Chapter 2

Governance and accountability issues

Introduction

2.1 The chapter discusses:

- concerns about the procurement process for the trauma specialist panel leading to RDVSA's withdrawal from delivery of the 1800 RESPECT service;
- the accountability of DSS and MHS for the delivery of the 1800 RESPECT service;
- clinical governance of the new panel of providers for trauma specialist counselling.

The procurement process

2.2 RDVSA specialises in trauma specialist counselling, providing evidence based, best practice service underpinned by national and international robust and peer reviewed research.[1] Until August 2016, RDVSA was the sole provider of the counselling component of the 1800 RESPECT service as a sub-contractor on behalf of MHS.[2] Ms Karen Willis, Executive Officer, RDVSA, explained how that organisation came to be the sole clinical service provider for the 1800 RESPECT service from 2010:

> I think it was a tender process undertaken by the Australian government. I think there was an expression of interest and a tender process, and the government decided that Medibank Health Solutions, which was then a government agency, would be the lead agency because they had the telephony infrastructure. They were directed by contract to subcontract the trauma counselling work to Rape and Domestic Violence Services Australia.[3]

2.3 Mr Adair Donaldson, a lawyer who provides pro bono legal support and training for RDVSA staff, provided further insight on how RDVSA came to be selected to provide the 1800 RESPECT service:

> The RDVSA, (and its predecessor the NSW Rape Crisis Centre) for at least the last 15 years have been the peak body and advisory organisation dealing with rape and domestic violence nationally. It was the Howard Government that showed leadership in 2004 when it established the need for the first specialist 24/7 telephone counselling service. The Government engaged with the then NSW Rape Crisis [Centre] through its role with the National Association of Services Against Sexual Violence…In 2009 when Medibank

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1 Rape and Domestic Violence Services Australia, *Submission 57*, pp. 1–2.

2 Medibank, *Submission 29*, pp. 5 and 7.

3 Ms Karen Willis, Executive Officer, Rape and Domestic Violence Services Australia, *Proof Hansard*, 8 November 2017, p. 10.

> Private was awarded the lead agency role for the administration of the 1800RESPECT service there was a direction that RDVSA would be contracted to provide the critical service.
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> What this history highlights is the esteem in which RDVSA has been held by past federal governments that have recognised the specialised nature of the service. That is, there has always been mutual respect from government (state and federal) and the RDVSA.[4]

2.4 Submissions attest to the RDVSA being held in very high regard in the not-for-profit women's health sector, particularly as to its service model.[5]

2.5 In light of the unmet demand for the 1800 RESPECT service, in November 2015, DSS had engaged KPMG to undertake the independent review of the 1800 RESPECT operating model to address the issue of the responsiveness of the service.[6] Concurrently, the National Plan required an evaluation of the national 1800 RESPECT service to be undertaken in the first half of 2016 to inform the sub-contract renewal process.[7]

Criticisms of the procurement process

2.6 The committee heard a range of evidence about the changes to the MHS subcontracting model for the 1800 RESPECT service, as well as the requirement, transparency and short timeframes of the EOI and RFP processes. RDVSA raised concerns about the lack of information about the new process and the new panel model.

2.7 RDVSA contended that the EOI and RFP process for the renewal of the sub-contract between MHS and RDVSA was not only unnecessary, but also that it was undertaken without good faith.[8] RDVSA outlined various specific concerns.[9]

2.8 In particular, RDVSA argued that it was not necessary to go through the RFP or 'tender' process:

> It should be noted that for the contract entered into in 2014 there was no requirement by [MHS] that the [1800 Respect] service go to tender.[10]

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4 Mr Adair Donaldson, *Submission* 61, p. 4.

5 Australian Services Union NSW & ACT (Services) Branch, *Submission 58,* p. 16. See also, for example: Women's Health Tasmania, *Submission 21,* p. 2; Women's March Sydney, *Submission 20,* pp 3–4; Name withheld, *Submission 11,* p. 1; The Sydney Feminists, *Submission 5*, p. 1.

