



**Submission to**

**Joint Standing Committee**

**Implementation of Redress-related Recommendations**

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## About Relationships Australia Victoria

Relationships Australia Victoria (RAV) is a specialised provider of family, relationship and training and development services in Victoria. With 14 principal centres and a number of additional outreach sites across the state, RAV has considerable practice expertise in delivering programs for individuals, families and communities affected by social and wellbeing issues such as family violence, child protection issues, mental health difficulties and high conflict family law disputes.

RAV offers a diverse range of clinical services including counselling, therapeutic case management, men, women and child family violence programs, parenting programs, group work (including Men's Behaviour Change Programs) and dispute resolution.

In 2017-18, RAV provided a range of DSS-funded services to support a range of at risk groups, including:

- Reclaim Support Services for survivors of child sexual abuse or those affected by the Royal Commission into Institutional Responses to Child Sexual Abuse
- Compass Support Services for those affected by forced adoption practices
- i-Connect Family Mental Health Support Services (Bairnsdale), delivering early intervention services to children and young people 0 -18 years of age, who are at risk of or affected by mental illness, supporting them to stay connected and engaged in education and social activities.

## Response to invitation for submission on the implementation of the Redress Scheme

### Introductory comments

Noting that the Redress Scheme will have only been operational for 48 days by the due date for submissions (17 August 2018), the following paper responds to the recommendations regarding implementation only to the extent possible, and notes some of the implementation concerns.

To date, responses to a number of implementation questions are pending or awaiting further information, including:

- What will the application process look like?
- What information will be available on the web site?
- How will counselling be supplied in the long term?
- Will there be additional training for Royal Commission Support Service (RCSS) staff?
- How and when will the Independent Decision Makers be appointed?
- What information will be available to share with survivor groups to support their application?

- When will current RCSS organisations be invited to tender for Redress support services?

Leading up to the implementation of the scheme, RAV and other RCSSs were unable to access prepared collateral, marketing, consumer handouts or explanatory information, which remain pending as at the date of this submission. Other information was received only days prior to the commencement date of 1 July and/or in the days and week after scheme commencement.

A major concern was that there was little forthcoming information in regards to extending the RCSS funding to support the commencement of the Redress Scheme, which posed a risk that knowledgeable, informed and sector specific staff would leave the organisation to procure steady ongoing employment. RAV faced retention challenges for knowledgeable staff given that the decision to extend funding was only communicated 2 months prior to the start of the scheme.

Impacts of the delay in essential aspects of the implementation included confusion within the survivor group, uncertainty for providers and a loss of reputation for government services. We contend that the transition to Redress Support Services could have been achieved much more smoothly had the procurement process been concluded and clear instructions and guidelines for clients provided, allowing the survivor group and services to move forward together on the basis of best practice and achieving the best outcomes for consumers, without adverse impact on this already vulnerable group.

Service providers remain in an uncomfortable position of waiting for information regarding which providers will be providing ongoing 'state funded' counselling. Application/tendering processes for ongoing funding have not been released, and services are only funded to 31 December 31 2018.

The disadvantage to the survivor group of these timeframes is that they cannot commence their long-term access to counselling of choice immediately as they wish. At the moment they may hold an expectation of being able to access current services (such as RAV): however, this imposes a very blurry boundary for clients and also means that if they need to change in a few months' time that the interim relationship will be ruptured or face unnecessary upheaval.

## Specific comments relating to elements of Redress Related Recommendations

### Redress elements and principles

#### Section 3

While operating in a period of uncertainty and transition, existing state services (including sexual assault services) are highly stretched in supporting survivors. For many survivors, having lived through the secondary trauma of the Inquiry, they are experiencing an onslaught of new symptoms of trauma surrounding their experience.

It is essential that Redress Support Services and state funded counselling services are well resourced and do not have to rely upon any existing funding to ensure that waiting lists are minimal and survivor-led responses can be provided.

#### Section 4 (c)

At this stage we understand only a traditional style of counselling modality and dosage is being offered in a 1:1 setting. This does not address the differing cultural and therapeutic needs of survivors. Some may want group therapy. Other may benefit more from other forms of culturally appropriate therapy. Feedback from the survivor cohort would indicate that they may need to move away from a trusted modality or counsellor to continue their therapeutic intervention. Seeking and commencing an alternative therapy stream has also caused duress within this group, given that there has been no provision for anything else.

