - a reliable, flexible and integrated approach to service delivery.
- 2. Working closely with stakeholders (i.e. FaCS and/or Justice NSW, NGO's) for ongoing comanagement of clients to develop formal and informal links with agencies involved with the client.
- 3. Ability to work clinically with vulnerable populations on a home-visiting or outreach basis, including those who have been victims and working with parents/carers who have neglected and/or physically, emotionally and/or psychologically abused their child. This requires the counsellor to have sound professional skills, set clear boundaries, be non-judgemental and balanced, yet still be clear about their expectations for the therapeutic relationship with the client in the home, as well as manage interruptions and contain other problems as they arise in this non-neutral environment. The counsellor needs to be aware of the impact of vicarious trauma and taking responsibility for ensuring levels of stress are monitored and communicated to management.



Ke	Key Relationships (** <u>Who</u> -Max 200 characters <u>Why</u> -Max 500 Characters**)			
	Who	Why?		
Int	Internal Relationships			
1	Referred clients, carers and their families	Communication to provide client-centred care		
2	Health Care team	Consultation and advice regarding clinical care and care planning		
3	Clinicians, Team/Clinical Leaders and Service Manager	Receive direction, support clinical decision making, workload management, provide clinical and administrative supervision, professional development, review of service provision quality, subject matter expertise, escalate issues and share ideas.		
Do	Does this role routinely interact with external Stakeholders? Yes			
1	Government service agencies and community service providers	Referrals and liaison to meet the needs of clients, carers and family members.		
2				

Essential Requirements (\*\*Information (where relevant) about essential role requirements, such as: whether the role is identified; qualifications requirements, employment screening checks, licence requirements etc\*\* \*\*Maximum 3800 characters including spaces.\*\*)

- 1. (a) A Social Work degree which provides eligibility for membership of the Australian Association of Social Workers (AASW) or
  - (b) Registration as a Psychologist with the Psychology Board of Australia. Completion of four-year sequence of accredited undergraduate study in the discipline of psychology (or equivalent completed overseas).
- 2. Evidence of a current unrestricted NSW Driver's Licence (P2 Licence acceptable) and the ability and willingness to travel for work purposes, including providing outreach and home-visiting services.
- 3. Current Working With Children's Check (WWCC)
- 4. Evidence of Vaccination Category A



#### **Selection Criteria**

\*\*Maximum of 8 Selection Criteria \*\* \*\*Maximum of 3800 characters including spaces for all criteria \*\*

- 1. Demonstrated experience prioritising work and managing stressful situations.
- 2. Proven ability to work independently and collaboratively as part of a small team and build partnerships with local agencies.
- Demonstrated high level of communication skills (written and verbal) and demonstrated computer skills
- 4. Evidence of commitment to clinical supervision and professional learning.
- 5. Demonstrated understanding of, and commitment to quality processes, and the application of evidenced based practice within counselling.
- Demonstrated knowledge and experience in providing counselling, groupwork and/or casework to adults, children, young people and/or families, including working with adults in relation to parenting issues.
- 7. Demonstrated knowledge of child protection issues.



Jobs Demand Checklist	
Job Demands Frequency Key:	
I = Infrequent (intermittent activity exists for a short time on a very infrequent basis)	
O = Occasional (activity exists up to 1/3 of the time when performing the job)	
F = Frequent (activity exists between 1/3 and 2/3 of the time when performing the job)	
C = Constant (activity exists for more than 2/3 or the time when performing the job)	
R = Repetitive (activity involved repetitive movements)	
N = Not Applicable (activity is not required to perform the job)	
Physical Demands	
Sitting - remaining in a seated position to perform tasks	F
Standing - remaining standing without moving about to perform tasks	1
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	0
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	N
Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks	0
Trunk Twisting - Turning from the waist while sitting or standing to	2
perform tasks	Į.
Kneeling - remaining in a kneeling posture to perform tasks	Ţ
Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks	1
Leg / Foot Movement - Use of leg and / or foot to operate machinery	0
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	0
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	1
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	N
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	N
Reaching - Arms fully extended forward or raised above shoulder	I
Pushing / Pulling / Restraining - Using force to hold / restrain or move objects toward or away from the body	I
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	0
Hand & Arm Movements - Repetitive movements of hands and arms	1
Grasping / Fine Manipulation - Gripping, holding, clasping with fingers	I