6 Department of Social Services, *Submission 31*, p. 18.

7 Rape and Domestic Violence Services Australia, *Submission 57,* p. 38. The National Plan evaluation was undertaken by Social Compass.

8 Rape and Domestic Violence Services Australia, *Submission 57,* pp. 40–41. See also Australian Services Union NSW & ACT (Services) Branch, *Submission 58*, p. 31.

9 Rape and Domestic Violence Services Australia, *Submission 57,* pp. 4–5, 31, 39 and 41.

10 Rape and Domestic Violence Services Australia, *Submission 57,* p. 39.

2.9 RDVSA observed that non-government organisations (NGOs) do not have vast resources at their disposal, and to large extent rely on the goodwill of staff and volunteers who contribute at all levels in an organisation:

> Therefore, the process of tendering is perhaps more arduous for NGOs compared to large private or public sector bureaucracies who are better resourced.[11]

2.10 RDVSA also argued that prior to 10 August 2017, MHS had not indicated that it intended to implement a totally new model of service provision, with a panel of organisations providing the specialist trauma counselling for the 1800 RESPECT service:

> It is our proposition…that the tender process was a farce and not conducted in good faith; and it was never [MHS's] intention to utilise the services of Rape and Domestic Violence Services Australia to its full capacity but rather to minimise Rape and Domestic Violence Services Australia's input as much as possible without any due regard to the valuable quality service it can and does provide to those in most need.
>
> Further, if [MHS] wished to introduce a totally new model of service it would have been fair and reasonable to advise Rape and Domestic Services Australia at the beginning of the tender process and then Rape and Domestic Services Australia could have made a decision based on the assumption that there would be a likelihood of a reduction in staff and funding as to whether or not they wished to be part of that process.[12]

2.11 RDVSA was also critical of the time it was given to consider the subcontract:

> When Rape & Domestic Violence Services Australia was called to a meeting on the 10th August 2017 a completely new sub contract was provided and the organisation was asked to respond within seven days. The 65 page document contained many points of concern including that the subcontract offered a 75% cut in funding to Rape & Domestic Violence Services Australia, the provider of the world class service.[13]

2.12 The Australian Services Union NSW & ACT (ASU) expressed dismay that RDVSA as a world renowned provider of specialist trauma counselling was 'forced to decline a take-it-or-leave-it' contract from MHS for the trauma specialist counselling service.[14] The ASU considered the tender process to be damaging to the community sector:

> Since 2010 Medibank Health Solutions has not been required by the department to face an open retender for its 1800RESPECT contract, yet the

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11 Rape and Domestic Violence Services Australia, *Submission 57,* p. 39.

12 Rape and Domestic Violence Services Australia, *Submission 57,* p. 41.

13 Rape and Domestic Violence Services Australia, *Submission 57,* p. 41.

14 Ms Natalie Lang, Branch Secretary, Australian Services Union NSW & ACT (Services), *Proof Hansard,* 8 November 2017, p. 1.

> nationally and internationally acknowledged world's best practice provider, RDVSA, was required at a time that happened to coincide with it speaking out publicly and prominently against a cost-saving triage model.[15]

2.13 Mr Donaldson also argued that the process was unfair, stating:

> RDVSA is a not for profit organisation. It has always been run on a very tight financial model that ensures every available cent is used towards funding of trauma counsellors providing front line support. As a result, the organisation relies on a large amount of good will to source the provision of external support in relation to legal and commercial advice.
>
> Practically, this means that there was and remains a significant power imbalance in relation to negotiations with [MHS]. As a result, any negotiations with [MHS] were never going to be fair…I am firmly of the view that there should have been an independent arbitrator appointed by the Government to handle this process.[16]

Dispute about unmet demand and performance measures

2.14 The committee heard conflicting accounts of performance measures and what critical service levels were required. DSS, MHS and RDVSA expressed differing views on performance achieved and performance required. DSS did not respond to the committee's request for quarterly and annual reports of performance by RDVSA.

