

# **Position Description**

First Nations Support Coordinator:

The Way Back NSW North Coast Program

### **Position summary**

Reporting to the Clinical Lead, the First Nations Support Coordinator role involves providing timely, non-clinical, practical psychosocial support to people who have attempted suicide or are experiencing a suicidal crisis.

This position will apply the concepts of social and emotional wellbeing, mental health, and healing to support First Nations participants.

The Buttery's Way Back NSW North Coast program provides up to 3 months of assertive trauma-informed outreach, co-creating safety and support plans and linking participants to available clinical and community-based services.

The Way Back model supports participants who are experiencing suicidal risk distress towards safety through:

- 1. Promoting strength and resilience
- 2. Ensuring psychosocial and clinical needs are complementary
- 3. Ensuring support is responsive to individual needs
- 4. Ensuring support is timely and manages risk
- 5. Social and Emotional Wellbeing is incorporated in all aspects of support

This role is mobile and will operate throughout the program footprint and will require a strong working relationship with stakeholders. The position entails engaging with individuals across all age groups and may require conducting home visits, as well as holding meetings online, in the office and within the community.

## Organisational relationships

Direct reports: nil

#### Internal and external relationships

Internal relationships involve team and staff engagement and collaboration.

External relationships may include Emergency Departments, Aboriginal and Torres Straight Organisations and communities, mental health service providers, alcohol and other drugs organisations LHD, PHN and NGO's, families and carers, Primary Health Network professionals, clinicians, GP's, agents for housing, and the broader community.

Responsibilities	Outcomes
Participant Support	
Provide a culturally responsive approach to assessing mental health and Suicide Prevention to supporting First Nations participants.	A Culturally safe environment of support is created for First Nations participants that are referred to the program.
	Feedback indicated the principles of Social and Emotional Wellbeing are applied to supporting First Nations Participants.
	A Social and Emotional Wellbeing framework of support, MH outcome measures, and clinical measures guide the support of suicide support interventions.
Guide participants through the Way Back NSW North Coast model.	Feedback from participants, families, and carers indicates a calm, safe, friendly, and welcoming space is provided.
Identification and management of risk.	There is documentation on the Participant Risk Assessment Tool that risk is assessed upon first contact, and throughout care.
	Co-create an individual Suicide Safety Plan in collaboration with the participant at first contact and review at 6 weeks and review on exit.
Identify risk and provide appropriate support.	Supportive techniques and interventions are employed with participants as required (e.g., deescalation and grounding exercises, mindfulness to manage distress and maintain mental wellbeing).
Identify risks and consult and work collaboratively with Clinicians to provide brief interventions.	There is evidence that risk is escalated in line with the Escalation of Risk Policy.
Provide a highly professional, ethical and respectful standard of service to participants.	Engagement skills are utilised to build rapport with participants, families and carers.
	Feedback from participants indicates that professional therapeutic relationships are developed and service delivery is respectful and professional.
Care Coordination	
Build Psychosocial Capacity in a holistic manner for optimum outcomes	Short term case management is carried out taking into consideration different cognitive, behavioural, emotional, social, physical and spiritual needs.  At first contact with participant, comprehensive
	assessment is conducted that guides the development of a co-created Wellbeing Plan.  Wellbeing Plan is co-created at first contact and at
	least every 6 weeks with participants and include stakeholder engagement.
	Engagement and support for participants and their carers is in line with The Way Back NSW North Coast Program Buttery Operational Manual and participant flow chart.

	Outcomes
stakeholders.	Families and stakeholders are referred to counselling and support services where appropriate.  The Primary Nominated Professional is identified, with consent, and contacted with within 3 days of entry and 3 days of exit.
Clinical Governance	There is evidence that cases are brought to Clinical Care Reviews for input from the Clinical Lead on a regular basis.
'	Information in regard to changes to referral services and options is updated and shared with the team.
after the program.	Transfer of care is ensured when closing care of a participant to other stakeholders for follow up.  Follow-up contacts with participants are organised and completed.  Participants receive a Client Reported Experience Measures Survey (CREMS) upon exit.
Team Support	
Participate in peer and clinical supervision processes	There is adequate preparation and active participation in peer and clinical supervision.  There is active contribution displayed in meetings
	to reach key program and clinical decisions.
Work autonomously and as part of a team	A strong work ethic, respect, punctuality and commitment to service is demonstrated to ensure all team members are well supported.
<u> </u>	Assigned tasks are carried out in a timely manner.
	There is evidence of participation in informal and formal case conferences, staff meetings and planned meetings.
Stakeholder Engagement	
Promote the Way Back NSW North Coast to Stakeholders	There is evidence of effort made to identify and engage the relevant stakeholders across the footprint.
	Stakeholders are provided with education on The Way Back NSW North Coast through meetings, inservices, and education sessions.
	There is evidence of strong relationships with stakeholders being built and maintained, including creation of MOU's in consultation with the Clinical Lead.
Reporting and Data Entry	
Provide timely reports as required	Participant records are maintained in alignment with legislation.

