



# **Perth South PHN Activity Work Plan**

## **PHN Pilots & Targeted Programs**

**Summary View  
2023/2024 – 2026/2027**

**Presented to the Australian Government Department of Health  
and Aged Care**

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# PP&TP-GCPC 1000 – Greater Choice for At Home Palliative Care Program

## Activity Title

Greater Choice for At Home Palliative Care Program

## Activity Number

1000

## Activity Status

Modified

## PHN Program Key Priority Area

Aged Care

## Aim of Activity

The expansion of the Greater Choice for At Home (GCfAHPC) measure provides funding to all Primary Health Network (PHN) to systematically:

- Improve access to palliative care at home and support end of life (EOL) care systems and services in primary health and community care.
- Generate data and implement data informed palliative and EOL care quality improvement.
- To enhance systems so that people receive the right care, at the right time and in the right place to reduce unnecessary hospital visits.
- Utilise available technologies to provide flexible and responsive care, including care after usual business hours.

For Perth South Primary Health Network (PSPHN), the expansion of GCfAHPC aims to:

- Increase the identification of people whose needs are progressing to advance disease.
- Improve the recognition of this transition within general practice (data informed quality improvement).
- Improve choice through the promotion of advanced care planning for Aboriginal and non-Aboriginal people.
- Build primary care and Aboriginal Community Controlled Health Service (ACCHS) capability to care.

In addition, PSPHN staff will work with key Palliative Care and EOL stakeholders at a state, PHN, and health region level to promote primary care provided palliative care services in the WA palliative care and EOL system.

These activities will be undertaken:

- With a particular focus on people at risk of poor health outcomes and people with advanced chronic disease.
- In targeted areas with engaged general practices ACCHS sites, with the intention to develop resources and programs that can be implemented across the PHN.

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## **Description of Activity**

### **Background**

The focus of the PSPHN GCfAHPC expansion activities was developed following:

- review of the GCfAHPC pilot activities.
- extensive consultation with key stakeholders
- review of the PSPHN Needs Assessment.
- the development of a GCfAHPC Needs Assessment.

### **Rationale**

Within PSPHN, specialist palliative care services are provided through a range of hospital, hospice, and community services. PSPHN has 20 Palliative Care Unit beds (11 of these are Public). Across the Perth metropolitan area, Silver Chain's Community Palliative Care Service supports around 3,500 people with a progressive, life limiting illness whose needs are complex and whose life expectancy is less than 12 months.

Not all patients referred to the Silver Chain service are eligible for admission. These patients are declined and referred back to their general practitioner (GP) for ongoing care. If the patient needs greater care than the GP and practice can support, there is a risk that the patient will present to hospital. This risk increases if the person has become housebound as GPs do not routinely provide home-visiting service.

PSPHN has high rates of chronic disease, particularly coronary heart disease and Chronic Obstructive Pulmonary Disease, with areas identified as a hotspot for Diabetes related potentially preventable hospitalisations (PPHs). Cardiac failure was one of the three top PPHs for the PHN. Chronic disease PPHs are statistically significantly higher for Aboriginal populations in PSPHN. The need to increase access to palliative care services has been identified as a priority for the whole PHN.

The generalist nature of the GPs and other primary care providers, competing demands and primary care sustainability issues can be a barrier to the provision of palliative care in the home. There is a need to increase awareness of advanced care planning (ACP) and the benefits of palliative care with community and primary care workforce. There is also a need to assist primary care workforce to identify palliative care needs within their patient cohort and develop a plan of care that reflects the generalist palliative care role.

There is also a need to assist primary care workforce to identify palliative care needs within their patient cohort and develop a plan of care that reflects the generalist

palliative care role.

### **Roles and responsibilities**

WA Primary Health Alliance's (WAPHA's) Primary Care Innovation and Development Portfolio, which works across the three WA Primary Health Networks, is responsible for the delivery of the GCfAHPC measure. An executive sub-committee oversees all PSPHN aged care activity including the GCfAHPC to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

A small team, consisting of an activity lead, project officer and quality improvement coach lead GCfAHPC activities across the three WA PHNs. Each WA PHN contributes to the cost of the team via the available GCfAHPC expansion funds. Activities are costed to the relevant PHN. Project management, place-based integration managers, and practice support staff assist the team. A program logic guides activities.

### **Key activities**

- Activity 1 Concentrates on increasing workforce and community palliative and EOL care awareness, and includes:
  - maintaining a dedicated webpage.
  - resource development and implementation.
  - Ongoing engagement with key organisations and ACP awareness training.
  - promotion of My Health Record (MHR).
- Activity 2 Centres on building general practice palliative and EOL care capability by:
  - piloting a practice champion (to trial a model of care which delivers a planned approach to generalist palliative care through early identification of palliative care need for older people who meet the criteria for a GP Management Plan (GPMP) and mentor model.
  - identifying learning needs.
  - providing targeted training.
- Activity 3 Focuses on building ACCHS palliative and EOL care capability. The plan includes:
  - ongoing engagement with the Aboriginal Health Council of WA (AHCWA) and their member organisations.
  - providing small grants to ACCHSs for ACP awareness and quality improvement activities.
  - activities to improve remote community ACP awareness.
  - promoting MHR.

- Activity 4 Concentrates on primary care palliative and EOL care continuous quality improvement (QI) and includes:
  - the development and implementation of a QI toolkit.
  - assisting practices with audits (Supportive and Palliative Care Indicators Tool and 'surprise question').
  - activities to improve ACP awareness
  - identification of people that may benefit from palliative care.

The GCfAHPC team participates in the national GCfAHPC evaluation and in a range of forums to promote primary care provided palliative care services in the WA palliative care and EOL system and inform service and system improvement.

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## **Perth South PHN Needs Assessment**

<b>Priorities</b>	<b>Page reference</b>
Reduce non-urgent emergency department attendances and improve access to alternative services.	12
There is a need to increase access to at home palliative care services.	41

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## **Target population Cohort**

Primary care workforce, particularly GPs, practice staff and ACCHS staff in their role as "generalist" palliative care providers.

General practice clients living with (advanced) chronic disease whose needs may be better met by a palliative approach to care.

Community members to increase ACP awareness.

Activity 3 focuses on building ACCHS palliative and EOL care capability and improving community ACP awareness. The activity has been designed through engagement with ACCHSs and AHCWA.

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## **Collaboration**

Collaboration is ongoing with:

- Aboriginal Health Council of WA
- Aboriginal Community Controlled Health Services
- Palliative Care WA
- Linkwest
- Participating general practices
- Aged care provider representative
- Program of Experience in the Palliative Care Approach

- Palliative and Supportive Care Education WA

## Consultation

The PHN consulted with and continues to engage with a range of stakeholders in the planning and delivery of the Greater Choices for At Home palliative Care measure, including:

- WA GP Panel – Special Interest Group: Care of the older person
- Aboriginal organisations/communities
- General practitioners and general practice staff
- Palliative Care Australia
- Representative from Home Care Package providers
- Palliative Care Outcomes Collaborative
- Silver Chain – WA Metropolitan Community specialist palliative care provider
- WA Health End of Life and Palliative Care Advisory Committee
- Murrumbidgee PHN

## Activity Key Performance Indicators

Performance Indicator Description	Target
Activities have been undertaken in accordance with the Departments advice following receipt of the needs assessment and approved AWP.	100%

## Activity Milestone

## Due Date

Activity Work Plan and Budget	30 April 2024, 30 April 2025
Annual Activity Needs Assessment	15 November 2024
Twelve-month Performance Report	30 September 2024, 30 September 2025
Financial Acquittal Report	30 September 2024, 30 September 2025

## Coverage

This activity covers the Perth South PHN

## Activity Start Date

## Activity End Date

1 March 2018	31 October 2025
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### Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
Greater Choice for At Home Palliative Care	\$468,500.94	\$468,500.92	\$0.00

## PP&TP-GP 2000 – PHN Strengthening Medicare– General Practice Support Grants Program

### Activity Title



## PHN Strengthening Medicare – General Practice Support Grants Program

### Activity Number

2000

### Activity Status

Modified

### PHN Program Key Priority Area

Population Health

### Aim of Activity

To support general practice to make improvement to their practices, to expand patient access and support safe, and accessible, quality primary care.

