

Senator Jonathon Duniam  
Chair  
Senate Standing Committee on Community Affairs  
[Community.affairs.sen@aph.gov.au](mailto:Community.affairs.sen@aph.gov.au)

Attention: Ms Jeanette Radcliffe  
Committee Secretary

10 March 2017

Dear Senator Duniam

**Re: Senate Standing Committee on Community Affairs, Senate Estimates hearing  
2 March 2017 in relation to 1800RESPECT**

As the Executive Officer at the Rape and Domestic Violence Services Australia I have been contacted by a number of senators and organisations in the sector who have asked me to clarify information that I understand was provided to the Senate Estimates hearing on 2 March 2017.

Having now seen the transcript of that hearing, I am extremely concerned that the Committee has been provided with incorrect information. I am therefore writing to you now in order to correct the record.

I hope that this information will be of assistance to you. Please do not hesitate to contact me if there is anything else that I can do to assist senators and the Committee in its deliberations.

Yours sincerely

Karen Willis OAM  
Executive Officer, Rape and Domestic Violence Service Australia

Cc Members of Senate Standing Committee on Community Affairs

**Response to Dr Baxter in Senate Estimates 2 March 2017**

**Facts:**

The 1800RESPECT service commenced October 2010.

In the full years following; period 2011 – 2016:

- There has been an increase in demand of approximately 300%. (MHS claims there has been a 410% increase in demand.
- There has been a 54% increase in funding
- There has been an increase of 64% in occasions of service (calls answered, on line counselling etc)

	What Dr Baxter says	The Facts
1	MHS did provide information to RDVSA as early as 3 January that a tender process was likely and also that that was likely to involve an initial EOI process. They advised them again on 3 February, and then when the decision was made they had a special face-to-face, personal meeting with the CEO to let them know that was happening and to let them know what the EOI	<ul style="list-style-type: none"> <li>• <b>This is incorrect.</b> MHS had floated that there <u>may</u> be an EoI. This is in keeping with the National Plan of 2010. It was also floated that it may be a select tender or it may be a rollover. It was not until 3.2.17 that R&amp;DVSA was informed it would be an open EoI. The person who met with us on the 3.2.17 was at pains to say he was advised against telling us and argued with MHS that it was the right thing to do. This was confirmed at a subsequent regular Clinical meeting with MHS. They did not want to inform us in advance.</li> <li>• <b>This is very misleading.</b> The EoI was announced on the MHS tender website 6am 4.2.17. We are not registered to that site and were not informed that is how it would be announced. We were informed by email from the same MHS person who came on the 3.2.17 at about 9.30am. It was only then did we know the content of the EoI. Each question started with "Detail the..". it was not a simple or quick job.</li> </ul>
2	We can advise you that we do know about some complaints since the triage service has been implemented.	<b>This is very misleading.</b> There is a very significant increase in complaints. This information has been provided by R&DVSA to MHS.

3	We were simultaneously receiving in the department many complaints about the service, and particularly about call wait times and abandonment times.	<ul style="list-style-type: none"> <li>• We are aware of maybe 6 to 8 complaints with several being from the same person. We were never provided with these complaints nor did we have the opportunity to respond.</li> <li>• <b>This is very misleading.</b> We absolutely acknowledge that demand was and is much higher than the counselling hours we were funded for and were therefore unable to answer every call.</li> <li>• We take the approach that when we answer a call we provide the best possible response to that person at that time – however long that takes.</li> <li>• The alternate is to answer every call but provide a response that is of little value in assisting the person toward safety and recovery.</li> <li>• The option of answering every call with no regard to providing best possible assistance means <u>no one</u> gets the service they need.</li> </ul>
4	How many of those complaints were substantiated?	<b>This is very misleading.</b> MHS response to most complaints is 'not substantiated' with no evidence of how that was concluded.
5	R&DVSA are contractually required to pass on information of those complaints	<p>We do pass on all information on complaints. Unfortunately we often receive little or no feedback and in many instances it has been necessary to resubmit those complaints as they remain unresolved. <b>We are very concerned that MHS does not pass on complaints to DSS.</b></p> <ul style="list-style-type: none"> <li>• We pass on all individual client complaints as they are received but rarely receive a response. We also provide MHS with the following reports:</li> <li>• Quarterly and six monthly reports to MHS, including all complaints</li> <li>• It is important to note that MHS is informed of all of complaints. In many cases there was direct contact with the MHS National Clinical Services Director. This is particularly the case when there was imminent danger or risk to a caller, particularly women or children who are self-harming, suicidal, or being assaulted at the time of the call.</li> <li>• <b>The R&amp;DVSA report to MHS identified 164 complaints between 1/10/16 – 30/12/16. Total of 142 complaints registered with MHS 1/11/16 – 1/2/17. Many of these complaints remain outstanding and unresolved.</b></li> </ul>
6	October to December 2016 complaints, 18 were about first-response counsellors; six were about trauma specialist counsellors—those counsellors that are provided by RDVSA; two are unrelated to the service	<b>This is incorrect and highly misleading.</b> The R&DVSA report to MHS identified 164 complaints between 1/10/16 – 30/12/16. Many of these complaints remain outstanding and unresolved.

