



NSW Ambulance

Domestic Violence Referral Program

Service Guide

**EMAIL**

AMBULANCE-StaffHealthEnquiries@health.nsw.gov.au

**PHONE**

02 9320 7777

**WEBSITE**

www.ambulance.nsw.gov.au



Domestic Violence Referral Program

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Locked Bag 105, Rozelle, NSW 2039

T: 0477 365 942



Domestic Violence Referral Program

1. Domestic Violence Referral Program

NSW Ambulance is committed to supporting the health and wellbeing of its employees and offers a range of staff support initiatives to assist staff to achieve positive mental wellbeing. The Domestic Violence Referral Program (DVRP) provides staff of NSW Ambulance with a team of volunteer Domestic Violence Referral Officers (DVROs) located across the state.

The DVRP is part of an integrated Staff Support Services program within NSW Ambulance that aims to ensure the health and welfare of the workforce. The DVRP aims to support staff, via DVROs, experiencing domestic and/or family violence. DVROs provide a point of contact to volunteer to provide confidential and practical support to colleagues who are experiencing domestic and family violence.

In addition, DVROs provide information about relevant support services within NSW Ambulance and information on more specialised or professional support provided by community based organisations, and may assist with facilitation of a referral.

The DVRP operates alongside the Chaplaincy program, the Staff Psychology Service, the Employee Assistance and Psychological Services (EAPS) program, Peer Support Program and the Grievance Contact Officer (GCO) program.

2. Scope of Domestic Violence Referral Program Services

The DVROs have received specialised training to assist in supporting staff to access the services needed when experiencing domestic and family violence. DVROs are upskilled to know the options available to staff and can assist with practical and emotional care whilst staff access other supports necessary for their safety and wellbeing.

The DVRP is a state-wide support service, available to all NSW Ambulance Staff and volunteers. The DVRP is comprised of volunteer staff from across the organisation who provide a point of contact for employees and volunteers across all departments.

The DVRP does not replace current support programs, line management or educators such as clinical preceptors; rather, provides additional specialised support between peers for those experiencing domestic and family violence.

2.1 Prior to commencing the role as a DVRO, individuals:

- Are required to participate in an application and selection process, and successfully complete the DVRP Induction Training prior to commencing the DVRP role. DVROs are selected from across the organisation in both clinical and corporate departments to provide the appropriate availability of peers for all personnel in the organisation.
- Are trained to provide practical and emotional support in a confidential and non-judgemental manner, and when required connect peers/colleagues and volunteers with professional supports.

3. The Domestic Violence Referral Program Structure

The DVRP has a two-tier structure to support frontline DVROs:



Figure 1. Domestic Violence Referral Program Structure



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3.1 Family Support Project Officer

The Family Support Project Officer is responsible for all central program coordination, maintenance and growth including:

- Program Governance
- Development of policies and procedures
- Facilitation of program enhancements and consistency of services across the state
- Oversee the recruitment, onboarding and training of new DVROs
- Monitoring program activity, engagement and feedback
- Development and facilitation of training and resources to support the DVRP
- Maintain contact with DVROs and provide ad-hoc advice and support
- Developing formal program promotion
- Periodic program review
- Provide feedback and reporting to the Director of Staff Health.

3.2 Domestic Violence Referral Officer

The DVRP is delivered by a state-wide team of DVROs, who perform the role in a voluntary capacity, in addition to their substantive role within NSW Ambulance.

DVROs are an integral component of embedding DVRP at a local level throughout the organisation. The DVRO role is **not** an appropriate point of escalation where imminent risk of harm is identified, as the role is performed in a voluntary capacity and does not provide sufficient coverage. The [Staff Health Risk Management Protocol](#) outlines the most appropriate actions to take when risk is identified, or consultation is required.