This was achieved through investment by the Australian Government Department of Health and Aged Care to eligible general practices to invest in innovation, training, equipment, and minor capital works, to improve patient access.

The investment is known as the Strengthening Medicare-General Practice Grants Program, with intended outcomes:

- Increase take-up of contemporary digital health solutions including video telehealth, secure data storage and interoperable software that supports seamless, secure communication of patient data.
- Increase the proportion of COVID Positive and other respiratory patients treated in a general practice setting (by increasing practices' capacity to treat more of these patients).
- Increase the number of accredited general practices.

Grants to eligible general practices were distributed by the Primary Health Network (PHN), who established, administered, and managed the awarding of Strengthening Medicare Grants Program to accredited and non-accredited general practices.

Grants to eligible ACCHS were administered and managed through the National Aboriginal Community Controlled Health Organisation (NACCHO).

### Description of Activity

The Strengthening Medicare-General Practice Grants Program invited general practice to apply for one-off grants, based on practice size and accreditation status, to invest in innovation, training, equipment, and minor capital works.

Grants of between \$25 and \$50K were available to practices against one or more of these streams:

- Enhance Digital Health Capability – (IT hardware and software upgrades) to fast track the benefits of a more connected healthcare system in readiness to meet future standards.
- Upgrade infection prevention/control arrangements – to ensure infectious respiratory disease (e.g., COVID, influenza) patients can be safely seen face to face.
- Maintain and/or achieve Accreditation against the Royal Australian College of General Practitioners Standards for General Practice, under the General Practice Accreditation Scheme – to promote quality and safety in general practice.

Three tiers of funding for practices were available through the Grants Program:

- Small practice tier (up to 6 FTE Medicare GPs) eligible for one-off grants - \$25,000.
- Medium practice tier (7 to less than 15 FTE Medicare GPs) eligible for one-off grants - \$35,000.
- Large practice tier (15+ FTE Medicare GPs) eligible for one-off grants - \$50,000.
- Unaccredited practices will only be eligible for one-off grants - \$25,000.

Individual practices made the decision on what they would spend the Grant monies on (within the guidance provided).

The PHN supported the implementation of the Strengthening Medicare – General Practice Grants Program by:

- Opening the grant opportunity to eligible general practices in the Perth South PHN.
- Promotion of the grant opportunity through existing channels of communication to general practices.
- Engaging a digital process for Grant Application and Distribution of funds (using content from templates provided by the Department) and leveraging the PHNs digital technology (SRM and ASPIRE).
- Managing enquiries and supporting general practice applicants using a range of support content and tools throughout the application process.
- Recording and reporting on key monitoring metrics within the GP Grants Program in line with the Departments guidelines.
- Assisting the Department of Health and Aged Care in ad-hoc requests as required during the duration of the program.
- Advising and supporting the Department of Health and Aged Care on compliance against the program guidelines and provide support with information and insights.

- Obtaining end-of-program financial acquittals, financial declarations, and self-reported outcomes on the use of grant funding from general practice grant recipients and reporting to the Department of Health and Aged Care.
- Contributing to and supporting the Department of Health and Aged Care leading evaluation activities on conclusion of the GP Grant Program.
- Supporting general practices to complete all closure activity obligations by 31 July 2024.

## Perth South PHN Needs Assessment

### Priorities

### Page reference

Reduce non-urgent emergency department attendances and improve access to alternative services.	12
People living at home or in RACFs need support to manage conditions to prevent escalating acuity.	41
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	11

### Target population Cohort

RACGP accredited and non-accredited general practices.

Eligible ACCHS will be able to apply for the grants through the National Aboriginal Community Controlled Health Organisation (NACCHO), who will administer and manage the Program in relation to ACCHS.

### Collaboration

The PHN will collaborate with the Department of Health and Aged Care, local GP peak bodies and general practices. Collaboration with GP Peak bodies to support the roll out of the grants to general practice.

### Consultation

The PHN will lead the local communication and engagement strategy targeted to practices and local GP peak bodies.

The PHN will also engage with Practice Principals and Practice Managers via Practice Assist and practice support teams to support the roll out of Grants.

## Activity Key Performance Indicators

Performance Indicator Description	Target
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Activities have been undertaken in accordance with the Department's requirements and the approved AWP	100%
Contribute and support the Department's evaluation activities to assess the performance and success of the GP Grants Program	100%

### Activity Milestone

### Due Date

Activity Work Plan and Budget	30 April 2024, 30 April 2025
Twelve-month Performance Report	30 September 2024, 30 September 2025
Financial Acquittal Report	30 September 2024, 30 September 2025
Closure activity reports due from general practices who received grant funds	31 July 2024

### Coverage

The activity will cover the entire Perth South PHN

### Activity Start Date

### Activity End Date

1 March 2023	31 December 2024
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### Service Delivery Start Date

### Service Delivery End Date

1 April 2023	30 June 2024
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### Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
PHN Strengthening Medicare – General Practice Grants Program	\$3,638,938.26	\$0.00	\$0.00
Administration	\$103,552.20	\$0.00	\$0.00

# PP&TP-DVP 3000 – Family, Domestic and Sexual Violence Pilot (Operational)

## Activity Title

Family, Domestic and Sexual Violence Pilot (Operational)

## Activity Number

3000

## Activity Status

Modified

## PHN Program Key Priority Area

Population Health

## Aim of Activity

Establish a family, domestic and sexual violence (including child sexual abuse) pilot which integrates a model of support for victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV). In accordance with the Supporting the Primary Care sector response to Family, Domestic and Sexual Violence Grant Opportunity Guidelines GO6068, the Pilot activity will:

1. Increase the capacity and capability of the primary care workforce to better care for victim-survivors of FDSV through:
  - Enhanced education and training opportunities for primary care workers.
  - Improved understanding of the role of the primary care sector in addressing FDSV.
  - Improved readiness of the primary care sector to address FDSV.
  - Improved recognition of FDSV and its impacts by the primary care sector.
  - Increased appropriate and timely referrals from primary care to FDSV support services.
2. Improve primary care integration with the broader service response to child sexual abuse. This will be achieved through collaboration and the establishment of system integrators across specialist support services and the integration of primary health care services with local health systems to ensure coordinated responses. This includes:
  - Specialist support services have an improved understanding of the role of primary care in supporting victim-survivors of FDSV.
  - Increased appropriate primary care referrals to specialist support services.
  - Increased continued care coordination loops between primary care and specialist support services to support the recovery of victim-survivors of FDSV.