Some survivors may not benefit from counselling at all, and may require alternative approaches such as exercise, mindfulness groups or yoga that are more beneficial to their healing. These approaches are valid and evidence-based forms of recovery assistance, and provide more than a one dimensional approach to healing.

RAV's position, along with many other of our Victorian stakeholders, is that other forms of healing should be made available, not just 1:1 counselling. Family Therapy and Couple Therapy, for example, are services that many of our clients have utilised through our centres, and found to be helpful.

### Direct Personal Response

The sensitivities and intricacies around receiving an authentic and meaningful direct personal response have been well noted. The application form is silent on providing survivors with an option for this or to opt of this from the commencement of their involvement with the Redress scheme.

#### Section 5 (c) (ii)

As yet there has been little information available regarding how the respect and authenticity of a direct personal response is going to be ensured by organisations. To leave this open, or to have the responsibility fall to anyone is deemed to be very unsafe for survivors and certainly not conducive to a trauma-informed framework or trauma-informed best practice.



## Counselling and psychological care

Survivors may not always require or need a counselling-based response. They may require a medical intervention, and these are not covered by the Redress Scheme. There is little in the way of a holistic, individualised response being taken, with the response seeming one dimensional and rigid in many ways. The scheme could be more committed to acknowledging the varying and vast needs of the survivor group.

### Section 9 (a)

This is not defined in the Redress information. At this stage, it is only for the life of the scheme – 10 years. Additionally, survivors who are located in regional, rural or remote areas received a \$5K lump sum which is inadequate to cover a life time of counselling. We estimate this may cover up to 30 sessions. Our clinical insight would indicate that this dosage lacks the quality and quantity required for attaining long term healing.

While we appreciate the inclusion of a lump sum payment to support survivors in remote or regional areas, we also acknowledge this is in direct contravention of Section 11. (c) where a lump sum payment was deemed to be a less preferred option.

The lump sum also provides little flexibility for a survivor to opt in and out of counselling, as so often is the case, and preferred regime for counselling. Often people cope very well with the trauma they have experienced in their life, and at other times, they do not. They may require counselling in an episodic fashion to cope with major life events, anniversaries or unexpected events.

It may be well in excess of 10 years, or, for the younger cohort, they may not need this level of support in the next ten years alone. It is impossible to schedule a requirement for counselling over a lifetime, considering what may impact upon an individual at any given time.

Long term counselling options have not been offered to survivors in the Redress scheme. Survivors will need to relive the past traumatic experience in order to complete the application form, and once the survivor has accessed the limited counselling provided, they will be left without a service that offers long term counselling if required. This could have severe consequences for survivors and pose risks if they're left untreated and isolated without support.

### Section 9 (c)

At this stage we understand survivors will have to choose from the list of approved counsellors and state funded counsellors. This may not be suitable or flexible for individuals. There may be pre-existing relationships with an agency or therapist who did not receive state funding though the Redress scheme, or issues around living in a small demographic where accessing one approved service is not suitable.

Being able to continue with an agency, counsellor or therapist where there is an existing relationship is more suitable to the survivor group, who can often find change management challenging, or impossible, and experience debilitating anxiety at the thought of re-telling their story and establishing a new relationship with an unknown person.

### **Section 9 (d)**

The response of the scheme appears to be in direct contravention of this point – a \$5K lump sum is very much a fixed limit. This provides no provision to allow for flexibility, choice or availability throughout a survivor's life.

For this to be a truly limitless provision, it should not be limited to ten years.

### **Section 9 (f)**

There has been no information received regarding how this requirement may be met. We identify that without the mechanism of ongoing assessment and review, there is a risk of exploitation to the survivor group with dependence on the practitioner being encouraged, rather than healing being encouraged from the survivor. Not all counselling modalities are designed to work in a synergistic manner with trauma. We keenly await further information in regards to this item and would welcome a sophisticated method of assessment and review that honours healing, purposeful work and trauma-informed practice.

### **Section 9 (g)**

We note with some level of discouragement and frustration there is no resulting provision for this whatsoever. Family members are very much exempted from any form of counselling.

### **Section 11(a)**

We support the RC's recommendation that "Counselling and psychological care provided through redress should supplement, not compete with, existing services".