Jobs Demand Checklist (Continued)	and the second
<b>Work At Heights</b> - Using ladders, footstools, scaffolding, or other objects to perform work	N N
Driving - Operating any motor powered vehicle	0
Sensory Demands	
Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens	F
<b>Hearing</b> - Use of hearing is an integral part of work performance e.g. Telephone enquiries	F
Smell - Use of smell is an integral part of work performance e.g. Working with chemicals	N
Taste - Use of taste is an integral part of work performance e.g. Food preparation	N
Touch - Use of touch is an integral part of work performance	N
Psychosocial Demands	
Distressed People - e.g. Emergency or grief situations	0
Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness	0
Unpredictable People - e.g. Dementia, mental illness, head injuries	0
Restraining - involvement in physical containment of patients / clients	N
Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies	С
Environmental Demands	
Dust - Exposure to atmospheric dust	N
Gases - Working with explosive or flammable gases requiring precautionary measures	N
Fumes - Exposure to noxious or toxic fumes	N
Liquids - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	N
Hazardous substances - e.g. Dry chemicals, glues	N
Noise - Environmental / background noise necessitates people raise their voice to be heard	N
Inadequate Lighting - Risk of trips, falls or eyestrain	N
Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight	N



Jobs Demand Checklist (Continued)	
Environmental Demands (Continued)	
Extreme Temperatures - Environmental temperatures are less than 15C or more than 35C	J
Confined Spaces - areas where only one egress (escape route) exists	0
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	N
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls	N
<b>Working At Heights</b> - Ladders / stepladders / scaffolding are required to perform tasks	N
<b>Biological Hazards</b> - e.g. exposure to body fluids, bacteria, infectious diseases	N

Created By:			
Title:		 	
Approved By:			
Title:			

### **Child Protection Counselling Services Policy and Procedures**



Cases cannot be allocated to a student on placement with CPCS as a primary worker; however, students can be allocated as secondary workers.

CPCS has clinical responsibility for the child/young person and their family/carers as clients of the service once the referral has been accepted during the intake process and beyond to all work with the child/young person and family/carers. It is the CPCS team that holds this responsibility, not an individual counsellor. This means that if a counsellor is not available for any reason once the referral has been accepted and the case allocated, the CPCS manager or clinical lead, or someone they delegate, will provide coverage. Similarly, it may be appropriate for the CPCS manager or clinical lead to transfer responsibility from one counsellor to another at any point in the intervention, including if the counsellor ceases working for the CPCS.

#### 5.2.5 Intake process

At the time of intake, a CPCS client file will be created (or re-opened if the child/young person was previously involved with CPCS). Referral information including the acceptance date will be recorded on the NSW computerised client information system (e.g. CHOC or CHIME). Written correspondence advising of referral acceptance will be sent to the referrer, including the names of all children/young people and family members/carers and the name of the allocated counsellor.

If another service is engaged with the child/young person and/or family/carers and is ceasing its role, a clinical handover discussion will occur and will be documented by the CPCS counsellor. If the other service is not ceasing its role, the CPCS counsellor will initiate discussions regarding roles, goals, and ongoing communication channels.

#### 5.3 Access and equity

#### 5.3.1 Overview

This section describes key aspects of the process whereby CPCS begins to work with children/young people and families/carers. These key aspects include the following:

- Promoting access so the service is experienced as inviting and non-judgemental.
- Setting up or joining collaborative practice with other services.
- Being proactive and persistent in engaging children/young people and families/carers.
- Providing outreach services.
- Ensuring informed consent wherever possible, and emphasising how this is ensured in the context of working with children/young people and families/carers involved in the statutory care and protection systems.

When addressing issues of access and engagement for children/young people and families who have experienced violence, abuse and neglect it should be recognised that this client group is often marginalised in society and may have found it difficult to access services. These families are often 'directed' to attend services and may not always be willing participants, often feeling judged and 'singled out'. There are also particular

PD2019 014 Issue date: March-2019 36 of 253

## Responding to Sexual Assault (Adult and Child) Policy and Procedures



- Establish and maintain processes to ensure ongoing collaboration with interagency partners
  that gives priority to the needs of clients. SASs may take the lead in collaborative work or
  support the lead of other agencies, depending on the nature of the collaboration, client need,
  agreements with the client, and service capacity. This may include the development of
  service agreements that clearly define each agency's roles and responsibilities, including who
  holds primary clinical responsibility. Of particular note here is the importance of developing
  and sustaining respectful and effective collaborative relationships with Aboriginal
  organisations (Section 21).
- Share information related to cases in accordance with legislation and policy.
- In accordance with relevant legislation and policy, obtain written consent from the client (where appropriate) before collaborative work commences, including consent to which agencies will be involved and the level of and content of information shared between agencies.
- Initiate and/or participate in meetings such as case-planning in relation to the safety, protection and ongoing care and support of SAS clients. This is of particular importance if it concerns clients with special needs, such as a physical or intellectual disability or mental illness. Where possible, the client will be informed and invited to participate if appropriate.
- Support clinicians to participate in appropriate local committees relating to sexual assault victim support, domestic and family violence, child protection and other relevant local management committees.
- Support SAS managers and workers, as appropriate, to participate in appropriate local committees, interest groups, interagency networks and other initiatives relating to sexual assault victim support, domestic and family violence, child protection, and other relevant issues.
- Ensure any community education and prevention activities are conducted in partnership with communities and government and non-government agencies, including observing culturally appropriate protocols for the relevant community.

