

Supplementary Response to the Senate
Standing Committee on Finance and Public
Administration Inquiry into **the Delivery of
National Outcome 4 of the National Plan
to Reduce Violence Against Women and
their Children**

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Authorised by:

Annette Gillespie

Chief Executive Officer

Phone: (03) 9928 9622

Address: GPO Box 4396, Melbourne 3001

Email: annette.g@safesteps.org.au

SUMMARY

safe steps Family Violence Response Centre is pleased to have the opportunity to respond to the Senate Standing Committee on Finance and Public Administration's Inquiry into *the delivery of National Outcome 4 of the National Plan to Reduce Violence Against Women and Their Children 2010-2022*. Together with our written submission to the Inquiry (Submission 13), our Chief Executive Officer, Annette Gillespie appeared at the Public Hearing held in Sydney on 8 November 2017. The purpose of this document is to supplement the information provided in our original submission and at the hearing, and to respond to comments and queries placed there.

Along with DV Connect Queensland and Women's Safety Services South Australia, **safe steps** commenced provision of specialist trauma counselling on behalf of 1800 RESPECT from 29 October 2017. In this submission we discuss some of our very early experiences in delivering this program and particularly, the impact of the recent public relations campaign around the change in service delivery on our clients.

THE USE OF TRIAGE

safe steps feels that it is important to strongly reiterate our support for the use of triage to appropriately meet and respond to demand on the 1800 RESPECT service. As stated in our original submission to the Inquiry, we originally implemented a triage model for our own Statewide telephone service in 2015 and regard it as best practice. It is the only effective way to manage the significant increase in demand that family violence and sexual assault response and recovery services are experiencing.

The breadth of calls received by 1800 RESPECT is important in this context. As identified by Ms Mangan in the Public Hearing, there is significant public awareness of 1800 RESPECT as the go-to national service not simply for trauma counselling but for all queries around sexual assault and family violence, and it is often promoted in this way by the media. The assertion made by other witnesses to the Public Hearing that 98% of calls to 1800 RESPECT require specialist trauma counselling does not, in our professional opinion and our experience of the past few weeks, bear out in practice. Warm referral of callers to statewide services or other local services where relevant is important to respond in the most direct way to the client's needs.

During the Public Hearing both our CEO and the then-CEO of DV Connect made representations around their preference that the first responder stage of triage not be conducted by a different agency to trauma counselling. These comments reflect our long-held view of professional best practice that first responders should be specialist family violence workers linked directly to specialist service provision. They echoed positions put forward over the course of many years as well as in our original written submissions to this Inquiry. Since the Hearing we have continued to progress discussions around these matters with MHS and the Department and we feel that these discussions

are moving positively. In general MHS has been exceedingly welcoming of, and receptive to, feedback from the trauma counselling panel providers.

TRAUMA-INFORMED PRACTICE

We would like to clarify statements made at the Public Hearing and note that certainly, all callers to 1800 RESPECT receive a trauma-informed response; they may not, however, all require specialist trauma counselling.

As indicated in the Public Hearing, an agreement was sought and made as part of the contract with MHS that the panel providers would be strongly involved in developing their Clinical Governance Framework and reviewing it on an ongoing basis. This has been the case and we have provided an up-to-date copy of the Clinical Governance Framework as part of our response to Questions on Notice.

At the Hearing there was not sufficient opportunity to expand on the Blue Knot Foundation trauma counselling training which is received by every 1800 RESPECT specialist trauma counsellor prior to their first shift. 8 days training provided by Blue Knot Foundation is a mandatory part of our Induction program alongside two days of training from MHS and regular clinical supervision, not to mention, of course, the existing qualifications and experience that all of our workers have in trauma counselling.

Blue Knot Foundation's *Practice Guidelines for Treatment of Complex Trauma and Trauma-Informed Care and Service Delivery* have been internationally and nationally acclaimed, and are endorsed by the Australian National Trauma Informed Care and Practice Working Group and Mental Health Coordinating Council, the Australian Society of Psychological Medicine, the International Society for the Study of Trauma and Dissociation and a range of other individuals and organisations both in Australia and worldwide. It is from these Practice Guidelines that our trauma counselling staff are trained. We are confident that, alongside the Practice Guidelines of each of the panel partners, this training stands up to any other documentation prepared by like organisations.

We were astonished to hear assertions made at the Public Hearing that asking a client to leave a voicemail might be employed as a deliberate function of a treatment plan. We would never regard this as best practice.