Responsibilities	Outcomes
	Data entry of Occasions of Service to the Client Relationship Management System (Mimaso) and Community Engagement activities are completed in a timely manner.  There is evidence that measuring tools such as Suicidal Ideation Attributes Scale (SIDAS) Kessler psychological distress scale (K10 + K5) are completed upon entry, at 6 week and upon exit of participants.  Accurate case notes/files/paperwork/data/reports
Provide support and referral information	are maintained and updated.  Referral information, Safety Plans, Wellbeing Plans, letters of support and discharge summaries are supplied as appropriate.
General Be compliant with WHS	There is demonstrated compliance with WHS
requirements and take reasonable care to ensure your own safety and health and that of others. Abide by their duty of care provided for in the legislation. Ensure you do not place others at risk by any act or omission. Ensure you do not interfere with	requirements to ensure a safe and healthy workplace. This includes abiding by the non-smoking directive at Buttery locations.  Any injury, hazard or illness are reported
	immediately, where practical, to your manager/coordinator.  A Donesafe report is completed for all Incidents
Take an active role in building your resilience and preventing psychological injury. Take reasonable care for your health and safety and that of others who may be affected by your conduct.  Be responsible for your mental health, manage personal stressors and seek support.	and Hazards.  The importance of wellbeing and self-care as a part of resilience is acknowledged. Strategies are implemented to maintain personal wellness and resilience.
	Clinical supervision or other supports are utilised, when needed.
	When a staff member is unwell, evidence from a medical professional is provided that sufficient recovery is achieved before a return to work to support others.
Manage potential for vicarious trauma and maintain professional boundaries.	There is engagement with regular Clinical Supervision or EAP.  The line manager is notified if additional supports
Be compliant with codes, guidelines, policies, procedures, confidentiality requirements, legislation and Standards and proactively engage with Buttery continuous quality improvement.	are required.  Codes, guidelines, policies, procedures, confidentiality requirements, legislation, Standards and quality improvement processes are adhered to at all times. Changes and improvements are supported.
	All mandatory training programs and team meetings are attended.  There is mandatory reporting of any suspected incidents of child abuse.
Support an environment free from discrimination, harassment, bullying and model appropriate standards of	Interactions with colleagues, participants and stakeholders are undertaken in a courteous manner.

professional behaviour in the workplace.	Cultural and linguistic and gender diversity is supported and there is evidence of efforts to encourage inclusion.  There is positive feedback from others regarding your interactions.
Other duties relevant to the role as requested by the Clinical Lead.	

## **Selection criteria**

#### **Qualifications and checks**

- Tertiary qualification at diploma level, or higher, in Community Services, mental Health, Psychology or Social work
- This is an Identified role for Aboriginal and/or Torres Strait Island candidates. Exemption is claimed under section 14 of the Anti-Discrimination Act.
- Current and valid Driver's Licence with an ability to undertake regular travel throughout the program footprint
- A satisfactory Criminal Record Check and Working with Children Check
- Current COVID-19 vaccination and First Aid certificate

#### Professional skills and experience

- Two years' work experience in a community services, welfare, or mental health field with experience in the delivery of mental health support and/or a suicide prevention service to people who have attempted suicide, severe mental health issues and complex psychosocial needs in both acute and non-acute settings.
- Demonstrated experience providing Social and Emotional Wellbeing framework of case management for First Nations persons with complex MH support needs and providing trauma-informed care
- Demonstrated experience in referrals, promoting and educating stakeholders and building networks
- Demonstrated proficiency using the Microsoft suite, a variety of databases and video conferencing tools such as Teams and data entry skills, including online case noting.
- Demonstrated commitment to cultural diversity, equal employment opportunity, legislative compliance and workplace health and safety

### Interpersonal skills

- Strong communication skills and the ability to collaborate as part of team
- Ability to work autonomously and use time effectively
- A reasonable level of resilience to manage psychosocial demands, complex clinical issues and exposure to participants in crisis
- Self-reflective with the ability to review own work practices and maintain boundaries

## Agreement

Signature Name Date	
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