#### 13.3 Intake

'The purpose of intake is to gain an overview of the client's presenting issues and transition them into the organisation for further services' (NASASV, 2015, p. 41). SASs will have documented local intake procedures to help ensure minimal delay in the referral of the victim to the SAS.

The SAS's intake is to be provided by the SAS counsellor where possible. In smaller services where a dedicated intake service is not available, SASs will train intake workers and provide clear guidelines and support on gathering referral information in a sensitive and trauma-informed manner and, as appropriate for their skill set, some level of initial assessment to ensure any urgent matters are identified and responded to appropriately.

The intake process will ordinarily consist of, at a minimum, identifying and recording:

- 1. nature and details of referrer and referral (where not a self-referral)
- 2. identifying and demographic information about client (e.g. name; self-identified gender; date of birth; Medical Record Number, if available; address; contact details; Aboriginality status; country of birth)

### Responding to Sexual Assault (Adult and Child) Policy and Procedures



- 3. limited details about nature of assault/s related to service eligibility, to determine the nature of the service response and pathway (e.g. recent sexual assault, victim of sexual assault in crisis, past sexual assault), and to provide guidance on the use of an EEK for preservation of evidence if necessary to aid patient comfort (e.g. being able to drink/eat and use the toilet)
- 4. any communication, consent or access needs (e.g. whether an interpreter is required or other cultural diversity considerations; whether the client is able to consent to a service and/or whether the is client medically fit to receive a SAS response in the case of a recent sexual assault; disability; Aboriginality; LGBTQI identification; and any other potential access-related needs)
- 5. other information essential to the client's current needs and/or emotional status.

Some initial assessment (<u>Section 13.5.2</u>) will take place at the time of intake to ensure an appropriate response to urgent matters (e.g. if a crisis response is required), but the depth of this initial assessment will depend in part on who is undertaking the intake process and the circumstances (e.g. whether a SAS counsellor and whether the initial information necessitates a crisis response, in which case the majority of the initial assessment will likely be undertaken by the SAS counsellor during the crisis response).

Where the SAS intake worker determines that a person presents a risk to themselves or others, they will refer to mental health services, ED, NSW Police and/or NSW Ambulance, depending on the circumstances and as a matter of priority. This is in addition to any reporting obligations set out in Section 4 of these policy and procedures. The SAS will continue contact with the person in collaboration with the service they are referred to and provide direct services if appropriate, as well as referring them to any other supports or services that may be appropriate (Section 13.1.9).

#### 13.4 Consent

This section refers to general consent for services provided by SASs. Specific guidance on consent for medical or medical and forensic responses is provided in <u>Section 15.6</u>.

SAS will seek consent for SAS responses in accordance with relevant NSW Health statewide policy, including the *Consent to Medical Treatment Manual*. Consent must, as a general rule, be sought in the first instance from the patient themselves if possible. People are to be assumed to have capacity to consent unless it is demonstrated they do not have capacity. Generally, a person has capacity to consent if they can:

- understand the facts and the choices involved
- · weigh up the consequences, and
- communicate the decision (<u>Capacity Toolkit</u>).

SASs can be informed by the following capacity assessment principles from the <u>Capacity Toolkit</u> in determining whether someone can consent:

- 1. always assume a person has capacity
- 2. capacity is decision-specific
- 3. don't assume a person lacks capacity based on appearances
- 4. Assess the person's decision-making ability not the decision they make

#### 3.8 Intake Procedures for GVLDVS

#### **Expected Outcome**

That all Green Valley Liverpool Domestic Violence Service (GVLDVS) staff follow the Referral Criteria & Protocol to ensure that standards are consistent and that Intake is effective and efficient in dealing with new referrals and inquiries. This service only accepts referrals where consent has been obtained from the client or if the referral has statutory child protection matters where consent has not been gained by the referring agency.