3. Improve health outcomes for people who have experienced FDSV in the PHN.
4. Identify the most viable options for sustainable change to support victim-survivors of FDSV in the primary health care setting into the future.

## Description of Activity

- **Recruitment:** Employment of 1 FTE Activity Lead and 0.8 FTE Training and Education Coordinator. Both roles will work together to ensure the delivery of the workforce capacity-building initiatives, design all pilot activities with stakeholders and prototype funded innovation strategies as identified through design workshops. The roles will also develop and promote resources to support safety and wellbeing for PHN staff and stakeholders who may be experiencing the impact of FDSV.
- **Workforce capacity-building:** The Training and Education Coordinator will review available training options that address each component of the Pilot activity and, in partnership with key stakeholders, select the most relevant. These will be prioritised and implemented in order of priority through partnerships with existing training providers. Procurement of training providers for each component will include general practitioner input to content. Staff will work with the RACGP to ensure accreditation options and/or other incentives. Where no training exists to address an identified education priority, the Training and Education Coordinator will facilitate the development of new, localised resources to address need and oversee their implementation. The PHN staff will also contribute to the development of the nationally consistent training modules on sexual violence and child sexual abuse. WAPHA's Quality Improvement Coaches will work with practices to implement "Plan Do Study Act" activities that are developed by the employed project staff to improve recognition, response and referral for FDSV.
- **Data Analytics:** New data partnerships will be established to support understanding of needs and gaps for service planning into the future. WAPHA's Population Health Needs Assessment will be updated to incorporate FDSV and WAPHA will seek to contribute to the existing service demand research being led by the Centre for Women's Safety and Wellbeing. Project staff will contribute to national data projects as part of the PHN FDSV Pilot Communities of Practice Data Working Group.
- **System Advocacy:** Under this pilot, WAPHA will define the PHN's role and priorities in advocating for system change to enable effective, sustainable and integrated responses to FDSV. WAPHA's position paper on Family and Domestic Violence and Population Health Needs Assessment will be updated to reflect this new commissioning role and incorporate sexual violence. WAPHA will advocate for recognition and representation of primary care within current and future FDSV policy/planning processes within Western Australia, such as development of WA's first Sexual Violence Prevention and Response Strategy, being led by the

Office of the Commissioner for Victims of Crime and the Department of Communities. WAPHA will contribute to national advocacy and initiatives as part of the PHN FDSV Pilot communities of practice, including work regarding a potential MBS item for FDSV, and AIHW projects to improve visibility of FDSV presentations in primary care.

- **Clinical pathways:** Work with clinical experts to review and update seven existing HealthPathways relevant to assault and abuse and identify additional pathways that could support an effective primary care for people experiencing the impact of FDSV.
- **Evaluation:** Contribute to the national evaluation of the Supporting Primary Care FDSV Pilot, including required payments associated with the use of InfoXchange data collection platform for providers of the FDSV Pilot services.
- **Innovation grants:** Through innovation workshops in 2025/26, the FDSV Activity Lead and FDSV Training and Education Coordinator will support the identification of solutions to overcome barriers to seamless integrated care for victim-survivors of FDSV. Where solutions can utilise existing products or services, these will be procured and implemented in the pilot site. Where solutions need to be developed, WAPHA will support their development and implementation.
- **Travel:** The Activity Lead and/or other appropriate WAPHA staff members will travel interstate to attend twice-yearly gatherings of the national FDSV PHN Pilot site community of practices.

## Perth South PHN Needs Assessment

Priorities	Page reference
There is a need for alternative options to Emergency Department for Aboriginal people presenting with socioeconomic and psychosocial circumstances.	34
There is a need for culturally appropriate mental health services for Aboriginal populations.	34
Support Aboriginal people to navigate the primary care system and access appropriate services.	34

## Target population Cohort

Victim-survivors of family violence and/or sexual violence (including child sexual abuse) in Armadale SA3 (expanding to Perth South PHN where appropriate to engage sufficient practices) with a focus on vulnerable populations – women and children who are Aboriginal, culturally and linguistically diverse, and/or LGBTIQ+



Aboriginal communities are a key focus for this project due to over-representation in data regarding family, domestic and sexual violence. The WA Aboriginal Family Safety Strategy and co-design report for the Armadale FDV One-Stop Hub provide initial guidance on culturally appropriate models and engagement pathways. The following key stakeholders have been identified within our highest level of engagement, and collaboration is being sought to ensure all services commissioned and materials developed will be culturally safe and appropriate for Aboriginal communities:

- Yorgum Healing Services
- Derbarl Yerrigan Health Service
- Langford Aboriginal Association
- Cultural Reference Group already established by the WA Department of Communities to guide the development of the new Domestic and Family Violence One-Stop-Hub in Armadale.

Consultation has begun with the WA Department of Communities and place-based ACCHOs / ACCOs regarding place-based initiatives (such as those funded under the WA Aboriginal Family Safety Strategy) to support collaboration, avoid duplication and reduce the risk of consultation fatigue.

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## **Collaboration**

WAPHA has established core advisory partnerships with the following organisations, who will review plans and priorities developed for the use of Operational Funds:

- Department of Communities
- Centre for Women's Safety and Wellbeing

The Innovation Unit: Will be delivering codesign activities, lived experience consultation and action research workshops.

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## **Consultation**

The employed Activity Lead and Training and Education Coordinator will ensure appropriate input and review of proposed training and education plans and materials by key stakeholders including:

- WA GP Advisory Panel
- WAPHA Multicultural Reference Group
- WAPHA LGBTIQ+ Reference Group

The Activity Lead will coordinate design workshops with stakeholders as identified in AWP activities for each component of the FDSV Pilot activity and ensure the action research learning process incorporates feedback from relevant stakeholders. This includes:

- South-east FDV Healing Service, run by Hope Community Services and Yorgum Healing Services



- Anglicare WA Child Sexual Abuse Therapy Services
- Parkerville Children and Youth Care
- Child Protection Unit at Perth Children's Hospital
- Yorgum Healing Services

WAPHA's HealthPathways team will engage with appropriate clinical expertise to support the review, update, and potential development of new pathways according to WAPHA's well-established engagement processes.

## Activity Key Performance Indicators

Performance Indicator Description	Target
Activities have been undertaken in accordance with the Departments advice following receipt of the needs assessment and approved AWP.	100%
Information is provided to an acceptable standard in the performance reports, Activity Work Plans and budgets.	100%
The final Independent Evaluation Report demonstrates an increase in education and training opportunities for primary care workers to better care for people living with family, domestic violence and sexual violence.	100%
The Department of Health and Aged Care and the evaluator agree that the participation of PHNs has been sufficiently high to inform the evaluation over the life of the pilot.	100%

## Activity Milestone

## Due Date

Activity Work Plan and Budget	30 April 2024, 30 April 2025, 30 April 2026
Annual Activity Needs Assessment	15 November 2024, 15 November 2025
Twelve-month Performance Report	30 September 2024, 30 September 2025, 30 September 2026
Financial Acquittal Report	30 September 2024, 30 September 2025, 30 September 2026
Other Relevant Milestones	Due Date
Service contract executed for FDSV "System Integrator" service	30 April 2024
EOI process for practice partnerships (Round 1)	30 April 2024
Action research workshop 1-lessons learned and activity adjustment	30 May 2024