7	What the warm referral means is that the initial counsellor stays on the line so the caller does not have to repeat their story as part of that transfer process.	<b>This is highly misleading.</b> Our complaints register indicates that this process, which was agreed as the policy for transfer of calls from the call centre to specialist counsellors is at times breached. A number of the complaints are about this process. eg the triage person did not hand over, the triage person did not ensure consent for the information to be handed over, or the triage person put the caller on hold while they did the handover.															
8	In 2015 we experienced the situation of an extreme spike in calls	<ul style="list-style-type: none"> <li>• <b>This is incorrect.</b></li> <li>• The increase in demand has been steady since 2010. There have been some small spikes but overall the rise has been consistent with expected seasonal variation.</li> </ul>															
9	\$3.6 million to RDVSA in four \$900,000 allotments	<b>This is both incorrect and misleading.</b> Funding was to fulfil contractual requirements to employ additional staff. It was not 'additional' funding. It was paid over 2 years.															
	Increase its staff 21 to 31.65	<b>This is incorrect.</b> This is not a 50% increase in staff, it is a 33% increase in staff and the occasions of service increased in line with that increase in staff. Unfortunately demand also increased – but at a higher rate than the increase in funding or staff. This means that the service is always playing catch up. We have never had sufficient staff to answer all of the calls being directed to the service.															
10	67 per cent of calls not being answered	<b>This is not correct.</b> We cannot determine where this 'information' is sourced.															
11	With the increase in calls, what was hoped was that we would be able to increase the calls by about 10,000 with that extra funding and staff, so from 45,000 to 55,000 calls. But in fact only 20,713 calls were able to be answered in that period.	<p><b>This is not correct.</b> The period this relates to is unclear but the closest is fin yr 14-15 and 15-16</p> <table border="1"> <thead> <tr> <th></th> <th>Occ. of Serv.</th> <th>% increase in funding</th> <th>% increase Occ. of Serv.</th> <th>% increase in demand</th> </tr> </thead> <tbody> <tr> <td>14-15</td> <td>44,837</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15-16</td> <td>59,578</td> <td>35%</td> <td>33%</td> <td>18%</td> </tr> </tbody> </table>		Occ. of Serv.	% increase in funding	% increase Occ. of Serv.	% increase in demand	14-15	44,837				15-16	59,578	35%	33%	18%
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12	those calls that are for information, or from another service which is seeking to know where they can get particular information or from a friend or family member, is not the best use of your very expensive, trauma-specialist counselling	<p><b>This is both incorrect and a very dangerous assumption.</b> Prior to triage 2% of callers were assessed as non-trauma calls. Dr Baxter states that 75% of callers are non-trauma calls. Examples include:</p> <ul style="list-style-type: none"> <li>• a caller requests a phone number or some other simple request. A triage worker will provide this and disconnect. A trauma specialist service will engage the caller. This overwhelmingly results in a change in presentation. People do not generally ring national SA/DFV services for a phone number.</li> <li>• Good support from friends and family is critical to recovery. With this group of callers a trauma</li> </ul>															

