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## **Q&A: Supporting primary care sector response to family, domestic and sexual violence, and child sexual abuse (FDSV) (PAC105)**

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### **1. Question**

How many Link Workers are required for each area (Domestic and Family Violence, Sexual Violence, and Child Sexual Abuse)?

### **Answer**

The Pilot will establish a minimum of one dedicated Link Worker for each area, i.e., one for Domestic and Family Violence, one for Sexual Violence, and one for Child Sexual Abuse.

### **2. Question**

Does this grant apply to informal link workers i.e., upskilling allied health to act as a Link Worker?

### **Answer**

Link Workers can be recruited from existing allied health workforce, provided they are upskilled through training in trauma-informed care, cultural safety, and specialist training in domestic and family violence and/or sexual violence and/or child sexual abuse, depending on the area they are employed to provide services in.

### **3. Question**

In terms of training, is there an expectation whether training should be in-person, or could this be delivered online? Also is there any indication of duration of training program, given that health professionals are always stretched with time.

### **Answer**

Evidence suggests that health professionals are more likely to engage with trainings that are delivered face-to-face, rather than online. We recommend offering a combination of face-to-face and online training options for primary healthcare professionals to choose from, to allow flexibility. The successful provider(s) will be required work in collaboration with Capital Health Network (CHN) to co-develop a series of trainings in each of the specialised areas (domestic and family violence, sexual violence, and child sexual abuse). This includes specific training for GPs and allied health professionals, specific training for all primary healthcare staff around supporting FDSV victim-survivors from priority population groups (First Nations people, people from Culturally and Linguistically Diverse backgrounds, people with disability, and gender-diverse people), including training on working safely and effectively with people using violence.

Face-to-face training sessions for primary health care professionals can be co-delivered at CHN Office with assistance from CHN staff. In terms of duration, each individual training session should ideally be between 1 to 1.5 hours, and no longer than 2 hours in duration.

### **4. Question**

Could you clarify what is meant by 'accredited' FDSV training? Does it mean partnering with RACGP/QIP?

### **Answer**

CHN will work with the successful provider(s) to co-develop and co-facilitate the training. CHN's Family Safety GP

Advisor will ensure that the FDSV training being delivered is RACGP accredited, and health professionals receive Continuing Professional Development (CPD) hours for their participation in the training.

#### 5. Question

Does CHN have specific templates that you require applicants to use for the budget or any other attachments for this tender or can we use our own?

#### Answer

Applicants must respond to the RFP using the [RFP Response Form](#) provided on CHN Tenders page. CHN does not provide budget templates for applicants to complete. Providers are encouraged to detail a projected budget in their own preferred template, provided all elements identified in the assessment criteria description have been appropriately considered.

#### 6. Question

Can funding be used for Link Workers phone and IT requirements?

#### Answer

Yes, funding can be utilised for IT systems and maintenance of system subscriptions utilised by Link Workers. You must incur the expenditure on your activities between the start date and end or completion date of your contract for it to be considered eligible expenditure. The funding cannot be utilised for purchase and maintenance of any equipment.

#### 7. Question

Can a community service organisation who hasn't offered FDSV services in the past apply to establish a new program?

#### Answer

The successful provider(s) will be responsible for supporting General Practitioners and other primary healthcare professionals in recognising and responding to early signs of family, domestic and sexual violence (FDSV) through delivery of capacity building activities and coordination of referrals from primary care to other support services. Therefore, CHN requires community organisations that are considering submitting a response to this tender to have prior experience, knowledge and capability in supporting victim-survivors of domestic, family, and/or sexual violence.

Community organisations that cannot demonstrate prior experience in offering FDSV support services to victim-survivors but have expertise in delivering specialised culturally appropriate and inclusive care to priority population groups (e.g. First Nations people, people from Culturally and Linguistically Diverse backgrounds, people with disability, and gender-diverse people), are encouraged to partner with organisations that have expertise in providing FDSV support services.

#### 8. Question

Can you please confirm that the tender submission is due on the 22<sup>nd</sup> of March?