Accredited FDSV training for general practices (Round 1) (complete)	30 August 2024
Quality Improvement PDSAs ready for implementation with practice partners	30 August 2024
Existing HealthPathways reviewed and updated.	30 August 2024
Consultation and planning begun to support sustainability of project outcomes	30 August 2024
Action research workshop 2 - lessons learned and activity adjustment	30 November 2024
EOI process for practice partnerships (Round 2) complete	30 April 2025
Accredited FDSV training for general practices (Round 2)	30 June 2025
Additional/revised HealthPathways identified and considered for development	30 June 2025
Innovation strategies identified and prototypes ready for testing in FY 25/26	30 June 2025
Action research workshop with stakeholders	31 March 2026
Innovation strategies implemented and reviewed	30 June 2026

### Coverage

Local government areas of Armadale, Canning and Gosnells in the Perth South PHN

Activity Start Date	Activity End Date
1 June 2023	30 June 2026
Service Delivery Start Date	Service Delivery End Date
1 February 2024	30 June 2026

### Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
Family, Domestic and Sexual Violence (FDSV) Pilots	\$504,000.00	\$858,000.00	\$654,000.00

# PP&TP-DVP 3050 – Family, Domestic and Sexual Violence Pilot

## Activity Title

Family, Domestic and Sexual Violence Pilot

## Activity Number

3050

## Activity Status

Modified

## PHN Program Key Priority Area

Population Health

## Aim of Activity

Establish a family, domestic and sexual violence (including child sexual abuse) pilot which integrates a model of support for victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV). In accordance with the Supporting the Primary Care sector response to Family, Domestic and Sexual Violence Grant Opportunity Guidelines GO6068, the Pilot activity will:

1. Increase the capacity and capability of the primary care workforce to better care for victim-survivors of FDSV and persons living with FDSV through:
  - Enhanced education and training opportunities for primary care workers to better care for people living with FDSV.
  - Improved understanding of the role of the primary care sector in addressing FDSV.
  - Improved readiness of the primary care sector to address FDSV.
  - Improved recognition of FDSV by the primary care sector.
  - Increased appropriate and timely referrals from primary care to specialist FDSV support services.
2. Improve the primary care system integration with the broader FDSV service response system and health service navigation for victim-survivors of FDSV. This will be achieved through collaboration and the establishment of system integrators across specialist support services and the integration of primary health care services with local health systems to ensure coordinated responses. This includes:
  - Specialist support services have an improved understanding of the role of primary care in supporting victim-survivors.
  - Increased appropriate primary care referrals to specialist support services.

- Increased continued care coordination loops between primary care and specialist support services to support the recovery of victim-survivors of FDSV.
- 3. Improve health outcomes for people experiencing FDSV in the PHN region including an equity focus.
- 4. Identify the most viable options for sustainable change to support victim-survivors of FDSV in the primary health care setting into the future.

## Description of Activity

Perth South PHN will work closely with general practices and family violence/sexual violence services in the Armadale region and surrounds on the following:

- **Commissioning:** Design and commission a fit-for-purpose, culturally safe 'FDSV Link' service to improve the care journey for victim-survivors of Family, Domestic and Sexual Violence (FDSV) who present to local primary care services. The FDSV Link will provide a single referral point for nominated practices, supporting integration and warm referrals to the newly established Armadale One-Stop-Hub for Family and Domestic Violence Services funded by WA Department of Communities. It will also link patients, as appropriate, between existing commissioned services including the Armadale Head to Health centre and Gosnells Head to Health satellite, Armadale/Cannington headspace centres, Integrated Team Care and Alcohol and Other Drug Services. The FDSV Link workers will provide an in-practice link to enable whole-of-practice improvement strategies provided by PHN staff and encourage participation in relevant training and consultation events.
- **Place-based innovation:** Define, document and address local barriers to seamless, integrated care for victim-survivors of family, domestic and sexual violence, and prototype solutions in partnership with general practices (eg: secure messaging, co-located services, local referral pathway development, post-discharge follow-up assistance).
- **Workforce Capacity Building:** Deliver priority capacity-building activities, to be defined in partnership with general practice, ACCHOs, lived experience representatives and stakeholders from the Family, Domestic and Sexual Violence sector. Employ 1 FTE FDSV Education Coordinator to confirm and deliver/procure priority training activities and resources. Implement local delivery of nationally consistent training modules developed by the Centre for Action on Child Sexual Abuse.
- **System Advocacy:** Define the PHN's role and priorities in advocating for system change to enable effective, sustainable and integrated responses. Advocate for representation by primary care within current and future FDSV policy/planning processes within Western Australia. Contribute to national advocacy and initiatives as part of the PHN FDSV Pilot. Update the PHN's position paper on Family and Domestic Violence.

- Review and update WA Primary Health Alliance’s relevant guidance and resource material, including seven existing HealthPathways relevant to assault or abuse, Position Paper on Family and Domestic Violence, and the Population Health Needs Assessment. Identify and consider development of additional or revised health pathways to enable an effective primary care response to victim-survivors of FDSV. Source new data sets to enable a better understanding of needs and gaps in regard to primary care for victim-survivors of family, domestic and sexual violence.
- Contribute to the national evaluation of the Supporting Primary Care FDSV Pilot and the development of nationally consistent primary care training modules to be developed by the Centre for Action on Child Sexual Abuse.

## Perth South PHN Needs Assessment

Priorities	Page reference
There is a need for alternative options to Emergency Department for Aboriginal people presenting with socioeconomic and psychosocial circumstances.	34
There is a need for culturally appropriate mental health services for Aboriginal populations.	34
Support Aboriginal people to navigate the primary care system and access appropriate services.	34

## Target population Cohort

Victim-survivors of Family, Domestic and Sexual Violence (including children) in Armadale SA3 (expanding to Perth South PHN where appropriate to engage sufficient practices) with a focus on vulnerable populations – women and children who are Aboriginal, culturally and linguistically diverse, and/or LGBTIQ+

Aboriginal communities are a key focus for this project due to over-representation in data regarding family, domestic and sexual violence. The WA Aboriginal Family Safety Strategy and co-design report for the Armadale FDV One-Stop Hub provide initial guidance on culturally appropriate models and engagement pathways. The following key stakeholders have been identified within our highest level of engagement, and collaboration is being sought to ensure all services commissioned and materials developed will be culturally safe and appropriate for Aboriginal communities:

- Yorgum Healing Services
- Derbarl Yerrigan Health Service
- Langford Aboriginal Association
- Cultural Reference Group already established by WA Department of Communities to guide the development of the new Domestic and Family

## Violence One-Stop-Hub in Armadale

Consultation has begun with the WA Department of Communities and place-based ACCHOs / ACCOs regarding place-based initiatives (such as those funded under the WA Aboriginal Family Safety Strategy) to support collaboration, avoid duplication and reduce the risk of consultation fatigue.

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### Consultation

To support integration, service design and referral pathways, WAPHA will collaborate with the newly established Armadale One-Stop Hub for Family and Domestic Violence that is currently being established by the WA Department of Communities.

Organisations formally involved with the Hub include:

- One-Stop DFV Hub Lead Agencies - Hope Community Services and Yorgum Healing Services
- One-Stop Hub DFV Alliance Partners: Ngala, Ishar Multicultural Women's Health Services, Marmun Mia Mia, Aboriginal Legal Service of WA, Women's Legal Service WA, Ruah Community Services, 360 Health and Community
- One-Stop DFV Hub Cultural Reference Group
- One-Stop DFV Hub Lived Experience Reference Group
- One-Stop DFV Hub Community Reference Group.