#### **Policy Statement**

The GVLDVS staff will adhere to the expected procedure and protocol when completing intake as outlined, so as to provide clients and referring agencies clear information and consistent service delivery. It is expected that all referrals to the service be responded to within 48 working hours of receipt of referrals.

#### **Procedures**

The current intake system for clients requiring GVLDVS involves:

- · Ensuring that the referring agency has been given consent by the client to contact GVLDVS, unless the referral comes directly from a statutory child protection authority or police.
- Obtain relevant information regarding history, contact details and a safe time to contact.
- Upon contacting the referral/client (to be done within 48 working hours of receipt of referral), obtain details on the Intake form and perform a thorough psycho-social/risk assessment where possible (see addendum).
- Staff to inform the client about procedures regarding waiting lists, case allocation and when they will be contacted by a DV Counsellor regarding the service and an appointment time. It is the responsibility of the allocated DV Counsellor to contact client.
- When clients are in crisis and need an urgent appointment if they meet our criteria, the Intake Counsellor will allocate it to them self but can consult with the Team Leader if she/he is unable to do so.
- All Intakes are to be left in the Allocation Folder to be discussed at allocation day, currently held Wednesday mornings.

#### **Intake Counsellor Duties:**

#### **Availability**

- Be available on allocated Intake Day between 10.00a.m.to 4.00pm, otherwise make alternative arrangements to ensure another worker covers the absence, wherever possible.
- To respond promptly to faxes, phone calls, emails, message media messages, or clients presenting directly.
- If there are any unplanned DV Counsellor absences (due to sick leave), the Intake Counsellor will contact all scheduled clients via text or phone call, to advise of appointment cancellation.
- To input date, time and information for every step taken to manage individual referrals on the intake handover sheet and on EmR cerner progress note. These documents must match.

Reviewed: 10/04, 10/2010& 01/2013. 11/2014,04/2015, 12/2016, 24/09/18

**GVLDVS** 

Team Leader

 <u>Every Wednesday</u> – The Team Leader will take the allocation folder to the Allocation Meeting.

#### **Recording Referral Information**

- To record sufficient and relevant information on the client intake & progress notes sheet to allow allocation to appropriate member.
- To record all information in a legible form on the Initial Intake Form & Cerner progress notes.
- To record following information on intake form if relevant:
  - a) Personal and Contact details
  - b) Genogram
  - c) Recent incident
  - d) Significant others / supports physical, psychological and social supports
  - e) Child Protection concerns- does perpetrator have access
  - f) Safety concern- perpetrator contact and behaviour
  - g) Impact of DV problem duration, previous occurrences, severity
  - h) Name of school/s (if children)
  - i) Employment status
  - j) Suicidal ideation
  - k) Coping strategies what have they tried
  - I) Drug & Alcohol (impact of problem)
  - m) Disability/Mental Health Issues
  - n) Current stressors
- To indicate the urgency of the referral on the form by completing the DVSAT
- To ensure that details required by CERNER are entered appropriately
  - a) Check on CERNER if client is already known to the agency; if so, register a new encounter and retrieve previous file
  - b) If client is not known: the client will still be registered on CERNER
  - c) If client is known: the Administrative Officer can retrieve file from health records and place new intake form inside.
- To ensure that all referrals to the GVLDVS are recorded on the Incoming Referral List and on the progress notes.

The safety of women and their children is given priority over all other criteria. This may require the Intake Counsellor to provide practical assistance immediately to a client in crisis e.g. organising the transportation of a client to a refuge or another safe location, making child protection reports. Complexity should also be considered — multiple problems should receive priority. Please refer to Referral protocol re: prioritisation.

#### **Clinical Duties**

- To listen to client's concerns, to respond with empathy and to offer appropriate intervention if required, e.g. this may require referral to another agency.
- To provide crisis face to face and/or phone counselling face if the situation demands it
- To assess the need for a certain response at the time of the contact, e.g. seeking accommodation to escape from harm, requesting court support, for an AVO mention, or hearing or wanting to move to another location because of harassment.
- To assess urgency of referral and for a possible crisis response. Factors to be taken into consideration are:
  - a) Suicidal ideation or serious mental health concerns

Reviewed: 10/04, 10/2010& 01/2013, 11/2014,04/2015, 12/2016, 24/09/18 GVLDVS

Team Leader

#### POLICY AND PROCEDURE

#### **Intake Checklist**

The following checklist and template has been formulated for staff to assist in engaging the client and gathering relevant information whilst completing intake:

