

# **Chapter 4**

## **Committee View and Recommendations**

### **Committee View**

4.1 1800 RESPECT is a critical element in an effective response to the scourge of sexual assault and domestic and family violence. Since its establishment in 2010 the program has supported countless survivors. The effective delivery of this service remains a national priority of the highest order.

4.2 In the course of this inquiry the committee received evidence from 61 organisations and individuals. The evidence confirmed the significance of the service, and the high regard in which the service is held in the community.

4.3 None the less, some submissions have contended that recent policy and operational decisions in relation to the service establish a trajectory which in the coming years will not serve the public interest, and in particular, the interests of those who rely on the service. Other evidence has raised questions about the process by which such decisions have been made, and whether such processes are consistent with the practices and values which must underpin the delivery of public services.

4.4 The committee has sought to engage both diligently and soberly with this evidence, mindful of the imperative to ensure that those seeking assistance retain confidence in the service. Every person who needs assistance must feel confident that their first brave step will receive a professional, skilful, confidential and compassionate response.

4.5 Our conclusions and recommendations reflect our best efforts to establish a proportionate and thorough response to the evidence presented.

### **Delivery of counselling services**

4.6 The committee notes evidence that not every caller requires a trauma specialist counselling response at the time of the call. However, the evidence provided concurred that the first responders need to have trauma expertise and work within a trauma informed counselling model, and callers requiring trauma specialist counselling must be put through to a trauma counsellor quickly.

4.7 The committee is concerned that the first response counsellors employed by MHS are less qualified and less experienced than those accepting calls under the previous model; whereas the previous arrangement required staff with a minimum training of three years' experience, present arrangements require only two. Furthermore, the funding agreement between DSS and MHS for the delivery of the first response triage service requires counsellors with broad qualifications rather than trauma-specific expertise and with two rather than three years counselling experience.

4.8 The committee notes that it is a significant challenge for the three new not-for-profit subcontractors to be required to develop a systemic capability with the appropriate level of trauma counselling skills and sufficient counsellors to be able to

ensure that both quantitative and qualitative measures can be met in respect of present and future demand. Support for this transition is a priority.

4.9 More broadly, the committee shares the concerns of the sector regarding the medium term suitability of private sector provision of these counselling services. The 1800 RESPECT service and its performance measurement must reflect quality and client-focus as well as volume and efficiencies.

### **Recommendation 1**

**4.10 The committee recommends that the Government ensure that 1800 RESPECT first response triage counsellors and trauma counsellors have adequate qualifications and experience and an appropriate work environment. Specifically that:**

- **The 1800 RESPECT first response triage service is staffed only by counsellors with a minimum three year tertiary degree in counselling or equivalent and a demonstrated minimum three years' experience in specialised counselling in family domestic violence and sexual assault counselling and working with clients from diverse backgrounds and locations.**
- **The committee recommends that the government review the working arrangements for first response counsellors employed by Medibank Health Solutions, and intervene to ensure that:**
  - **first responders receive appropriate initial and ongoing training;**
  - **appropriate clinical supervision is provided;**
  - **the practice of working from home cease; and**
  - **policies and procedures aimed at protecting clients, and also those aimed at protecting responders from vicarious trauma, are implemented.**
- **More broadly, the committee recommends that the government consider whether having a principal contractor, rather than the specialist services themselves, providing first responder services represents value for money and best-practice.**

### **Recommendation 2**

**4.11 In respect of the trauma specialist counsellors, the committee recommends:**

- **that sufficient funding be made available for the telephone counselling function of the 1800 RESPECT to ensure that there are sufficient specialist trauma counsellors to meet current and future demand for counselling, having regard to both quantitative and qualitative performance measures.**

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## Transparency

### *Public accountability and program evaluation*

4.12 The delivery of this public service by private and non-government organisations must be subject to the same level of scrutiny as programs delivered by government. The apparent lack of awareness of the legal and accountability requirements of government by executive and senior staff in the DSS and MHS is of great concern to the committee.

4.13 The committee expressed deep concerns at the lack of accountability and evaluation information for a public program. The committee observed a lack of consistency across definitions of service level and performance and that DSS, MHS and RDVSA seemed to be using different metrics and definitions of minimum service levels. These performance metrics and program evaluation are an important aspect of public accountability and effective service delivery.

