



Australian Government
Department of Social Services

Merrindahl Andrew
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To Merrindahl Andrew,

I am writing to advise you of the change being made to the way 1800RESPECT operates, and to correct misleading information about the new model reported in the media.

Why a new model is needed

As you may be aware, there have been significant concerns raised about the increasing call wait times and call abandonment rates for 1800RESPECT over the last couple of years. In 2015, around half of all calls went unanswered, and some callers were left waiting for hours for their call to be answered. The Department of Social Services (the Department) received numerous complaints from the public and the community sector about this issue.

With increasing public awareness of domestic and family violence, calls to 1800RESPECT are predicted to grow significantly. In 2015, the Australian Government committed an additional \$4 million to address this growing demand. Despite this additional funding, call wait times remained unacceptably high.

How the new model was determined

In September 2015, the Department engaged an independent consultant to investigate options to maintain a high quality service, whilst also ensuring calls were answered quickly. Through a competitive evaluation process KPMG was selected to undertake this investigation.

The review included extensive consultation with organisations who manage comparable support services, and representatives from the domestic violence sector. The review identified three solutions with the optimal recommendation to move 1800RESPECT to a professional first responder triage model.

Prior to the commencement of the caretaker period, the Minister for Social Services, the Hon Christian Porter, considered KPMG's recommendation along with additional information provided by Rape and Domestic Violence Services Australia (R&DVSA) and other key 1800RESPECT stakeholders.

Medibank Health Solutions (MHS) was then asked to commence implementation of the triage model which is expected to be operational in August 2016.

About the new model

The new model will help ensure victims of domestic and family violence and their families can access counselling, information and support when they need it.

It will move away from a first-in, first-served approach to a triage model, allowing calls to be answered immediately and callers transferred to the right area to ensure they get the service they need.

The first responder triage function will be staffed by professional counsellors, all with a minimum three year tertiary degree in relevant fields (such as social work, psychology, counselling and welfare studies), and with no less than two years full time counselling experience.

All counsellors will undertake comprehensive trauma-informed training before answering calls. Counsellors will undertake risk assessments for each caller to determine the most appropriate response, including referral to trauma specialist counselling, provided by R&DVSA.

The Department has established mechanisms to ensure that R&DVSA can provide feedback into the implementation of the new model and the training modules should they elect to do so.

Publicity around the changes

Recently there have been reports in the media about the new triage model. These articles have contained misleading information, questioning the quality of the service delivered under the new model, and undermining its value to the victims of domestic and family violence – those who need the service the most.

The facts to address the questions raised in the media articles are outlined in the attached document – *The facts about the new 1800RESPECT triage model*.

Further information

I am confident that this new business model will only increase the quality and capacity of the 1800RESPECT service to meet the needs of callers.

If you have any concerns about these changes, I encourage you to discuss them with me or Gabrielle Denning-Cotter who can be contacted on 02 6146 3074 or gabrielle.denning-cotter@dss.gov.au.

Kind regards,



Roslyn Baxter
Group Manager, Families Group
Department of Social Services

ENCL: Copy of *The facts about the new 1800RESPECT triage model*.

The facts about the new 1800 RESPECT triage model

- *Will callers have guaranteed direct access to experienced trauma counsellors?*
Callers will continue to have full access to specialist trauma counsellors (provided by R&DVSA). All callers will also have **immediate** access to highly qualified professional counsellors when they contact the service.
- *Has the sector been involved or consulted regarding this process?*
As part of the review into the operational model, KPMG consulted with representatives from the domestic violence sector. Medibank Health Solutions (MHS) has established an Implementation Clinical Advisory Group to guide the development and implementation of the first response triage function. This will ensure the clinical framework and protocols are informed by clinical experts. Once the triage model is operational, the terms of reference and membership of the advisory group will be expanded as it transitions to an overarching 1800RESPECT advisory body.
- *Are there additional layers of service that callers will need to navigate?*
The first response function will ensure all calls are answered immediately and a needs assessment is undertaken. Callers will not need to navigate additional services; the counsellor will connect the caller with the most appropriate service or information.
- *KPMG examined the business model of the phone line because callers were abandoning their attempts to seek help at the rate of one in two, but changes to the operation of the hotline saw that number reduced to one in five over the past year.*
These figures are not accurate. In May, the average call abandonment rate for 1800RESPECT was 30 per cent overall. As the demand for the 1800RESPECT service continues to grow, the current model is insufficient to respond to the increasing volume of calls. The new model will allow 80 per cent of calls to be answered within an estimated 20 seconds, ensuring women who call the service get the help they need, when they need it.
- *How will callers' privacy be protected under the new model?*
The Department's highest priority will be considering women's safety when determining optimal privacy and data provisions to be incorporated in the contractual arrangements covering the new model. The privacy of callers will continue to be of paramount importance. Privacy provisions will not be reduced under the new model. MHS will act in accordance with the privacy provisions stipulated in the contract with the Department. Individual programs delivered by MHS operate with specific terms and conditions consistent with those generally applied in the health care sector, and in line with state and federal legislation. MHS will only disclose personal information to a third party with the consent of the individual or where it is necessary to do so in order to prevent harm or when required to do so by law.
- *Caller's privacy may be compromised due to MHS privacy policies.*
Protecting the privacy of callers will continue to be of paramount importance. The service will continue to be delivered within a framework that complies with state and federal legislation, and details of callers will only be shared in an emergency or as required by law.