

10 March 2015

The Hon Justice Peter McClellan AM
Chair
Royal Commission into Institutional Responses
to Child Sexual Abuse

Dear Chair

Family & Relationship Services Australia (FRSA) is the national representative body for 182 not-for-profit organisations that provide family and relationship services to approximately 400,000 families from 1,300 outlets across Australia each year. Member organisations receive a mix of federal, state and territory and local government funds to deliver a range of services including:

- Accommodation & Housing Services
- Children's Services
- Children's Contact Services & Parenting Orders Program
- Community Services & Playgroups
- Communities for Children
- Disability & Mental Health Services
- Family Relationship Counselling
- Family Support Services
- Family Violence Services
- Mediation, Family Dispute Resolution & Family Therapy
- Men & Family Services
- Youth Services.

Members provide the full range of front-line family support services to children, young people and adults. Assistance is tailored depending on need and this is determined after an initial screening and assessment process. Safety and progress are monitored and reviewed throughout the intervention. Assistance may be provided at the individual, couple, family or group levels. Of the 38 community-based organisations currently receiving additional Commonwealth funding to provide support services to survivors of child sexual abuse, almost one-third (12) are FRSA members. All community-based agencies funded under the Families and Children Activity are required to meet [15 quality service standards](#).

We offer the following comments with respect to Chapter 5 of the Consultation Paper, *Counselling and Psychological Care*.

We agree with the statements made in the Consultation Paper that:

- The effects of child sexual abuse on mental health functioning are many and varied and affect survivors in multiple life domains including at the individual level (mental health and physical health), the interpersonal level (emotional, behavioural and interpersonal capacities) and the societal level (quality of life and opportunities) (p. 105)
- There is no reason to oppose therapies or services that survivors find helpful(p.111)
- Counselling and psychological care should be available to survivors when they need it throughout their lives (p.111)
- 'Treatment readiness' is a key factor for success (p.112)

- While there is a need for counselling throughout a survivor's life, it is not necessarily needed continuously (p.112)
- Finding the right practitioner and type of service is important (p.112)
- Flexible and individually focussed care is important, as is client choice particularly with respect to method of service delivery and evidence-based treatment models (pp.112-1133)
- Building trust between the therapist and client takes time and is a prerequisite to addressing traumatic memories or applying any technique (p.114)
- There should be no fixed limit on services provided to a survivor (p.114)
- No particular model of care should be prescribed.. but professionals should have the right capabilities to best treat survivors with complex trauma through training, including in trauma-specific approaches (p.115)
- There should be a suitable process of initial assessment and ongoing review, including the development of a treatment plan, by the treating therapist. (p.116)
- Any expansion in services should build on existing services, rather than displacing or competing with them (p.117). We consider that services should be integrated within existing supplemented services where possible. Practitioners and mainstream services need to be better at recognising survivors and their needs and ensuring those needs are addressed or making referrals, if appropriate (p.121)
- Survivors needs are not being fully met by existing services (p.119) - there is a shortage of capable practitioners in regional and remote areas; and of practitioners with cultural competency in working with Aboriginal and Torres Strait Islanders and culturally and linguistically diverse survivors (p.122)
- Governments should not re-direct funding from existing services to establish a stand-alone scheme. This is counter-productive and reduces the quality and choice of available services (p.123)
- Financial support should be provided for appropriate training programs (p.123)
- Funding for counselling and psychological care should be provided to service providers, rather than a lump sum component of a monetary payment to individual survivors (p.123)
- Medicare services should be substantially expanded as this would reduce barriers to accessing support (eg mental illness diagnosis requiring GP referral and mental health care plan; limits to service and gap fees) (p.125)
- A stand-alone Australian Government program for survivors should be established. It should determine eligibility for the stand-alone program, with institutions contributing towards cost. (p.129)
- A redress scheme should not seek to operate its own counselling services as this would limit survivor choice (p.120)
- A trust fund might be needed even if the public provision of counselling and psychological care is expanded.. to assist with filling the gaps (p.131).

What we're not sure about

- We think it is important that other family members are able to access assistance particularly when survivors disclose abuse. (p.116) This can be a stressful time for those in relationships. Services need to be available to family members as they at times are the ones willing to seek help first and are able to support and assist not only the survivor but other family members such as children, to reduce impacts on the family system. Relying on existing services to meet this demand is placing additional pressure on an already over-stretched service system. Many of our members have long waiting lists for their services.

- We support an accreditation process to ensure therapists have the right capabilities but are mindful of the multi-disciplinary nature of practitioners in this field and of the need to provide survivors with choice. There are many different practitioners that take on incidental counselling roles with families and family members and these practitioners also need suitable training in the form of professional development and the inclusion of trauma-based care and counselling skills in their undergraduate and post-graduate degrees. Accreditation must balance the need for practitioners to have the right capabilities while at the same time expanding, not restricting the service base. If the balance isn't right, there will be too few accredited therapists and this will not fill the gaps or provide survivors with choice, particularly with respect to the type of intervention provided. Accreditation, in terms of what it entails and who administers it, should be determined in consultation with practitioners and the various professional associations.
- Any scheme that requires upfront payment by survivors (and then reimbursement) may deter some from accessing assistance, especially those who are not in a position to make initial payment.

Some principles that we consider important when determining what should be available through a Redress Scheme and how best to implement it include the following:

- recovery-oriented care should apply whereby the client defines and drives their recovery and clinicians are collaborators rather than experts
- 'survivor-driven' processes that empower survivors to seek assistance and where the client's self-identified needs are the focus should be implemented; anything less runs the risk of disempowering survivors
- processes should facilitate access to assistance – there should be no barriers or disincentives to seek help when needed
- building the evidence base and applications to practice of recovery-oriented care models are critical
- implementing an integrated, recovery-oriented and mental health promoting services would enable a whole-of-family approach to be adopted – casework capability would also enable practical needs such as housing to be addressed
- it is critical that survivors are not re-traumatized when seeking assistance – there is a need for national standards for state and federal mental health service providers to ensure quality of training in and implementation of recovery orientation and trauma-informed care
- in order to provide survivors with flexibility and unlimited assistance in trauma-informed care and practice principles, existing specialist services, the broader support system (ie family services, homelessness services) and the primary health care system must be supplemented.

Thank you for the opportunity to provide feedback on the Royal Commission's Consultation Paper on Redress and Civil Litigation. If you require further information, please don't hesitate to contact me on 02 6162 1811 or by e-mailing Jackie.Brady@frsa.org.au.

Yours sincerely,

Jackie Brady
Executive Director