2.15 As noted in Chapter 1, DSS indicated that, for the financial year 2014–15, 72 per cent of calls (37 532) to the 1800 RESPECT service were not answered. Both MHS and DSS noted that in the 2015–16 financial year, which was the last full financial year prior to the introduction of the 'First Response' model, 42 560 calls (or 67 per cent) to the 1800 Respect service went unanswered.[17]

2.16 RDVSA strongly disputed the DSS's assessment of issue of unmet demand, advising that there was an increase of demand without any commensurate increase in funding:

> During the period of time that we [RDVSA] offered the service, from 2010 to 2016, there was a 186 per cent increase in funding, and we were incredibly grateful for that…At the same time we had a 191 per cent increase in occasions of service. So we were commensurate with the funding. But the problem was there was a 234 per cent increase in demand. That's where the gap was. It's not that we weren't providing quality services or that we were sitting around filing our nails; it was that demand was much higher than capacity.[18]

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15 Ms Natalie Lang, Branch Secretary, Australian Services Union NSW & ACT (Services), *Proof Hansard*, 8 November 2017, p. 1.

16 Mr Adair Donaldson, *Submission 61*, p. 3.

17 Medibank, *Submission 29*, p. 5; Department of Social Services, *Submission 31*, p. 6.

18 Ms Karen Willis, Executive Officer, Rape and Domestic Services Australia, *Proof Hansard*, 8 November 2017, p. 13.

2.17 RDVSA asserted that, in fact, it had been answering 75 per cent of calls.[19] Ms Karen Willis, Executive Officer, RDVSA, stated that she had 'no idea' where the figure of approximately 42 000 unanswered calls for the 2015–16 financial year came from.[20] Ms Willis provided information to the committee on what RDVSA called 'occasions of services', clarifying that voicemails were not counted as occasions of service, but if someone rang and left a voicemail and was called back, the call back was an occasion of service.[21] Ms Willis outlined that this measure had been the subject of disagreement between MHS and RDVSA:

> Occasions of service are directed by our subcontract. We actually had considerable disagreement with the way the measures were counted [by MHS]. The subcontract itself actually tells us that these are the things that we have to count, and that is what we provided. That's also why when we reported we also reported on the statistics from our client file database, because that actually gave you the exact number of times we spoke with a client.[22]

2.18 In response, MHS countered:

> One of the things you mentioned was to do with the dispute in the data and the 75 per cent of calls RDVSA say were being answered. I think it is really important to note that some of their interpretation of the data is different in the fact that the way RDVSA report is on what is called an 'occasion of service'. That includes calls being answered and calls going to voicemail, emails, and also outbound calls being made. To then understand what outbound calls related to which call back or which client they were calling back, it is really impossible to kind of align…[23]

2.19 Dr Roslyn Baxter, Group Manager, Families Group, DSS, stated:

> Occasions of service are a distraction. They include voicemail responses that are responded to and they include emails. This means that seven occasions of service could represent support for just one client. We believe they are an inaccurate way of tracking how a service has responded to the needs of women calling in. The 234 per cent demand increase that was quoted this morning by RDVSA includes occasions of service as both a measure of demand and a way of meeting that demand. The department

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19 Ms Karen Willis, Executive Officer, Rape and Domestic Services Australia, *Proof Hansard*, 8 November 2017, p. 13.