#### Answer

Yes, the close date for this RFP is 5pm Friday, 22<sup>nd</sup> March 2024.

#### 9. Question

Are there any limits to the location within ACT that FDSV Link Workers can be based? (Acknowledging that travelling within ACT to meet with service providers and stakeholders will be required as part of the role?)

#### Answer

There are no limits to where FDSV Link Workers can be based within the Australian Capital Territory. The Link Workers

will be required to provide support to all interested primary healthcare professionals within ACT. CHN will internally progress the development of an Expression of Interest (EOI) to recruit general practices and allied health practices interested in receiving training and capacity building support from Link Workers.

#### **10. Question**

If two organisations collaborate on this tender, can both utilise 14.5% towards admin/management costs?

#### **Answer**

If a tender application is submitted and the applicant identifies organisation/s they will be entering into subcontracting arrangements with, 'the 14.5% of their proposed budget towards administration costs' clause applies only to the contracted organisation (not the subcontractor/s). The contract would identify the subcontracting arrangements and the permitted scope of work. Budget arrangements are between CHN contracted organisation and their selected subcontractor/s.

If there are two contracts with two different organisations for the joint provision of FDSV services, then both contracts will have access to 14.5% of their proposed budget towards administration costs.

#### **11. Question**

If an Aboriginal Community Controlled Organisation applies, are they expected to focus their Link Worker roles on building capacity in relation to working with and supporting Aboriginal community or would it have to be ACT community wide?

#### **Answer**

If an Aboriginal Community Controlled Organisation (ACCO) is identified as a successful provider, they will only be expected to work with and support victim-survivors that identify as Aboriginal. The ACCO will not be expected to accept referrals from primary healthcare professionals for non-Aboriginal victim-survivors in the ACT.

#### **12. Question**

Can you explain whether after-hours work involves weekend or late evening? This will have implication on resources required.

#### **Answer**

After-hours work will not be required on a daily basis. The necessity for after-hours sessions will depend on specific trainings for general practitioners and allied health professionals, accommodating those who prefer such times. Link Workers will be expected to work no later than 8:30pm on specific weekdays when trainings have been scheduled. Link Workers will not be expected to work on weekends.

#### **13. Question**

To clarify, can services only be delivered to clinical and non-clinical staff within ACT GP practices? Or is it possible for training be delivered to ACT allied health clinicians not working within GP practices?

#### **Answer**

For the scope of this Pilot, primary healthcare professionals include the whole of general practice (general practitioners, practice nurses, practice managers, allied health practitioners, including non-clinical staff within the practice). Aboriginal community controlled primary healthcare service staff, dentists, and broader allied health professionals working in a primary health care setting such as walk-in clinics and community-based organisations will also be eligible to receive training and capacity building support from the Link Workers.

ACT Public and Private hospital staff (clinical and non-clinical staff) are not eligible for FDSV training through this Pilot.

#### 14. Question

Seeking more information in relation to the stated objective below for the RFP:

- Enhance whole-of-practice education and training opportunities for primary healthcare professionals to better care for people living experiencing family, domestic and sexual violence, and child sexual abuse (FDSV).

To best respond to this objective, can we seek clarification if are there any expectations in relation to the approximate **number of participants** that the training programs should reach during the Pilot project period? Or the expectation is that the applicant will themselves propose the number of sessions that can be delivered in the project period/or the percentage of the total pool of health professionals covered by June 2026?

#### Answer

Applicants are expected to demonstrate the pilot program objective, through an improvement in outcomes for primary health care professionals and victim-survivors of FDSV.

CHN has no set expectations in relation to the number of primary health care professionals that are to be trained during the life of the pilot. CHN will be seeking Expression of Interest (EOI) to recruit general practices and allied health practices interested in receiving training and capacity building support from Link Workers.

Tender applicants are not expected to propose the number of training sessions or participants that can be reached through their proposed approach. The number of participants reached through this pilot will be dependent on the promotion, interest, and uptake of training among primary health care professionals in the ACT.