Additional Aboriginal stakeholders are identified as:

- Derbarl Yerrigan Health Service
- Langford Aboriginal Association
- Champion Centre
- Wungening Aboriginal Corporation

To support subject matter expertise and stakeholder engagement planning, WAPHA has established advisory relationships with the following:

- Department of Communities WA
- Centre for Women's Safety and Wellbeing WA
- Sexual Assault Resource Centre
- Sexual Health Quarters
- Stopping Family Violence
- WA Department of Health Women's' Health Policy and Programs.

In addition, activity design and key planning documents will incorporate input from WAPHA's established governance groups:

- GP Advisory Panel

- Multicultural Reference Group
- LGBTIQ+ Reference Group.

To support Needs Assessment and data to support ongoing identification of needs, gaps and priority locations, WAPHA will seek to establish new partnerships with relevant agencies eg WA Police, Department for Communities (Child Protection), Sexual Assault Resource Centre.

## Collaboration

Commissioned Service Providers:

- Derbarl Yerrigan Health Service
- Second provider yet to be confirmed.

Service design workshops:

- Alliance Partners of South-east Metro Healing Service(see above).
- Derbarl Yerrigan Health Service
- General practices in Armadale SA3 and surrounds, selected through EOI.

Workforce capacity building:

- Sexual Health Quarters (training delivery)
- Centre for Action on Child Sexual Abuse (development of nationally consistent training modules)
- Sexual Assault Resource Centre.

## Commissioning Approach

Direct engagement with Derbarl Yerrigan Health Service for capacity building work within their ACCHS, with a quarter of the commissioning funds. Derbarl Yerrigan Health Service is the only Aboriginal Medical Service covering the pilot region and given the prevalence of FDSV in Aboriginal population it is important the activity reaches the patients accessing Derbarl Yerrigan Health Service primary care services. Derbarl Yerrigan Health Service will also support workforce capacity building for mainstream primary care providers by delivering activities to improve cultural awareness and safety for services to Aboriginal patients. The remainder of the commissioned services will be procured via open tender.

## Activity Key Performance Indicators

Performance Indicator Description	Target
Activities have been undertaken in accordance with the Department's requirements and the approved AWP	100%



Information is provided to an acceptable standard in the performance reports, Activity Work Plans and budgets.	100%
The final Independent Evaluation Report demonstrates an increase in education and training opportunities for primary care workers to better care for people living with family, domestic violence and sexual violence.	100%
The Department of Health and Aged Care and the evaluator agree that the participation of PHNs has been sufficiently high to inform the evaluation over the life of the pilot.	100%

## Activity Milestone

## Due Date

Activity Work Plan and Budget	30 April 2024, 30 April 2025, 30 April 2026
Needs Assessment	15 November 2024, 15 November 2025
Twelve-month Performance Report	30 September 2024, 30 September 2025, 30 September 2026
Financial Acquittal Report	30 September 2024, 30 September 2025, 30 September 2026

Other Relevant Milestones	Due Date
Service contract executed for FDSV "System Integrator" service.	30 April 2024
EOI process for practice partnerships (Round 1)	30 April 2024
Action research workshop 1 - lessons learned and activity adjustment	30 May 2024
Accredited FDSV training for general practices (Round 1)	30 June 2024
Quality Improvement PDSAs ready for implementation with practice partners	30 June 2024
Existing HealthPathways reviewed and updated	30 June 2024
Consultation and planning begun to support sustainability of project outcomes	30 June 2024
Action research workshop 2 - lessons learned and activity adjustment	30 November 2024
EOI process for practice partnerships (Round 2)	30 April 2025
Accredited FDSV training for general practices	30 June 2025
Additional/revised HealthPathways identified and considered for development	30 June 2025
Innovation strategies identified and prototypes ready for testing in FY 25/26	30 June 2025



Action research workshop with stakeholders	31 March 2026
Innovation strategies implemented and reviewed	30 June 2026

## Coverage

Armadale local government area of Perth South PHN

Activity Start Date	Activity End Date
1 June 2023	30 June 2026
Service Delivery Start Date	Service Delivery End Date
31 January 2024	30 June 2026

## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
Family, Domestic and Sexual Violence (FDSV) Pilots	\$320,632.26	\$498,941.22	\$498,941.22

## PP&TP-DVP 3060 - Sexual Violence

### Activity Title

Sexual Violence

### Activity Number

3060

### Activity Status

Modified

### PHN Program Key Priority Area

Population Health

### Aim of Activity

Establish a family, domestic and sexual violence and (including child sexual abuse) pilot which integrates a model of support for victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV). In accordance with the Supporting the Primary Care sector response to Family, Domestic and Sexual Violence Grant Opportunity Guidelines GO6068, this component of the Pilot activity will:

1. Increase the capacity and capability of the primary care workforce to better care for victim-survivors of sexual violence and persons living with the impact of sexual violence through:
  - Enhanced education and training opportunities for primary care workers.
  - Improved understanding of the role of the primary care sector in addressing sexual violence.
  - Improved readiness of the primary care sector to address sexual violence.
  - Improved recognition of sexual violence by the primary care sector.
  - Increased appropriate and timely referrals from primary care to specialist sexual violence support services.
2. Improve the primary care system integration with the broader FDSV service response system and health service navigation for victim-survivors of FDSV. This will be achieved through collaboration and the establishment of system integrators across specialist support services and the integration of primary health care services with local health systems to ensure coordinated responses. This includes:
  - Specialist support services have an improved understanding of the role of primary care in supporting victim-survivors.
  - Increased appropriate primary care referrals to specialist support services.
  - Increased continued care coordination loops between primary care and specialist support services to support the recovery of victim-survivors of FDSV.

3. Improve health outcomes for people experiencing the impact of sexual violence in the Armadale, Gosnells and Canning SA3s, with a focus on equity and improving access to culturally safe care.
4. Identify the most viable options for sustainable change to support victim-survivors of sexual violence in the primary health care setting into the future.

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## Description of Activity

Perth South PHN will work closely with general practices and specialist sexual violence services in the Armadale, Gosnells and Canning SA3s on the following:

- **Commissioning:** Incorporate sexual violence specialist expertise into the model for the “FDSV Link” service that will provide integrated support for general practice in responding to FDSV. It is noted that the WA Government’s One Stop Domestic and Family Violence Hub concurrently being established in Armadale does not explicitly address sexual violence, hence specialist stakeholder input will be incorporated to ensure the needs of patients experiencing the impact of sexual violence are effectively addressed by the service. The FDSV Link will provide a single referral point for nominated practices for all FDSV presentations, with strong referral links to specialist sexual violence services such as the Sexual Assault Resource Centre, Sexual Health Quarters, Phoenix Support and Advocacy Service, Child Protection Unit, Anglicare WA’s Child Sexual Abuse Therapy Service and the newly announced forensic medical service being established by SARC. It will also link patients, as appropriate, between existing commissioned services including the Armadale Head to Health Centre and Gosnells Head to Health satellite, Armadale/Cannington headspace centres, Integrated Team Care and Alcohol and Other Drug Services. The FDSV Link workers will provide an in-practice link to enable whole-of-practice improvement strategies provided by PHN staff and encourage participation in relevant training and consultation events.
- **Place-based innovation:** Define, document and address barriers to seamless, integrated local care for victim-survivors of sexual violence, and prototype solutions in partnership with general practices (e.g. Secure Messaging, co-located services, referral pathway development, post-discharge assistance).
- **Workforce Capacity Building:** WAPHA will employ a 1 FTE FDSV Education Coordinator to confirm and deliver/procure priority training activities and resources for whole-of-practice teams and will contribute to the design and delivery of nationally consistent training modules on sexual violence, to be developed by the Centre for Action on Child Sexual Abuse. Education priorities will be confirmed in partnership with general practice, ACCHOs, lived experience representatives, cultural experts and specialist sexual violence services. Training will be delivered by appropriate specialist providers (for example, Sexual Health Quarters, GP special interest facilitators, Sexual Assault Resource Centre).