20 Ms Karen Willis, Executive Officer, Rape and Domestic Services Australia, *Proof Hansard*, 8 November 2017, p. 12.

21 Ms Karen Willis, Executive Officer, Rape and Domestic Services Australia, *Proof Hansard*, 8 November 2017, p. 13.

22 Ms Karen Willis, Executive Officer, Rape and Domestic Services Australia, *Proof Hansard*, 8 November 2017, p. 13.

23 Ms Nicole McMahon, General Manager, 1800 RESPECT, Medibank, *Proof Hansard*, 8 November 2017, p. 23.

> does not measure it in that way, nor do we believe it is an appropriate way to measure responses to women's calls for a service such as this.[24]

2.20 The committee notes that the funding subcontract between MHS and RDVSA defined contacts or occasions of service (requests for and responses to counselling, information or referral on the Services made via telephone email, online and other channels) as the performance measure of critical service levels required.

2.21 A lack of agreement between DSS MHS and RDVSA on how performance is measured proved difficult to resolve as DSS failed to provide the committee with the quarterly and annual performance and critical service level reports as requested.

Accountability of DSS and MHS for the delivery of 1800 RESPECT

2.22 The committee had great difficulty in gaining access to program evaluation, and program performance details. Neither DSS nor MHS demonstrated a clear understanding of their accountability and transparency requirements to the parliament and its committees. The extent that future performance measurement assesses quality trauma counselling service as well as quantitative metrics of staffing levels and call rate is unclear.

2.23 DSS explained its role in relation to the delivery of the 1800 RESPECT service:

> DSS does not stand with a single organisation or provider in the provision of these services. We perform the role of government in examining the evidence and taking the necessary steps to ensure the best service possible. We hold MHS very strongly to account at each step because of that and we do this for the vulnerable women and others who need this service.[25]

2.24 DSS requested that the funding agreements for the delivery of the 1800 RESPECT service between itself and MHS be accepted on a confidential basis by the committee. In providing answers to questions on notice, DSS provided a copy of the current and after a significant delay, the past funding agreements.

2.25 At the public hearing, Dr Baxter sought to explain the nature of the key performance indicators (KPIs) in the agreement between DSS and MHS:

> There are measures that go to calls being answered, which, as I've identified in my opening statement, we very much consider a measure of quality. They go to amount of calls answered and speed of calls being answered, and there are KPIs which go to ensuring that call wait times are not too long. Then there are measures of quality which go to how both the first-responding element of the service and the trauma element of the service work. They relate to the qualifications that are required for counsellors who are meeting each of those elements of the service and they go to measuring the process for the delivery of the counselling around engaging with the

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24 Dr Roslyn Baxter, Group Manager, Families Group, Department of Social Services, *Proof Hansard,* 8 November 2017, p. 35.

25 Dr Roslyn Baxter, Group Manager, Families Group, Department of Social Services, *Proof Hansard,* 8 November 2017, p. 36.

> client; the development of a toolkit that is sensitive to client needs; the development of therapeutic plans; how clients are referred to services; and the number of calls that are transferred to trauma specialist counselling.[26]

2.26 As to holding MHS to account for the delivery of the 1800 RESPECT service, DSS expressly stated:

> Our contract requires that those standards will be met by MHS in delivering the service and those standards will flow through to any agreement with subcontractors…There's quite a lot of detail in the contract about the quality markers that are required of the service, both the trauma specialist arm and the first responding arm of the service…The new contract also gives us levers to withhold funding if we are not satisfied…We hold MHS to account for those measures. We require qualitative and quantitative information to respond to those measures. Where they are not met, we ask for rectification and we follow up very quickly with MHS.[27]

2.27 In relation to DSS's ability to monitor the subcontract, Dr Baxter indicated:

> All of our levers are with MHS, but they do specify the requirements that we have for the service as a whole and they specify that all of those requirements must flow through to the subcontractor.[28]

2.28 In answers to questions on notice, DSS reiterated that its contractual arrangement was with MHS, and that any questions in relation to the subcontract would need to be addressed by MHS.[29] The contract provides that MHS must obtain the express consent of the subcontractor for DSS to disclose, for reporting purposes, the identity of the subcontractor, and existence and nature of the subcontract. Critically, however, the contract anticipates, and permits, the disclosure of confidential material by the parties to a House or a Committee of the Parliament.