#### Clients who want assistance from GVLDVS

- 1. Good morning/ good afternoon can I please speak to ......
- 2. Hi...... My name is \_\_\_\_\_\_(staff name), I am from GVLDVS/Hoxton Park Community Health Centre (if male or another person answers the call)
- 3. ..... is it safe to talk to me at this time?
- 4. I am contacting you in relation to a referral that has been made to our service for yourself by.......
- 5. GVLDVS is a free counselling service for people that are or have experienced domestic and family violence. We are a community health service that works closely with other services in the area.
- 6. Do you think that a service like ours maybe able to help you?
- 7. If you accept our service, I will commence with asking you a set of questions as part of our intake/triage process. Your details will be discussed at an Allocation Meeting held every Wednesday morning and a Counsellor will be allocated to work with you. The counsellor will contact you within 72hrs to make a time to meet. The first appointment gives you both an opportunity to see whether our service can meet your needs, and to also provide you with relevant and helpful information and support.
- 8. To help us provide the best service possible to you, I'd like to now start by asking you some questions about your personal circumstances.
- 9. Proceed with asking questions and fill in Intake Referral Form.
- 10. Do you have any immediate safety concerns for yourself or your children (if applicable)?

#### Intake referral form information gathering:

- A) Genogram and other information
- B) Recent incident
- C) Significant others / supports physical, psychological and social supports
- D) Child Protection concerns- does perpetrator have access
- E) Safety concern- perpetrator contact and behaviour
- F) Impact of DV problem duration, previous occurrences, severity
- G) Name of school (if child)
- H) Employment status
- I) Suicidal ideation
- J) Coping strategies what have they tried
- K) Drug & Alcohol (impact of problem)
- L) Current stressors
- 11. Provide client with contact details for GVLDVS 1800 111 146 intake line to contact while allocating case if things arise before counsellor's call.

#### Clients who do not want assistance or are not ready to ask for help

- 1. Good morning/ good afternoon can I please speak to ......
- 2. Hi...... My name is "staff name", I am from GVLDVS
- 3. is it safe to talk to me at this time?
- 4. lif client says yes, continue
- 5. GVLDVS is a free counselling service for people that are or have experienced DV we are a community based service that works closely with other services in the area.

Reviewed: 10/04, 10/2010& 01/2013, 11/2014,04/2015, 12/2016, 24/09/18 GVLDVS

Team Leader

#### POLICY AND PROCEDURE

3.8

### Legal Matters AVO: Yes/No

Family Law: Yes/No (includes mediation/access etc) Victims of Crime: Yes/No

#### **Action**

Immediate Action:

Allocated at team meeting:

Waiting List:

Referred on: (what service) Filled in appropriate registers

( eg: Interpreters)

Reviewed: 10/04, 10/2010& 01/2013, 11/2014,04/2015, 12/2016, 24/09/18

**GVLDVS** 

Team Leader

# INTEGRATED PREVENTION AND RESPONSE TO VIOLENCE, ABUSE, AND NEGLECT (IPARVAN) SERVICES

### **PLANNING DAY AGENDA**

8.30 am	Registrations and Three Houses Activity		
9.00 am	Open/Housekeeping/COVID safety	Cathy Lovan	
9.15 am	Welcome to Country	Karen Beetson	
9.45 am	IPARVAN Overview	Dr Mayet Costello	
10.05 am	SWSLHD IPARVAN Project Update and	Roxana Castro and	
	Direction and Integration for our services	Cathy Lovan	
10.45 am	Morning Tea		
11.00 am	Ice Breaker	Deb McAuley and Rebecca Helmore	
11.10 am	Child Protection Counselling Service	Laura McDonald	
11.30 am	Domestic and Family Violence Projects	Lissy Tresa	
11.50 am	Green Valley Liverpool Domestic Violence Service	Zual Hakim and Leal Sellwood	
12.10 pm	New Street	Patrick Smith	
12.30 pm	Out of Home Care Health Pathways	Keren Williamson an Amanda Haslem	
12.50 pm	Lunch	Amanua nasiem	
13.30 pm	Perinatal Family Conferencing	Suzan Stewart and Mariana Monteagude	
13.50 pm	Sexual Assault Service	Deb McAuley and	
14.10 pm	Whole Family Team/Out of Home Care (MH)	Viviana Vasquez Natalie Medel	
14.30 pm	Feedback from Three Houses Activity	Viviana Vasquez and	
14.50 pm	Afternoon Tea	Laura McDonald	
15.00 pm	Feedback from staff intake EOI	Roxana Castro	
15.15 pm	Interactive Solution–Focused Planning activity	Cathy Lovan	
6.00 pm	Summary and acknowledgements	Cathy Lovan	
6.15 pm	Evaluation	Roxana Castro	
6.30 pm	Close		