



Australian Government
Department of Social Services

Senator Jonathan Duniam
Chair, Standing Committee on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Senator Duniam

Thank you for providing me with the opportunity to respond to the correspondence received by the Senate Community Affairs Legislation Committee (the Committee) from Ms Karen Willis, Executive Officer, Rape and Domestic Violence Services Australia (R&DVSA) on 10 March 2017.

I would like to assure the Committee that I take the Senate Estimates Committee hearings and my responsibilities as a senior government official extremely seriously. I am committed to providing the Committee with accurate evidence and would not knowingly or deliberately provide the Committee with inaccurate or misleading evidence.

In relation to the 1800RESPECT service, I rely to a significant extent on information provided to the Department of Social Services (the Department) by Medibank Health Solutions (MHS), to which the Department provides funding to deliver the service. I have no reason to doubt the accuracy of this information and have used it in good faith when answering the Committee's questions.

I have reviewed the material provided by Ms Willis in close detail and cross-checked it against our data and information. I am confident that the evidence I have provided to the Committee is accurate and reflects information provided by MHS to the Department. As you would be aware, I have recently written to the Committee with a request for two very minor amendments to the Hansard (letter dated 6 April 2017) to correct the date R&DVSA was informed of the possibility of a tender process (as per item one of Ms Willis' letter) and to clarify information I provided regarding the cost of training trauma specialist counsellors (as per item 13 of Ms Willis' letter).

Further to the evidence I provided at the Additional Estimates hearing on 2 March 2017, I would like to take this opportunity to specifically address some of the key points made in Ms Willis' letter.

- i) MHS tender process (refer items 1, 20 and 21 of Ms Willis' letter)

The tender process is subject to strict probity requirements and is run by MHS, independent of government and the Department. The Department has accepted the advice of MHS about the appropriateness of the process and timeframes

allowed and we understand the process has been overseen by an independent probity advisor, contracted by MHS.

With regard to the promotion of the tender process, MHS has indicated that it directly contacted 27 managers from the family, domestic violence and sexual assault support sector and other relevant organisations to advise them of the Expression of Interest (EOI) process, and also advertised the tender on Tenders Online. These actions are in addition to the MHS Relationships Director meeting with Ms Willis on 13 February 2017 to advise her personally of the decision to go to tender. The tender process commenced and the EOI was released on 14 February 2017.

ii) Reporting and treatment of complaints (refer items 2 - 7)

As stated at the time, the evidence Ms Lara Purdy and I presented to the Committee regarding the number of complaints received about the service was based on data provided by MHS for the period 1 October – 31 December 2016.

Based on information provided by MHS, we understand that the 164 complaints reported by R&DVSA refer to a log of administrative, technical and process issues, rather than complaints. That is, these were issues raised by R&DVSA staff, not complaints made by callers to the service.

At a meeting on 8 February 2017, MHS and R&DVSA agreed to a new process for identifying and resolving future issues. Further to this, on 29 March 2017, they agreed that the issues recorded in the log had been resolved.

I am advised by MHS that all caller complaints are registered in a complaints management system and formally investigated within seven days. Of the 32 complaints received during 1 October – 31 December 2016, six were substantiated. MHS takes action to address each substantiated complaint including coaching staff, amending the protocols or modifying the IT system. MHS has also provided the Department with detailed information regarding its quality assurance process and governance protocols.

iii) Funding, service levels and staffing (refer items 8-19 and 22)

The evidence I presented to the Committee on call and service level rates was based on data provided by MHS and refers to calls offered (total calls made to the service) and calls answered. This is different from 'occasions of service' referred to in Ms Willis' letter, which include call backs to clients, calls to other agencies and emails. Using the calls offered and answered data gives the most accurate and transparent picture of the actual demand for the service and the direct response to clients.

Since the implementation of the first response model in August 2016, the Department now receives more comprehensive data from MHS and has greater transparency of the types of calls made to 1800RESPECT. Data from MHS indicates that between 25 to 30 per cent of callers require trauma specialist counselling. This contrasts with the figure of 98 per cent reported by R&DVSA for 2014-15 to 2015-16 which has not been supported by evidence. During this period, R&DVSA was only answering 31 per cent of calls offered to the service. Given that so few calls were answered, it is not possible to know what support

was required by the remaining 69 per cent of callers whose calls were not answered at the time they needed support.

As per my evidence to the Committee, I can confirm that in 2015 the Government provided \$4 million in additional funding to increase the capacity of 1800RESPECT to respond to increased demand and answer more calls. R&DVSA received \$3.6 million of this funding to increase the full time equivalent counsellor numbers from 21 to 31.65, resulting in over 10 additional counsellor positions, equating to a 50 per cent overall increase in staff. The funding and increase in staff did not significantly increase the number of calls being answered.

The introduction of the triage approach has addressed the systemic issues that restricted 1800RESPECT's responsiveness whilst ensuring the service remains high quality. The new model enables vulnerable people to have their call answered when they call; enables greater flexibility in matching staffing to demand; and ensures that those callers who require more in-depth counselling are able to access it more easily. The success of the new model is demonstrated by data. From 1 October 2016 to 31 December 2016 92 per cent of calls to 1800RESPECT were answered in comparison to 17 per cent during the same period in 2015.

As I stated to the Committee, R&DVSA was invited to provide a proposal for the delivery of the 1800RESPECT service during the review undertaken by KPMG, however the proposal did not sufficiently increase the responsiveness of the service or reduce call wait times and abandonment rates.

The Department is committed to ensuring the 1800RESPECT service remains high quality and responsive to all Australians. It is a flagship Commonwealth initiative under the *National Plan to Reduce Violence against Women and their Children* (the National Plan). The service provides telephone and online counselling but it also supports frontline workers through a digital toolkit and regular educational webinars; has a website that includes important information for those affected by domestic or family violence or sexual assault; and has the DAISY app which contains up to date information on family and domestic violence services available around Australia.

The Department has worked closely and in good faith with MHS and R&DVSA to seek solutions to issues, including multiple senior level and operational meetings and visits to R&DVSA's Sydney premises. We are in regular contact with MHS to ensure 1800RESPECT continues to deliver a responsive and high quality service to callers.

As a senior public servant I take our duty to people in crisis very seriously. Under no reading of the situation could it be considered acceptable that only 17 per cent of calls were answered, as was occurring between October and December 2015, prior to the implementation of the first response triage model. When people call 1800RESPECT it is vital that their call is answered in a timely way. The first response triage model facilitates greater access to trauma specialist counselling, by relieving specialist counsellors from answering all calls to the service and allowing them to focus their attention and expertise on those who need this more intensive support.

I understand that change can be difficult for some organisations, however we have an obligation to people affected or at risk of family and domestic violence and sexual assault to ensure 1800RESPECT provides a high quality and response service and to implement changes to improve the service where required. The information I have provided to the Committee is evidence of the improvement to the responsiveness and quality of the 1800RESPECT service since the changes were made to implement the first response model.

I emphasise that I stand by the evidence that I have provided to the Committee and I trust the additional information provided above confirms the accuracy of my testimony.

Thank you again for the opportunity to provide a response.

Yours sincerely

Dr Roslyn Baxter
Group Manager, Families

1  May 2017