Given the already stretched nature of support services (such as the mental health sector and sexual assault services in Victoria), additional funding should be provided for counselling rather than there being an expectation that already funded services fit this into their pre-existing service provision.

### **Section 14 (a)**

With the information being made available to us we feel this area of the Scheme is yet to be fully addressed and developed. We take this opportunity to highlight the importance of taking a holistic approach to survivor wellbeing and health, as there is a risk of it becoming a secondary priority to the functions of bureaucracy.

We know that the counsellor register has been developed and is live, but the guidelines seem to recommend something similar for mental health literate GP's. Is this happening?

What some people require (rather than therapy which they have already 'done to death') is case management as they may have housing/complex health/AOD needs that require a coordinated response. This really does not fall under the remit of the Redress Support Services (as this may be needed for many years) and is also not necessarily a skill set of a counselling service or private practitioner.

## Monetary payments

### Section 15

The assessment and determination of monetary payments is being based on a matrix. The development and complexity of this tool seem to be remaining private at this stage. This is causing some level of concern within the survivor community, acknowledging it is impossible to arbitrarily place a 'value' on individual trauma and the event of 'trauma comparing' between groups and individuals.

### Section 19 (b)

When the monetary cap was reduced from \$200k to \$250k there was much demonstration and challenges to protest this. We continue to advocate for the cap to be placed at \$200k and take this opportunity to indicate our resolve and commitment to seeing it moved from \$150k to \$200k.

### Section 22

The Royal Commission recommended that payments could be paid in instalments, and option which has not translated into the Redress Scheme. This continues to raise concerns around survivors who have historically struggled to manage their money, or may have gambling or other addictions. Clients may prefer instalments so that they can space the payments out over a number of months or years. They may be in vulnerable situations whereby others in their lives may take advantage or make demands of them if they receive a lump sum payment, as seen in other sectors and recipients of lump sum payments.

### Section 31

The system was in many ways neither established nor ready to begin on 1 July 2018.

## Trust fund for counselling and psychological care

### Section 40

This point makes strong financial responsibility sense in regards to being able to provide a long term service for survivors. It supports a lifelong approach to counselling which does not seem to be the intent of the government. There has been no further information or updates regarding this.

## Duration of a redress scheme

### Section 49

There has been little or nothing in the way of mainstream media of the scheme. For survivors who did not attend the Commission, or have little contact with the survivor community or do not attend a support group, or who are regionally isolated, or isolated in general, they have no way of knowing what services are now available, or that the scheme even exists. There is no evidence that a plan exists at all.



It would be highly beneficial to run high profile ad campaigns on mainstream media channels such as TV and radio, advertising that the Redress Scheme is operational and how to go about applying. This has not happened and survivors who are not part of their survivor community may have no idea that Redress is available. We contend that information regarding the scheme should be distributed as widely as possible as soon as possible.

## Offer and acceptance of offer

### Section 59

While the recommendation to the Redress Scheme was to have a period of acceptance of 12 months, this was adjusted to three months and again to six months. We feel the recommendation should be honoured with an acceptance period of 12 months. There are many known and unknown events that can impact on a vulnerable person's life, including the real concern of being re-traumatised following application for Redress, but also including periods of ill health, especially for those with cyclical mental illnesses. We would support and encourage a change to revert back to the 12-month acceptance period.

### Section 62

Anticipating that many survivors will have some level of concern in reference to the amount they may receive, we feel this area has been without an appropriate level of action. Will there be access to the Ombudsman's complaint mechanism or only through an in-house complaints and review procedure only?

If survivors wish to appeal, it is via the Independent Decision Makers, appointed by the Government. These are the same people who made the original decisions, albeit different IDM's the second time around. There is no option for someone higher up to review the decisions.

## Support for survivors

### Section 66

The Royal Commission recommended that if survivors wish to obtain counselling whilst going through the Redress process this should be available. Currently they cannot obtain ongoing counselling as this is not provided for, family members and other supports are also not catered for. The Commission also recommended that if survivors already had their own therapist, then they should be able to continue with this person – this is not happening. Survivors can only go to designated support services who may have limited scope.

Counselling should be available from the application stage, with a preferred practitioner. There is access to counselling only after the support package has been accepted.