2.29 MHS did not disclose its KPIs for MHS staff for delivery of the 1800 RESPECT service, stating that the information is confidential. As noted above, all agreements between MHS and DSS note that MHS is permitted to disclose confidential information in response to a request by a Committee of the Parliament. For the trauma specialist service MHS indicated its KPIs are:

> …around fill rate and making sure we have 96 per cent of the allocated shift hours completed across the partners, or ensuring they have an adherence to the schedule. We are making sure that we understand the percentage of time

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26 Dr Roslyn Baxter, Group Manager, Families Group, Department of Social Services, *Proof Hansard,* 8 November 2017, p. 37.

27 Dr Roslyn Baxter, Group Manager, Families Group, Department of Social Services, *Proof Hansard,* 8 November 2017, p. 38.

28 Dr Roslyn Baxter, Group Manager, Families Group, Department of Social Services, *Proof Hansard,* 8 November 2017, p. 38.

29 See for example, Department of Social Services, answer to questions on notice No. 7 and No. 8, received 24 November 2017

> each staff member is working, and there are certain competency standards that we are holding our partners to.[30]

2.30 Ms Melissa Cranfield, Assistant Secretary, Office for Women, Department of the Prime Minister and Cabinet (PM&C) stated that the responsibility for funding, procurement, implementation and operation of the National Plan, including the 1800 RESPECT service, lies with portfolio agencies. Ms Cranfield indicated that the Office for Women had full confidence in DSS's management of the 1800 RESPECT service:

> We have full confidence in DSS's management of the 1800 RESPECT service, and the recent changes to the service delivery [First Response] model are helping to ensure that 1800 RESPECT remains a responsive and high-quality service.
>
> Please be assured that we sought and received information from DSS in relation to 1800 RESPECT on matters in which the Office for Women and the minister were interested. We were satisfied in the information we received from DSS and the assurances we were provided.[31]

Implementation conversations prior to the tender process

2.31 The ASU's submission included evidence under the heading 'Procurement and contracting issues'. The committee made a decision to accept this material *in camera* on a preliminary basis, and then to publish it after giving the parties named in the material the opportunity to comment.

2.32 The material comprised of a number of emails amongst the then board members of RDVSA; and between the board and officers from MHS and DSS. The emails cover the period from 30 November 2016 to 10 December 2016, and relate to the negotiations for the continuation of RDVSA's contract with MHS.

2.33 Taken together, the emails suggest that MHS had communicated to the former board that RDVSA's contract renewal was conditional on certain internal governance issues being resolved to MHS's satisfaction.

2.34 One then board member wrote:

> [RDVSA 1] and I just met with [MHS2] from MHS, [MHS 1] (our new contact), and [MHS 3].
>
> In words of one syllable, they said that if K does not come back to RDVSA they will forget the current revised agreement and begin talks on a new contract for July 2017 and beyond (possibly even to July 2019). They made it clear that they want RDVSA to be the subcontractor, but only if the current good relationship continues without the former EO. If K comes

30 Ms Nicole McMahon, General Manager, 1800RESPECT, Medibank, *Proof Hansard,* 8 November 2017, p. 21.

31 Ms Melissa Cranfield, Assistant Secretary, Office for Women, Department of the Prime Minister and Cabinet, *Proof Hansard,* p. 36.

> back, we can kiss any further agreement goodbye – they could not have been clearer about this. [32]

2.35 As part of considering the emails provided by ASU, the committee was provided with the extended email conversations to which the excerpts in the submission were part. The committee has decided not to release these emails, however, they do evidence the invidious position in which the then board members found themselves. There was a lengthy discussion about how to handle the situation and the committee understands that these issues played heavily on the minds of the former board members.

2.36 The committee notes that the emails do not state that DSS directed MHS to engage with RDVSA in this manner. They do, however, suggest that DSS officers may have been aware of and endorsed MHS's actions.