3.3 DVRO Statement of Responsibilities:

- Provide timely support and assistance to employees and volunteers following a referral requiring domestic and family violence support.
- Provide information and referral pathways for individuals that report using violence within a domestic space. (Violence may include emotional, psychological, physical, financial, or verbal abuse)
- Adhere to NSW Ambulance ethical guidelines contained in the key organisational documents, CORE Values and the Code of Conduct, and maintain strict confidentiality, except where failure to disclose the information would place the individual and/or others at imminent risk of harm or meets threshold for reportable behaviour or conduct.
- Assist with connecting employees and volunteers to the appropriate Staff Support Services as required, including Employee Connect, Chaplains, Peer Support Program, Staff Psychology Service, Health Coaches, Injury Prevention Specialists, Grievance Contact Officers (GCOs), Employee Assistance Psychological Services (EAPS)
- Participation in the DVRP Supervision program including periodic role supervision sessions (no less than twice per year) and engagement in regular case reviews.
- Submit de-identified activity reports and other documentation requested by the Family Support Project Officer.
- Encourage and promote early connection with support and assist in destigmatising help seeking behaviours.

Note: DVROs are **not** counsellors and when required, should encourage individuals to seek more specialised or professional support.

3.4 Ongoing requirements:

- Attend training programs and meetings as required as part of their commitment to personal and professional development, and to help build a team ethos amongst DVROs
- DVROs are also required to participate in regular DVRO supervision to support provision of high-quality services and ongoing professional development.
- Maintain the boundaries of their role to protect themselves and those that they support

Note: To support DVROs thrive in the role and ensure that they can provide a consistent level of support when online and active, DVROs are encouraged to take breaks from the program as required.



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Taking breaks offline also models to colleagues the importance of actively managing and reducing potential life stressors.

The scope of the DVRP support does **NOT** include:

- Acute emergency services or medical treatment
- Immediate crisis support or assistance
- Long-term support or contact regarding an ongoing issue, or case management
- Specialised psychological interventions or counselling services
- Facilitation of a 'group debrief' where participants are encouraged to share their own experiences of an event with the group
- Central coordination or activation of support, including post incident support
- Organisational and management support, coaching and advice on people management and workplace mental health issues
- Formal risk assessment and development of risk management strategies
- Support and/or advice regarding NSWA patients or members of the community
- Support for family members or the community
- Assist with information on career development and education, services and facilities in the local area or practical matters in the workplace

4. Access to Service

The DVRP services is available to all new NSW Staff and volunteers. Depending on preference for support, a DVRO can be contacted from the staff members' local area, or outside a local station/work location. The DVRP is not restricted by geographical boundaries and all staff and volunteers can connect with a DVRO irrespective of their physical location.

Staff support, whether it be provided by a DVRO, Psychologist, Peer Support Officer, Chaplain, Buddy or other health professional, is voluntary. Managers, staff supporters (e.g. Chaplains Peer Support Officers), Business Partners or colleagues may at times assist staff access the DVRP. A third party can make, or facilitate a referral to the Staff Psychology service with the staff member's consent.

Staff and volunteers can access the preferred contact number for a DVRO via the Domestic Violence Referral Officer Support Contact List on the [intranet page](#) and NSW Ambulance Wellbeing Platform. Alternatively, staff and volunteers can be directed to a DVRO via Employee Connect.

When making a referral to the service it is important to provide the following information

- Confirmation that the staff member is aware and consenting to the referral,
- Information that you have regarding the presenting issue which the staff member is consenting to you passing on,
- Specific details in regard to any concerns regarding welfare or risk,
- Any details you have related to the best method or timing to connect with the staff member.

Details of the content of the support contact and what is discussed is not shared.



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5. Referral Management

The number of referrals are managed by the DVRO and can fluctuate depending on the sector/zone they are based in. Where the needs of the DVRP grow beyond the capacity of the current volunteer base the Family Support Project Officer will plan and discuss with the Director of Staff Health the need to advertise an Expression of Interest, thus recruit additional DVROs.

Referrals to support can be:

- Self-referred. Staff and volunteers can approach a DVRO directly for support.
- Referred by a manager, colleague, or other staff support service. The referring party should seek consent from the staff member/volunteer prior regarding their preference for peer support.

DVROs do not accept referrals via email, as it is not practical to monitor and respond to emails in a timely manner. If a DVRO is at work and needs to be relieved of their duties/responsibilities to connect with support, they should notify their manager.