## Perth South PHN Needs Assessment

### Priorities

### Page reference

There is a need for alternative options to Emergency Department for Aboriginal people presenting with socioeconomic and psychosocial circumstances.	34
There is a need for culturally appropriate mental health services for Aboriginal populations.	34
Support Aboriginal people to navigate the primary care system and access appropriate services.	34

### Target population Cohort

Victim-survivors of sexual violence (noting survivors of child sexual abuse are addressed in a separate activity) in Armadale, Gosnells and Canning SA3 with a focus on vulnerable populations – women and children who are Aboriginal, culturally and linguistically diverse, LGBTIQ+ or homeless.

Aboriginal communities are a key focus for this project due to over-representation in data regarding family, domestic and sexual violence. The WA Aboriginal Family Safety Strategy and co-design report for the Armadale FDV One-Stop Hub provide initial guidance on culturally appropriate models and engagement pathways. The following key stakeholders have been identified within our highest level of engagement, and collaboration is being sought to ensure all services commissioned and materials developed will be culturally safe and appropriate for Aboriginal communities:

- Yorgum Healing Services
- Derbarl Yerrigan Health Service
- Langford Aboriginal Association
- Cultural Reference Group already established by WA Department of Communities to guide the development of the new Domestic and Family Violence One-Stop-Hub in Armadale.

Consultation has begun with the WA Department of Communities and place-based ACCHOs / ACCOs regarding place-based initiatives (such as those funded under the WA Aboriginal Family Safety Strategy) to support collaboration, avoid duplication and reduce the risk of consultation fatigue.

### Consultation

To support planning and delivery of this pilot, WAPHA has established core advisory partnerships with the following:

- Department of Communities WA (Office for Prevention of Family Violence)
- Centre for Women's Safety and Wellbeing WA

and is pursuing advisory relationships with:

- Stopping Family Violence
- WA Department of Health Women's' Health Policy and Programs.

To support integration, service design and referral pathways, WAPHA will collaborate with the newly established Armadale One-Stop Hub for Family and Domestic Violence that is currently being established by the WA Department of Communities.

Organisations formally involved with the Hub include:

- One-Stop FDV Hub Lead Agencies - Hope Community Services and Yorgum Healing Services
- One-Stop Hub FDV Alliance Partners: Ngala, Ishar Multicultural Women's Health Services, Marmun Mia Mia, Aboriginal Legal Service of WA, Women's Legal Service WA, Ruah Community Services, 360 Health and Community
- One-Stop FDV Hub Cultural Reference Group
- One-Stop FDV Hub Lived Experience Reference Group
- One-Stop FDV Hub Community Reference Group

Additional Aboriginal stakeholders are identified as:

- Derbarl Yerrigan Health Service
- Langford Aboriginal Association
- Champion Centre
- Wungening Aboriginal Corporation

In addition, activity design and key planning documents will incorporate input from WAPHA's established governance groups:

- GP Advisory Panel
- Multicultural Reference Group
- LGBTIQ+ Reference Group

To support Needs Assessment and ongoing identification of needs, gaps and priority locations, WAPHA will seek to establish new partnerships with relevant agencies e.g., WA Police, Department for Communities (Child Protection).

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## **Collaboration**

Commissioned Service Providers:

- Derbarl Yerrigan Health Service
- Second provider (Still to be confirmed)

### Service design workshops:

- Armadale Domestic and Family Violence One-Stop Hub lead agencies, alliance partners and reference groups (see above)
- Langford Aboriginal Association
- General practices in Armadale SA3 and surrounds, selected through EOI

### Workforce capacity building

- DART Institute
- Sexual Health Quarters

### Commissioning Approach

Direct engagement with Derbarl Yerrigan Health Service for capacity building work within their ACCHS, with a quarter of the commissioning funds. Derbarl Yerrigan Health Service is the only Aboriginal Medical Service covering the pilot region and given the prevalence of FDSV in Aboriginal population it is important we reach the patients accessing Derbarl Yerrigan Health Services primary care services. Derbarl Yerrigan Health Service will also support workforce capacity building for mainstream primary care providers by delivering activities to improve cultural awareness and safety for services to Aboriginal patients. The remainder of the commissioned services will be procured via open tender.

### Activity Key Performance Indicators

Performance Indicator Description	Target
Activities have been undertaken in accordance with the Department's requirements and the approved AWP.	100%
Information is provided to an acceptable standard in the performance reports, Activity Work Plans and budgets.	100%
The final Independent Evaluation Report demonstrates an increase in education and training opportunities for primary care workers to better care for people living with family, domestic violence and sexual violence.	100%
The Department of Health and Aged Care and the evaluator agree that the participation of PHNs has been sufficiently high to inform the evaluation over the life of the pilot.	100%

### Activity Milestone

### Due Date

Activity Work Plan and Budget	30 April 2024, 30 April 2025, 30 April 2026
Needs Assessment	15 November 2024, 15 November 2025

Twelve-month Performance Report	30 September 2024, 30 September 2025, 30 September 2026
Financial Acquittal Report	30 September 2024, 30 September 2025, 30 September 2026
Other Relevant Milestones	Due Date
Service contract executed for FDSV "System Integrator" service	30 April 2024
EOI process for practice partnerships (Round 1)	30 April 2024
Action research workshop 1 - lessons learned and activity adjustment	30 May 2024
Accredited FDSV training for general practices (Round 1)	30 June 2024
Quality Improvement PDSAs ready for implementation with practice partners	30 June 2024
Existing HealthPathways reviewed and updated	30 June 2024
Consultation and planning begun to support sustainability of project outcomes	30 June 2024
Action research workshop 2 - lessons learned and activity adjustment	30 November 2024
EOI process for practice partnerships (Round 2)	30 April 2025
Accredited FDSV training for general practices	30 June 2025
Additional/revised HealthPathways identified and considered for development	30 June 2025
Innovation strategies identified and prototypes ready for testing in FY 25/26	30 June 2025
Action research workshop with stakeholders	31 March 2026
Innovation strategies implemented and reviewed	30 June 2026

## Coverage

Local government area Armadale, Canning and Gosnells of Perth South PHN

Activity Start Date	Activity End Date
1 June 2023	30 June 2026
Service Delivery Start Date	Service Delivery End Date
31 January 2024	30 June 2026

## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
Family, Domestic and Sexual Violence (FDSV) Pilots	\$249,735.48	\$388,617.56	\$388,617.56