2.37 In responding to the ASU's submission, DSS noted:

- [MHS] had the contractual relationship with [RDVSA];
- MHS was therefore responsible for the subcontracting arrangements;
- The Department was one step removed from the procurement process, and did not attempt to influence this process;
- The relationship between MHS as the contractor and the sub-contractor must be functional, respectful and based on trust.[33]

2.38 DSS again deferred to MHS as being in the best position to respond to questions about the relationship between the contractor and the sub-contractor, and questions about conversations and negotiations which took place between the two parties.[34]

2.39 DSS indicated that the emails raised two distinct issues in relation to procurement:

- discussions around the implementation of First Response model; and
- discussions about the new sub-contract post June 2017.

2.40 In relation to the implementation of the First Response model, DSS stated:

> Several discussions took place during the period May to December 2016 between the Department, MHS and RDVSA about whether a varied

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32 Australian Services Union NSW & ACT (Services) Branch, *Submission 58*, Special Appendix, p. 6 of 13.

33 Correspondence from Ms Barbara Bennett, Deputy Secretary, Department of Social Services, to the Senate Finance and Public Administration References Committee, dated 8 December 2017, p. 1, available a response to the ASU submission, *Submission 58*.

34 Correspondence from Ms Barbara Bennett, Deputy Secretary, Department of Social Services, to the Senate Finance and Public Administration References Committee, dated 8 December 2017, p. 1, available a response to the ASU submission, *Submission 58*.

> contract between MHS and RDVSA would be required to implement the First Response Model, or whether the implementation could be managed under the existing contractual framework…These were implementation discussions rather than contractual negotiations as they did not proceed as far as the development of a draft contract variation on which to base formal negotiations. The outcome of these discussions was that the existing contract between MHS and RDVSA continued. The Department was asked to approve the decision of MHS not to negotiate a sub-contract variation for the period up until June 2017 and to enable the new model to be implemented using the existing sub-contract. The Department indicated its endorsement of that approach.[35]

2.41 On the discussion about the new sub-contract post June 2017, DSS stated:

> The formal process in respect of the new-subcontract did not commence until February 2017 and formal negotiations did not commence until March 2017.[36]

2.42 At the public hearing, Dr Baxter denied that DSS, in the course of its 'brokering role' on the implementation of the First Response model, had indicated to MHS or RDVSA that the implementation was contingent on certain personnel staying or leaving RDVSA.[37]

2.43 In responding to the ASU submission, DSS reiterated this point:

> At no time has the Department ever held or expressed a view that the subcontracting arrangements for the 1800RESPECT service were dependent on who held the role of Executive Officer of RDVSA.
>
> The Department has always valued the relationship with a not-for-profit partner and recognises the importance of having a specialist, gender-informed organisation such as RDVSA playing a critical role in the delivery of the 1800RESPECT service.[38]

2.44 Medibank also responded to the emails in the ASU's submission. Medibank stated that the accusations made by the ASU are 'inaccurate and misleading'.[39] Further:

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35 Correspondence from Ms Barbara Bennett, Deputy Secretary, Department of Social Services, to the Senate Finance and Public Administration References Committee, dated 8 December 2017, p. 2, available as a response to the ASU submission, *Submission 58*.

36 Correspondence from Ms Barbara Bennett, Deputy Secretary, Department of Social Services, to the Senate Finance and Public Administration References Committee, dated 8 December 2017, p. 3, available as a response to the ASU submission, *Submission 58*.

37 Dr Roslyn Baxter, Group Manager, Families Group, Department of Social Services, *Proof Hansard,* 8 November 2017, p. 44.

38 Correspondence from Ms Barbara Bennett, Deputy Secretary, Department of Social Services, to the Senate Finance and Public Administration References Committee, dated 8 December 2017, p. 4, available as a response to the ASU submission, *Submission 58*.