Due to the voluntary nature of the DVRO role, DVRO's are able to provide support during business hours, Monday – Friday. DVROs can independently manage their own availability and capacity to provide support outside of working hours if needed. DVRO's are encouraged to carve time out to rest and recover appropriately. DVROs are also encouraged to seek out additional supervision in order to debrief any calls/support that may be impacting on their mental health and wellbeing.

Once an individual has been linked into the appropriate point of referral, or their situation has stabilised the supportive relationship with the DVRO should conclude. Should additional supports be required at a later date, a new referral to the Domestic Violence Referral Program would be required.

6. Confidentiality

The Domestic Violence Referral Program is committed to maintaining the confidentiality of all staff that engage in its services.

- The personal information obtained by DVROs is used to provide relevant support regarding presenting issues.
- DVROs do not discuss the personal information obtained during the provision of support services with other staff support services, managers, and/or colleagues. This includes an individual's preference to engage in domestic violence support services.
- Where appropriate, DVROs and other members of the DVRP may recommend other support or programs and will obtain informed consent before referring the staff member or volunteer onto other programs.
- When obtaining consent, the DVROs or other members of the DVRP will ensure that the employee understands that the staff member or volunteer is consenting to contact from another support service and what information will be provided as part of the referral.

6.1 Limits to Confidentiality

The integrity and confidentiality of the DVRP is fundamental, however there are occasions in which a DVRO must, or may, disclose information. These include:

- With consent of the employee or volunteer,
- Where there is immediate and specified risk of harm to a person(s) or child(ren),
- To reduce or prevent serious threat to the life, health, or safety of an individual or the public,
- Mandatory notification requirements for registered health practitioners required by the Australian Health Practitioner Registration Authority (AHPRA) if applicable,
- To adhere to NSW Ambulance policy and procedure.

In the event of an allowable disclosure, DVROs will disclose only the information which is necessary to achieve the purpose of the disclosure, and then only to people required to have that information. DVROs must take timely and appropriate action to ensure the risk is raised with an appropriate manager to prevent serious threats to life, health, and safety.

The employee or volunteer should be informed of all disclosures, regardless of whether their consent is required e.g., mandatory notifications. Where practicable and appropriate, any disclosures should be facilitated in consultation with the employee or volunteer.



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6.2 Other limits to Confidentiality

Should a DVRO become aware of potentially criminal behaviour, serious misconduct, or a breach of the NSW Ambulance Code of Conduct, the Family Support Project Officer or DVRO should notify the staff member or volunteer of their obligation to report such behaviour. As is the case for all NSW Ambulance employees and volunteers, the State Domestic Violence Referral Program Coordinator or DVRO must notify their manager.

7. Managing Risk

Where risk is present during the provision of DVRP services, consultation and advice should be sought regarding appropriate risk management. DVROs should seek immediate consultation with a manager and referral to a suitable Registered Health professional.

A DVRO is not an appropriate point of escalation where imminent risk of harm is identified, as the role is performed in a voluntary capacity and does not provide sufficient coverage. The [Staff Health Risk Management Protocol](#) outlines the most appropriate actions to take when risk is identified, or consultation is required.

7.1 Reporting requirements:

- A DVRO who is a registered health practitioner has a statutory duty to notify AHPRA of notifiable conduct of a second registered health practitioner, which they become aware of in the course of practising their profession, including when acting in the DVRO role. Where this is the case, the DVRO should in the first instance, notify the Project Officer-Family Support who can seek clarification with Professional Conduct and Integrity Unit (PCI).
- Where required, PCI can facilitate a notification to AHPRA under s142 (1) of the National Law (mandatory duty on the part of an employer to notify).
- A DVRO who is also a NSW Ambulance Manager identifies there is a serious breach of NSW Ambulance policy or procedure. Should this be the case, the DVRO should notify the staff member or volunteer of their responsibilities, ensure appropriate action is taken and where required refer the individual on to another DVRO or Staff Support Service for support.
- Should a DVRO become aware of potentially criminal behaviour, serious misconduct or a breach of the NSW Ambulance code of conduct, the DVRO should notify the staff member or volunteer of their obligation to report such behaviour. If the issue is potentially criminal behaviour, as is the case for all NSW Ambulance employees, the DVRO must ensure that a notification to a Deputy Director Clinical Operations (DDCO), Executive Director, or the Professional Standards (PS) Unit is made.
- All DVROs have a responsibility to recognise and respond to safety, welfare or wellbeing concerns for children and young people. DVROs are to report suspected risk of significant harm concerns to the Family and Community Services (FACS) Child Protection Helpline 13 21 11. In NSW, mandatory reporting is regulated by the Children and Young Persons (Care and Protection) Act 1998 (the Care Act).