4.14 The committee notes concerns from the sector that quantitative targets will receive greater attention than qualitative targets under the current funding agreement and MHS first-responder model. The committee acknowledges concerns that a for-profit model could undermine service delivery.

### *Procurement*

4.15 The Committee expressed deep concerns that program procurements and subcontracting tender processes did not follow government procurement guidelines.

4.16 The Committee notes that the contract between MHS and the Commonwealth has not been subject to a tender process since the privatisation of MHS. The Committee further notes that the subcontracting process conducted by MHS was rushed.

4.17 The Committee is significantly disturbed by an apparent attempt by MHS and DSS to influence RDVSA internal governance and withhold a multi-million dollar contract pending staff and board changes. The committee received evidence that the subcontract with RDVSA was contingent upon the organisation's AGM result and the appointment of a new CEO.

### **Recommendation 3**

**4.18 The committee notes that many of the procurement and accountability issues revealed in this inquiry are the remit of the Australian National Audit Office (ANAO) and strongly recommends that the government management of the program and its procedures is reviewed by the ANAO.**

### **Recommendation 4**

**4.19 The committee recommends that the Department of Social Services develop an evaluation schedule for the 1800 RESPECT program and release a high level evaluation plan that includes the quantitative and qualitative performance measures the contractors and sub-contractors will be measured against.**

## **Recommendation 5**

**4.20** The committee recommends the Department of Social Services brief its staff and contractors on their legal and contractual requirements in program management and Senate Standing Orders.

## **Recommendation 6**

**4.21** The committee further recommends that the government consider whether the principal contractor model, as currently arranged, represents value for money and best-practice. Specifically, the committee recommends that the government consider whether the value of the contract management services provided by Medibank Health Solutions (MHS) justifies the public funding provided to MHS for that purpose, or whether that is a function that would be better provided by government, with MHS retaining responsibility for the technological (telephony and online) aspects of the program.

## **Privacy and confidentiality**

### *Committee view*

4.22 The committee acknowledges that trust in 1800 RESPECT by callers and potential callers is vital to the effectiveness of the service. The 1800 RESPECT service must provide clients with relevant information pertaining to the extent and limitations of privacy and confidentiality in a manner that they fully understand. Within these statements, the period of time that personal information is kept and the circumstances under which personal information would be de-identified and not destroyed must be articulated clearly.

4.23 The panel-model subcontracts between Medibank, safe steps, DV Connect and Women's Safety Services SA introduced a new requirement for calls to be recorded. The committee notes the concerns and mixed views within the counselling sector about the appropriateness of the approach, specifically that some feared that it would dissuade women from using the service.

4.24 Given the contentious nature of voice records, the committee considers it vital that appropriate protections are in place in relation to utilisation of privilege. This process appears to be driven by MHS standard practice rather than driven by client need. The committee notes that women-led organisations maintain particularly strict protocols that offer vital protections in relation to privileged information and that these protocols informed the operation of 1800 RESPECT up until the new agreements.

4.25 These protocols cover more than just the issue of confidentiality. The committee heard evidence that RDVSA used a set of guidelines that they had developed, and that were recognised as best practice for the delivery of their services. The committee believes it is important that this institutional knowledge is not lost. Instead, it should inform the delivery of services going forward irrespective of which service provider is under contract. The committee is of the view that DSS and MHS should take an active role in ensuring the transmission of valuable knowledge, and the continuity of the quality and standards that go with it.

**Recommendation 7**

**4.26** The committee recommends that the Department of Social Services require Medibank Health Solutions to develop 1800 RESPECT specific privacy information that clearly explains how personal information will be recorded and maintained. The privacy information will detail what the individual's options are, including opting out of recordings and remaining anonymous.

**Recommendation 8**

**4.27** The committee recommends that the Department of Social Services (DSS) require Medibank Health Solutions (MHS) to develop a clear statement for the 1800 Respect website detailing:

- how MHS manages information, voice records and files; and
- relevant information on the extent and limitations of privacy and confidentiality in a manner that they potential callers can fully understand.
- that the DSS develop a clear, written protocol on handling of subpoenas and applying for privilege for MHS and subcontractors by March 2018.
- that staff are informed of these protocols and their requirements.
- that this protocol is made available on the 1800 RESPECT website.

**Senator Jenny McAllister**

**Chair**