		<p>specialist can assist with the management of the impact on them and provide tailored assistance in how that person can best assist the person they are ringing about.</p> <p>Both of these examples are exactly why trauma specialist should be answering the calls.</p>
13	Trauma-specialist counsellors cost \$245,000 each to train	<p><b>This is not correct.</b> We cannot determine the source of this 'information'. The MHS contract quotes \$19,998 per counsellor in 2016 for recruitment and training. However, it is worth noting that all of the specialist trauma counsellors who are employed at RDVSA have a minimum four year degree. In many cases they have more than one degree and accredited clinical qualification and in most cases they have at least ten years professional clinical experience, although some have a longer period of experience both in Australia and overseas. It is also important to note that there are no social work or clinical psychology degrees in Australia that can be completed in less than 4 years and that in most cases these are post graduate degrees. All reputable employers of social workers and clinical psychologists also require ongoing clinical supervision of their staff. The most recent MHS job advertisement asks for a 'relevant 3 year social sciences degree' with 2 years of counselling experience and experience in sexual assault and domestic violence being an advantage, but not a requirement. This suggests that MHS counsellors may hold a generalist social sciences degree rather than a specialist qualification. The job advertisement further offers 5 days of in house training. It is not possible to determine the cost of this training to MHS.</p>
14	just directing traffic	See 12
15	Was it about extra staff? What is it that we can do to get these calls answered? It was very clear from RDVSA that there was not the ability to scale up to the degree that was needed to meet the excess calls. We were told there had been some new staff come on but they were not able to take on new staff at that time.	<p><b>This is absolutely incorrect.</b></p> <ul style="list-style-type: none"> <li>• We have always said we need extra staff and are willing to employ new staff.</li> <li>• Every increase in funding has resulted in an increase in staff which has resulted in an increase in occasions of service. The problem continues to be that there has always been an increase in demand that has outstripped funding.</li> <li>• We have said it takes 3 months to recruit. This includes the recruitment process itself plus an allowance for most successful applicants to provide notice to their former employer or to take leave after resignation from their previous job, plus 2 weeks orientation.</li> </ul>

16	it would have involved new premises	<b>This is absolutely incorrect.</b> We had identified new premises and were in the final process of signing a 5x5 year lease. However, insecurity of funding makes it impossible to move from our current premises, which are unsuitable for the work that we do and for the level of staff required.
17	did not have the ability to train, to bring staff on to the degree that was required	<b>Absolutely and completely incorrect.</b> This has never been stated by anyone at RDVSA as it is not true.
18	RDVSA did put forward a model through that process but, unfortunately, the model that they put forward was really unsatisfactory to us. It still involved 25 per cent of calls being abandoned.	<ul style="list-style-type: none"> <li>• <b>This is absolutely untrue.</b> The model which we proposed, which included a form of triage by specialist counsellors was implemented in April – June 2016 when we became aware that that KPMG had been instructed to propose a triage model for 1800RESPECT.</li> <li>• The trial was undertaken within existing funding.</li> <li>• We reduced calls not answered to just over 20%.</li> <li>• We proposed that with an additional \$2 million we could reduce calls not answered to below 5%.</li> </ul>
19	unacceptably long wait times	RDVSA has always been absolutely committed to answering all calls in a timely manner. We have written to the Minister on several occasions setting out data that demonstrates a very clear relationship between funding increases and increases in our capacity to answer calls in a timely manner. In fact, Our capacity to improve response rates is higher than the funds that we receive. This has also been raised directly on many occasions with DSS/MHS. Clients have told us that while they needed to wait on occasions, it was always worth the wait.
20	MHS did very concerted outreach to all of the relevant counselling organisations, peak bodies and people who might have had an interest in it	<b>This is misleading and a mystery.</b> None of the peak bodies or sector leaders which we consulted had been contacted by MHS. We consulted Women’s Health NSW, DV NSW, NASASV (National Association of Service Against Sexual Violence) We are unaware which organisations were contacted.
21	four days really reflects the amount of work that was required to fill out the form	See attachment 1 for the EoI it was not a form and each questions stated with “Detail...”
22	in December 2015, of 5,724 calls, only 17 per cent were answered; a year later, with an extra 1,000 calls—6,818 calls—92 per cent were answered.	<p><b>This is absolutely incorrect.</b> MHS reports that in Dec 2015 2,905 calls were answered. The same report states that call demand was 5,564. This is a response of 52%.</p> <p>In fact there were 5,312 contacts overall, including writing police reports, child protection notifications, responding to client emails etc (some callers prefer to email rather than call).</p>

		<p>It is also important to recognise that part of the 1800RESPECT contract with MHS requires RDVSA to maintain a 'recontact' phone line. This line is a separate phone number that is provided to those callers who initially call through as a crisis call but are assessed as having complex trauma that requires lengthy and specialised follow up. These calls can number at least the same as those initial crisis calls.</p> <p>Again this underlines the significant relationship between funding and our capacity to answer calls in a timely manner. Where there is insufficient funding, calls cannot be answered and this is of enormous concern and regret to everyone at RDVSA.</p>
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**Overview (ex summary)**

**Capability**

1 Detail your knowledge and experience relevant to the requirements of the procurement

2 Detail your business's resources and systems to meet the objectives of the procurement.

For example:  
Personnel;  
CVs of key personnel, including management, supervisors;  
Current full-time employees number

3 Detail any value adding factors (e.g. innovations, environmental or social benefits) that makes engaging with your business more favourable than others in the market place.