8. Domestic Violence Referral Program Governance

The Family Support Project Officer, in consultation with key stakeholders, is responsible for the governance and coordination of the DVRP including recruitment, induction, and professional development of the team. This will include the development of required service DVRP.

8.1 Role Suitability and Conduct

- As is the case for all NSW Ambulance volunteer staff support roles, DVROs cannot perform any additional volunteer staff support roles (including, but not limited to Peer Support, Buddy/Buddy Coordinator, Chaplaincy, and/or Grievance Contact Officer). Should a staff member or volunteer hold another volunteer staff support role at the time of application for the DVRP role, they would be required to rescind their existing volunteer staff support role prior to appointment and induction as a DVRO.
- Whereby a potential issue arises regarding ongoing role suitability, a review would be undertaken by the Staff Health Governance Group (SHGG). The Family Support Project Officer would make a submission to the SHGG regarding the matter, and a small panel of SHGG members (including the Director, Staff Health, and at least 2 program leads) would review and decide on the most appropriate action required regarding ongoing role suitability.



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Examples of relevant matters include, but are not limited to:

- Non-compliance with role responsibilities (e.g. operating outside the scope of role, and/or failure to appropriately escalate risk)
- Failure to [disclose conflicts of interest](#) including lack of transparency relating to secondary employment
- Breaches to the NSW Health Code of Conduct

Please note the code of conduct and professional standards agreed to as part of an individual's commencement of employment within NSW Health remain the standard in which the individual is held to as part of their volunteer role.

9. Domestic Violence Referral Program Data Collection

Activity reporting is one of the measures relied upon when forecasting program growth and resourcing of the DVRP. Under-reporting jeopardizes the future of the program and is a requirement for DVRO's to report on service activity statistics and service data.

DVRP activity reporting only includes de-identified data at a service or program level, including:

- Whether the support was provided while 'on' or 'off' duty
- Whether the support was an initial contact, or follow up
- Type of intervention (i.e., supportive conversation, promotion of wellbeing strategies and/or staff support services, provision of psychoeducation)
- Presenting issues and risks (i.e., personal issue, work related trauma, or other work-related issue)
- Whether a referral was made to another support service

No identifying information, or demographic data is captured through DVRP activity reports.

10. Domestic Violence Referral Program Reporting

The DVRP is committed to the continuous improvement and ongoing evaluation of its program and services. The DVRP will periodically evaluate the impact and outcomes of our programs and services to ensure they are effective and meet the needs of NSW staff and volunteers.

Effective and reliable reporting tools are being developed to assist with ongoing reporting and evaluation of the DVRP.

10.1 Domestic Violence Referral Program Feedback and Complaint Management

Any complaints concerning the DVRP can be raised with the Family Support Project Officer. Where the complainant is not comfortable reporting the complaint to the Family Support Project Officer, they can raise their concern with the Director, Staff Health. All complaints will be discussed with the Director, Staff Health and an appropriate response will be provided back to the complainant (where identified) within seven (7) days.

Staff participating in the DVRP may be asked to provide feedback on their experience of the support provided by their DVRO. With an individual's consent, anonymous feedback may be collected to assist in ongoing program development and highlight areas needing improvement.

Service feedback complaints will be managed following NSW Ambulance and, where indicated, applicable NSW Health policies and procedures related to managing misconduct, managing performance, incident management, open disclosure, and complaint management.

11. Related Documents

Document A: Domestic Violence Referral Officer Statement of Responsibilities



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EMAIL

AMBULANCE-StaffHealthEnquiries@health.nsw.gov.au



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