# PP&TP-DVP 3070 - Child Sexual Abuse Response

## Activity Title

Child Sexual Abuse Response

## Activity Number

3070

## Activity Status

Modified

## PHN Program Key Priority Area

Population Health

## Aim of Activity

Establish a family, domestic and sexual violence (including child sexual abuse) pilot which integrates a model of support for victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV). In accordance with the Supporting the Primary Care sector response to Family, Domestic and Sexual Violence Grant Opportunity Guidelines GO6068, this component of the Pilot activity will:

1. Increase the capacity and capability of the primary care workforce to better care for victim-survivors of sexual violence and persons living with the impact of sexual violence through:
  - Enhanced education and training opportunities for primary care workers.
  - Improved understanding of the role of the primary care sector in addressing sexual violence.
  - Improved readiness of the primary care sector to address sexual violence.
  - Improved recognition of sexual violence by the primary care sector.
  - Increased appropriate and timely referrals from primary care to specialist sexual violence support services.
2. Improve the primary care system integration with the broader FDSV service response system and health service navigation for victim-survivors of FDSV. This will be achieved through collaboration and the establishment of system integrators across specialist support services and the integration of primary health care services with local health systems to ensure coordinated responses. This includes:
  - Specialist support services have an improved understanding of the role of primary care in supporting victim-survivors.
  - Increased appropriate primary care referrals to specialist support services.
  - Increased continued care coordination loops between primary care and specialist support services to support the recovery of victim-survivors of

FDSV.

3. Improve health outcomes for people experiencing the impact of sexual violence in the Armadale, Gosnells and Canning SA3s, with a focus on equity and improving access to culturally safe care.
4. Identify the most viable options for sustainable change to support victim-survivors of sexual violence in the primary health care setting into the future.

## Description of Activity

Perth South PHN will work closely with general practices and specialist child sexual abuse services in the Armadale region and surrounds on the following:

- **Commissioning:** Incorporate specialist child sexual abuse components into the model for the “FDSV Link” service that will provide integrated support for general practice in responding to child sexual abuse. It is noted that the WA Government’s One Stop Domestic and Family Violence Hub concurrently being established in Armadale does not explicitly address child sexual abuse, hence specialist stakeholder input will be incorporated to ensure the needs of patients experiencing the impact of child sexual abuse are effectively addressed by the service. The FDSV Link will provide a single referral point for nominated practices for all FDSV presentations, with strong referral links to specialist child sexual abuse services such as Phoenix Support and Advocacy Service, WA Department of Communities Child Protection Services, Anglicare WA’s Child Sexual Abuse Therapy Service, Victims Support Service, Aboriginal Legal Service and the Perth Children’s Hospital Child Protection Unit. It will also link patients, as appropriate, between existing commissioned services including the Armadale Head to Health Centre and Gosnells Head to Health satellite, Armadale/Cannington headspace centres, Integrated Team Care and Alcohol and Other Drug Services. The FDSV Link workers will provide an in-practice link to enable whole-of-practice improvement strategies provided by PHN staff and encourage participation in relevant training and consultation events.
- **Place-based innovation:** Define, document and address local barriers to seamless, integrated care for victim-survivors of child sexual abuse, and prototype solutions in partnership with general practices (e.g., Secure Messaging, co-located services, local referral pathway development, post-discharge follow-up assistance).
- **Workforce Capacity Building:** Deliver priority capacity-building activities, to be defined in partnership with general practice, ACCHOs, lived experience representatives and specialist child sexual abuse services. Implement local delivery of nationally consistent training modules developed by the Centre for Action on Child Sexual Abuse.
- **System Advocacy:** Define the PHN’s role and priorities in advocating for system change to enable effective, sustainable and integrated responses. Advocate for

representation by primary care within current and future child sexual abuse policy/planning processes within Western Australia. Contribute to national advocacy and initiatives as part of the PHN FDSV Pilot. Update the PHN's position to incorporate child sexual abuse.

- Review and update WA Primary Health Alliance's relevant guidance and resource material, including existing HealthPathways relevant to assault or abuse, position papers and Population Health Needs Assessment. Identify and consider development of additional or revised health pathways to enable an effective primary care response to victim-survivors of child sexual abuse. Source new data sets to enable a better understanding of needs and gaps in regard to primary care for victim-survivors of child sexual abuse.
- Contribute to the national evaluation of the Supporting Primary Care FDSV Pilot and the development of nationally consistent primary care training modules to be developed by the Centre for Action on Child Sexual Abuse.

## **Perth South PHN Needs Assessment**

### **Priorities**

### **Page reference**

There is a need for alternative options to Emergency Department for Aboriginal people presenting with socioeconomic and psychosocial circumstances.	34
There is a need for culturally appropriate mental health services for Aboriginal populations.	34
Support Aboriginal people to navigate the primary care system and access appropriate services.	34

### **Target population Cohort**

Victim-survivors of child sexual abuse (adults and children) in Armadale, Gosnells and Canning SA3s with a focus on equity of access.

Initial exploration of data does not indicate higher rates of child sexual abuse within Indigenous communities hence indigenous people and stakeholders will be consulted and addressed along with other population groups and representatives throughout the pilot.

### **Consultation**

To support integration, service design and referral pathways, WAPHA will collaborate with the newly established Armadale One-Stop Hub for Family and Domestic Violence that is currently being established by the WA Department of Communities. While

noting that child sexual abuse is not explicitly addressed by the Hub, stakeholders indicate that there will be significant overlap in expertise and client presentations.

Organisations formally involved with the Hub include:

- One-Stop FDV Hub Lead Agencies - Hope Community Services and Yorgum Healing Services
- One-Stop Hub FDV Alliance Partners: Ngala, Ishar Multicultural Women's Health Services, Marmun Mia Mia, Aboriginal Legal Service of WA, Women's Legal Service WA, Ruah Community Services, 360 Health and Community
- One-Stop FDV Hub Cultural Reference Group
- One-Stop FDV Hub Lived Experience Reference Group
- One-Stop FDV Hub Community Reference Group

Specialised child sexual abuse organisations consulted include:

- Dr James Herbert, Department of Communities
- Phoenix Support and Advocacy Service
- Sexual Assault Resource Centre

Additional Aboriginal stakeholders are identified as:

- Derbarl Yerrigan Health Service
- Langford Aboriginal Association
- Champion Centre
- Wungening Aboriginal Corporation

To support subject matter expertise and stakeholder engagement planning, WAPHA has established advisory relationships with the following:

- Department of Communities WA
- Centre for Women's Safety and Wellbeing WA
- Sexual Assault Resource Centre
- Sexual Health Quarters
- Stopping Family Violence
- WA Department of Health Women's' Health Policy and Programs

In addition, activity design and key planning documents will incorporate input from WAPHA's established governance groups:

- GP Advisory Panel
- Multicultural Reference Group
- LGBTIQ+ Reference Group

To support Needs Assessment and data to support ongoing identification of needs, gaps and priority locations, WAPHA will seek to establish new partnerships with

relevant agencies e.g., WA Police, Department for Communities (Child Protection), Sexual Assault Resource Centre.

## Collaboration

Commissioned Service Providers:

- Derbarl Yerrigan Health Service
- Second provider yet to be confirmed.

Service design workshops:

- Alliance Partners of Armadale Domestic and Family Violence Hub (see above)
- Child Sexual Abuse Therapy Service (Anglicare WA)
- George Jones Child Advocacy Centre (Parkerville Child and Youth Care)
- Langford Aboriginal Association (currently funded to develop innovative models of family violence intervention)
- General practices in Armadale SA3 and surrounds, selected through EOI.