TRAUMA COUNSELLING STAFFING ARRANGEMENTS

We are concerned that some submissions to the Inquiry might have generated questions or concerns around the conditions under which specialist trauma counselling staff are employed by the three new panel providers.

We wish to clarify that:

- all staff employed as specialist trauma counsellors are employed on a full-time or part-time basis and none of the panel partners employs, or has any intention of employing any casuals in the 1800 RESPECT specialist trauma counselling team
- our position that none of the specialist trauma counsellors would work from home has been supported at every stage throughout our discussions with MHS and is reflected in our contract arrangements; our specialist trauma counsellors are located on-site where they have access to best-practice facilities and clinical supervision
- our staff enjoy pay and conditions above Award and our workforces are represented industrially by the same union which represented the workforce of the previous specialist trauma counselling provider.

EARLY OBSERVATIONS SINCE COMMENCING PROVISION OF THE SERVICE

At the Public Hearing, we were asked whether the public campaign and resulting Senate Inquiry surrounding the change in 1800 RESPECT trauma counselling providers, has led to any impact on the service and its delivery. As we approach the end of our first month delivering specialist trauma counselling on behalf of 1800 RESPECT we feel it would be valuable to reflect on this question further.

It is certainly true that the campaign carried out within the public sphere has created doubt for some clients and has done a great disservice to the excellent work being carried out by 1800 RESPECT and its team. As indicated at the Public Hearing, within the early days of delivering the service we did have clients calling to “test” that the service still existed.

One aspect of the public campaign has been to urge clients not to speak to first responders and to insist on being transferred directly to a specialist trauma counsellor. This is creating issues in terms of client management in that the first responder is not provided with the opportunity to seek any information to assist in identifying the client (even where they might choose to use a pseudonym for privacy reasons) or their needs prior to transfer. The triage system is such that every time a new client is patched through to the specialist trauma counselling team, a new client file is created by the first responder. This is creating duplication of files and is leading to clients having to retell their story every time they call, which is not in line with best practice nor the *National Plan's* recommendation that “(w)omen should not have to tell their story multiple times to multiple services. The first response should be the right one.”¹ The public should support the triage model and the important function it performs in ensuring the 1800 RESPECT experience is responsive to individual needs.

We are concerned at the level of dependence on the 1800 RESPECT service which seems to have been fostered and even encouraged by the previous provider, and the repeat calling that this has led to. We have observed clients calling through to our own agency for specialist trauma counselling up to eight times in one day (noting that we work alongside two other agencies and it is possible that these same clients may also have been transferred to one or both of our partner providers at other

times in the same day). It is evident to us that any client that reaches out to trauma counselling eight times in one day is not, in fact, having their needs met by that service and rather requires support to put in place care planning that will better respond to their trauma experience as a more manageable part of their life. 1800 RESPECT is not necessarily intended nor equipped to offer a long-term service and responsible care planning which integrates other services appropriate to the clients' needs is an integral part of what the role our specialist trauma counsellors perform.

Of course, both of these issues already outlined have been exacerbated by the fact that the previous provider has declined to transfer existing client files to the new specialist trauma counselling providers. This has presented a barrier to carrying out long-standing ongoing care plans.

In spite of these external issues, **safe steps**, DV Connect and Women's Safety Services South Australia have been working closely together and with MHS to contribute our own knowledge and experience toward continuous growth and improvement of the 1800 RESPECT service. Since commencement we have seen our new staff continue to reduce abandonment rates and reliance on the answering machine service. On 23rd November our service recorded just one call "abandoned" during a 24 hour period. Our speed to answer is also the lowest it has ever been, at 8.9 seconds. In short we are answering more calls, less people are leaving the lines and they are getting the attention they need in a shorter amount of time.

As our Program Leader – Counselling Services has observed:

"It is clear that the collaboration, and the expertise brought by the three partner panel members is having positive outcomes for the callers. We can be responsive to intricate demands, because we have open lines of communication and respect the roles that each of the services play in supporting the clients."

These are outcomes of which we, as a service are very proud and we look forward to the findings of this Senate Inquiry supporting our work as we continue to work collaboratively to deliver a service which supports the recovery of women and their children who have experienced family violence and sexual assault.

¹ Commonwealth of Australia (2012) 'Safe and Free from Violence: National Plan to Reduce Violence Against Women and their Children, including the first three-year Action Plan', https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf p23.