For example:  
Company Management Systems relating to;  
Safety  
Cost control  
Quality assurance

Detail any other alternative solution recommended towards delivering the requirements of the procurement.

For example:  
Proposed approach to performing the Services incorporating (as a minimum);  
Project planning  
Implementation

**Compliance Statement**

As part of the Invitee's response to this Invitation, the Invitee is required to demonstrate their compliance with *Part A.2 – Overview of requirements*. Where the Invitee will not comply or will only partially comply, the Invitee must cross reference the specific clause and state either *will not comply* or *partially comply* in their Offer.

**Compliance with Part A.2 – Overview of requirements**  
[Invitee is to only use this table for instances of non-compliance or partial compliance]



Objective	
Victims of FDV/SA;	
Anyone at risk of FDV/SA	
Family and friends of victims of FDV/SA	
Frontline workers who may encounter, in the line of their work, people impacted by FDV/SA	
The trauma specialist counselling service will operate seven days a week, 365 days a year	
Engage a client through establishing a client's safety and building rapport	
Develop a treatment toolkit that is sensitive to the client's needs	
Develop therapeutic plans that assess the client's goals for engaging with the service, provide psycho-education in relation to trauma, connect with available supports and support motivation for change	
Refer clients to appropriate local services if needed	
Provide continued assessment of and intervention in any concerns related to the client	

**Financial Viability**

Invitees' are required to demonstrate that they have the financial capacity to meet the requirements of the EOI. Invitees are also requested to disclose any significant event, matter or circumstance that has occurred in the past three years which may affect the operations of the Invitee.

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Pricing Principles

# Counsellor

**Apply now Job no:** 926531

**Work type:** Full-Time, Part-Time

**Location:** Work from home, All Australia

We're passionate about nurturing careers.

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## About Us

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## The Opportunity

As a Counsellor, you will be part of the team who provide telephone and online triage, counselling and support services (incl. crisis, trauma, anxiety and depression services and support for survivors of sexual assault and family or domestic violence) as well as addiction relapse services. As part of our team, you will help vulnerable members of our community by providing accessible, quality health and wellbeing support to metropolitan, rural and remote communities.

The telephone and online based nature of this role will require you to multi-task between listening and supporting callers, typing notes and referring to clinical resources and online support tools. Core duties include:

- Crisis intervention with some brief counselling;
- Telephone triage, information and referral;
- Liaising with external service provision agencies across the health and human services system.

We work on a fixed roster system (either full or part time - your choice!) giving you work life balance and with ongoing education, support and supervision you'll always feel part of the team no matter where you are based. We offer work at home roles to suitable candidates which allow you to balance work with other commitments.

## About You

To be successful in your application for this role, you will need to have:

- A minimum of two years counselling experience ideally with demonstrated ability to work in telephone/ online counselling;

- Experience in working with victims of trauma, including survivors of sexual assault, and domestic or family violence would be a distinct advantage and would significantly increase your chances of being successful in your application for these positions;
- A tertiary or post graduate degree (of minimum three years duration) in a relevant discipline in social science, social work, psychology or counselling.

**Other requirements include:**

- Completion of our 5 day full time paid training program commencing on the 3rd of April;
- Setting up a home base that meets our health and safety requirements, access to ADSL, cable or NBN internet and a copper wire telephone line; and
- Working between 22.5 – 37.5 hours per week.

**What We Offer**

In return for your hard work we offer a range of great benefits, including subsidised private health insurance, travel insurance and pet insurance. Furthermore, we take the health and wellbeing of our employees seriously, offering flexible working conditions and encouraging wellbeing at all levels of life.

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A Career at Medibank adds up to more. More achievement. More progress. More passion and more innovation for health.

**Advertised:** 22 Feb 2017 12:00 AM AUS Eastern Daylight Time

**Applications close:** 22 Mar 2017 11:55 PM AUS Eastern Daylight Time

<http://jobs.medibank.com.au/cawm/en/job/926531/counsellor>