Workforce capacity building:

- Centre for Action on Child Sexual Abuse (nationally consistent training modules)
- Phoenix Support and Advocacy Service
- DART Institute
- Child Protection Unit, Perth Children's Hospital.

## Commissioning Approach

Direct engagement with Derbarl Yerrigan Health Service for capacity building work within their ACCHS, with a quarter of the commissioning funds. Derbarl Yerrigan Health Service is the only Aboriginal Medical Service covering the pilot region and given the prevalence of FDSV in Aboriginal population it is important we reach the patients accessing Derbarl Yerrigan primary care services. Derbarl Yerrigan Health Service will also support workforce capacity building for mainstream primary care providers by delivering activities to improve cultural awareness and safety for services to Aboriginal patients. The remainder of the commissioned services will be procured via open tender.

## Activity Key Performance Indicators

Performance Indicator Description	Target
Activities have been undertaken in accordance with the Department's requirements and the approved AWP	100%
Information is provided to an acceptable standard in the performance reports, Activity Work Plans and budgets.	100%
The final Independent Evaluation Report demonstrates an increase	100%

in education and training opportunities for primary care workers to better care for people living with family, domestic violence and sexual violence.	
The Department of Health and Aged Care and the evaluator agree that the participation of PHNs has been sufficiently high to inform the evaluation over the life of the pilot.	100%

Activity Milestone	Due Date
Activity Work Plan and Budget	30 April 2024, 30 April 2025, 30 April 2026
Needs Assessment	15 November 2024, 15 November 2025
Twelve-month Performance Report	30 September 2024, 30 September 2025, 30 September 2026
Financial Acquittal Report	30 September 2024, 30 September 2025, 30 September 2026
Other Relevant Milestones	Due Date
Service contract executed for FDSV "System Integrator" service	30 April 2024
EOI process for practice partnerships (Round 1)	30 April 2024
Action research workshop 1 - lessons learned and activity adjustment	30 May 2024
Accredited FDSV training for general practices (Round 1)	30 June 2024
Quality Improvement PDSAs ready for implementation with practice partners	30 June 2024
Existing HealthPathways reviewed and updated	30 June 2024
Consultation and planning begun to support sustainability of project outcomes	30 June 2024
Action research workshop 2 - lessons learned and activity adjustment	30 November 2024
EOI process for practice partnerships (Round 2)	30 April 2025
Accredited FDSV training for general practices	30 June 2025
Additional/revised HealthPathways identified and considered for development	30 June 2025
Innovation strategies identified and prototypes ready for testing in FY 25/26	30 June 2025

Action research workshop with stakeholders	31 March 2026
Innovation strategies implemented and reviewed	30 June 2026

### Coverage

Local government area Armadale, Canning and Gosnells of Perth South PHN

Activity Start Date	Activity End Date
1 June 2023	30 June 2026
Service Delivery Start Date	Service Delivery End Date
31 January 2024	30 June 2026

### Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
Family, Domestic and Sexual Violence (FDSV) Pilots	\$320,632.26	\$498,941.22	\$498,941.22

# PP&TP-EPP 4000 – PHN Endometriosis and Pelvic Pain GP Clinics

## Activity Title

PHN Endometriosis and Pelvic Pain GP Clinics

## Activity Number

4000

## Activity Status

Existing Activity

## PHN Program Key Priority Area

Population Health

## Aim of Activity

To support general practice clinics to improve access for patient's diagnostic treatment and referral services for endometriosis and pelvic pain, build the primary care workforce to manage this chronic condition and provide improved access to new information and care pathways.

The Department of Health and Aged Care 2022-23 Budget committed \$16.4 million over four years to support the establishment of targeted Endometriosis and Pelvic Pain GP Clinics (GP Clinics) in the primary care setting. The intention of these GP clinics is to maximise the role of the GP led multidisciplinary care team in the management of endometriosis and pelvic pain, and to embed the GP as a core part of the care pathway for this chronic condition, optimising the role of primary care.

Endometriosis can be difficult to diagnose and the delay between the onset of symptoms and diagnosis averages 7 years. These GP clinics will provide more people with access to multi-disciplinary care with a focus on improving diagnostic delay and to promote early access to intervention, care and treatment.

## Description of Activity

The Department of Health and Aged Care announced<sup>1</sup> The Garden Family Medical Clinic as the Endometriosis and Pelvic Pain GP Clinic within the Perth South PHN.

The PHN will support The Garden Family Medical Clinic to utilise funding to provide enhanced services for the treatment and management of endometriosis and pelvic pain, based on the needs of the community, including but not limited to:

- recruitment of specialised staff, including nurse practitioner and allied health professionals.



- capital costs such as fit-out costs for pelvic physiotherapy areas and associated equipment.
- resources, training and development.

GP Clinics are not intended to duplicate resources of investment already available to the community, instead are expected to:

- improve access for patients to diagnostic, treatment, and referral services for endometriosis and pelvic pain.
- provision of access to new information, support resources, care pathways and networks.
- provision of an appropriately trained workforce with expertise in endometriosis and pelvic pain.
- directly benefiting patients from rural and regional areas.
- provide enhanced support to priority populations.
- increase access to support services, either through a nurse navigator or referral pathway.

The PHN will support data collection for program monitoring and continuous evaluation. This will be completed using Primary Sense data providing support for GP clinics for regular quantitative and qualitative data collection and outcome measurements, including baseline data. This data will be used for program evaluation of the GP clinics commencing in 2024-25.

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## **Perth South PHN Needs Assessment**

### **Priorities**

### **Page reference**

Improve access to primary healthcare services to reduce non-urgent emergency department attendances.	14
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### **Target population Cohort**

Women with endometriosis and pelvic pain.

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### **Collaboration**

The PHN will work with The Garden Family Medical Clinic to identify stakeholders.

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### **Consultation**

The PHN will continue to collaborate with The Garden Family Medical Clinic and other stakeholders as they are identified.

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<sup>1</sup> <https://www.health.gov.au/ministers/the-hon-ged-kearney-mp/media/australias-first-endometriosis-and-pelvic-pain-clinics-now-available-nationally>

## Activity Key Performance Indicators

Performance Indicator Description	Target
Activities have been undertaken in accordance with the Departments advice following receipt of the needs assessment and approved AWP.	100%
Reporting on the program related operations of the GP clinics to the Department of Health and Aged Care, including the evaluation of the program.	100%
Ensuring the GP clinic is accredited to a recognised and relevant Standard.	100%
Establish contractual relationship with the clinic for receipt of the funding.	100%
Assist with data reports from practice data.	100%
Assist for reporting for evaluation via data from practice data.	100%
Facilitation of learnings via marketing of the practice outcomes and linkages to other practices.	100%

## Activity Milestone

## Due Date

Activity Work Plan and Budget	30 April 2024, 30 April 2025
Annual Activity Needs Assessment	15 November 2024
Twelve-month Performance Report	30 September 2024, 30 September 2025
Financial Acquittal Report	30 September 2024, 30 September 2025
Evaluation of the GP clinics commencing 2024-25	2024-25

## Coverage

This activity covers the Perth South PHN

## Activity Start Date

## Activity End Date

1 March 2023	31 December 2026
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## Service Delivery Start Date

## Service Delivery End Date

23 March 2023	30 June 2026
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### Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
PP&TP EPP	\$180,000.00	\$180,000.00	\$180,000.00

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END

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