39 Medibank response to ASU Submission, p. 1, available as a response to the ASU submission, S*ubmission 58*.

> Medibank also notes that the ASU did not raise any of these issues with us or engage us in a dialog around these issues. Medibank met with the ASU multiple times and endeavoured to work with them in the best interests of [RDVSA] employees impacted by [RDVSA's] decision not to be part of the 1800RESPECT service going forward.[40]

2.45 Medibank disputes that the 'positive relationship fostered over the past three months' refers to the removal of the former Executive Officer of RDVSA:

> This statement does not mention the previous executive officer at all. It simply states that any continuation of the subcontracting arrangement would be contingent upon the continuation of the good, positive relationship which had recently been fostered between Medibank and [RDVSA]. A good, positive relationship is vital for the continual improvement of the service to ensure the women, children and men who use the service get the very best service possible, and to ensure that Medibank is able to comply with the conditions set out in its Funding Agreement with the DSS.[41]

Clinical governance issues

2.46 The committee does not have the capability or remit to assess clinical governance frameworks and clinical manuals. The committee noted that concerns have been raised about the delivery of the new model, the service sequencing and timing.

2.47 RDVSA considered the MHS clinical governance framework for the 1800 RESPECT service did not meet the ethical standards of professional associations to which employed counsellors belong as it appeared to focus on risk management rather than the provision of the best trauma counselling.[42]

2.48 RDVSA asserted that effective clinical governance incorporates policy, research and evidence based practice, leadership communication, collaboration, qualified workforce, training, professional development reporting, records management, quality assurance and risk management. RDVSA states:

> This cannot be done remotely, as proposed by Medibank.[43]

2.49 RDVSA stated its counselling practice is directed by the *Best Practice Manual for Specialised Sexual, Domestic and Family Violence Counselling,*

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40 Medibank response to ASU Submission, p. 1, available as a response to the ASU submission, *Submission 58*.

41 Medibank response to ASU Submission, p. 5, available as a response to the ASU submission, *Submission 58*.

42 Rape and Domestic Violence Services Australia, *Submission 57* pp. 7 and 41–42; Attachment 6, pp 1–2.

43 Rape and Domestic Violence Services Australia, *Submission 57,* p. 2.

Version 3, 2016, as well as providing a brief exposition of matters covered by the manual.[44]

2.50 MHS has advised that it has developed its own best practice manual, review of which is ongoing and iterative. MHS advised that the manual containing details of their clinical governance framework is commercial-in-confidence.[45]

2.51 Ms Annette Gillespie, Chief Executive Officer, safe steps Family Violence Response Centre, noted that the panel providers have a clinical governance model in place, which has been agreed to by all parties:

> We have a clinical governance framework that is in place…It will be reviewed on an on-going basis, but it's what we are working to right now. But we also have guidance on trauma-informed practice, so there is a specific document providing trauma-informed practice for counsellors, and there is a clinical governance framework that sits underneath.[46]

2.52 Ms Diane Mangan, Chief Executive Office, DV Connect, suggested that the clinical manuals would be similar:

> I would imagine that a lot of it [content of manuals] would align. The models are fairly similar around the world – the practice and the acknowledgement around trauma and the response to trauma…It's not that they're doing it differently in the UK to Australia. We're generally all following the same model. We listen and learn from each other. I would say that we would imagine that, if we were dealing specifically with cases of trauma, you probably wouldn't get a better manual [than RDVSA's].[47]

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44 Rape and Domestic Violence Services Australia, *Submission 57,* pp. 7–30.

45 Dr Linda Swan, Chief Medical Officer, Medibank, *Proof Hansard*, 8 November 2017, pp. 16–20.

46 Ms Annette Gillespie, Chief Executive Officer, safe steps Family Violence Response Centre, *Proof Hansard*, 8 November 2017, p. 29.

47 Ms Diane Mangan, Chief Executive Officer, DV Connect, *Proof Hansard*, 8 November 2017, p. 31.