

Redress for Historical Institutional Abuse counselling service

Requirements for service providers

To receive this document in another format, phone the Redress team on 1800 716 870 (free call) between 9 am to 5 pm, Monday to Friday or email victorianredress@dffh.vic.gov.au.

**Help for people with hearing or speech communication difficulties.**

Contact us through the National Relay Service (NRS). For more information about the NRS visit [National Relay Service](https://www.accesshub.gov.au/about-the-nrs) https://www.accesshub.gov.au/about-the-nrs, or call the NRS Helpdesk on 1800 555 660.

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program, or quotation.

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# Purpose

This document outlines the requirements for providers to deliver counselling services to people who have accepted an offer of Redress for Historical Institutional Abuse (Redress). Redress is administered by the Department of Families, Fairness and Housing (the department).

This includes information on applying and being approved as a provider to the Redress Counselling Service (the Service), expectations of approved providers, program pricing, departmental payment terms and limitations and legal requirements.

# Service context

## Background

On 12 October 2022, the former Victorian Premier announced that the Victorian Government would establish a Redress scheme for people who experienced physical, psychological, and emotional abuse or neglect as children in institutional settings in Victoria before 1990.

On 8 February 2024, the [Premier issued a formal apology in Parliament](https://www.parliament.vic.gov.au/news/general-news/careleaversapology)[[1]](#footnote-2) to Victorians who experienced abuse and neglect as children in institutional settings before 1990.

Applications for Redress started on 10 December 2024 and is expected to be open for 18 months. Redress offers eligible applicants:

* a payment of up to $20,000
* a personal acknowledgement or apology
* up to 20 counselling sessions.

Applicants can choose to accept any number of these components.

## Overview of the Redress Counselling Service

The Service gives people who have accepted an offer of Redress and their family members access to a range of counselling and alternative therapies to address the impacts of trauma, support healing, and promote well-being. It is delivered by approved providers working privately and in organisations on a fee-for-service basis administered and paid for by the department.

Clients can access the Service via phone or email and will be supported by Counselling Service Navigators employed by the department who conduct client intake, assessment, referral and engagement with a provider.

Clients can choose from the department's existing approved providers or may request that their preferred or current practitioner or organisation be considered by the department. All providers must apply and be approved by the department to deliver fee-for-service (free to clients) counselling to clients and their families.

## Redress principles

| Principle | Description |
| --- | --- |
| Trauma-informed practice | Trauma-informed practice recognises that trauma is common and that people accessing services and people delivering services may be affected by trauma. It is an approach that is holistic, empowering, strengths-focused, collaborative and reflective. It promotes physical, emotional, spiritual and cultural safety.The client’s experience of abuse and its impacts should never be in question. The client’s experience of trauma is to be recognised and responded to sensitively throughout the provision of therapeutic support. |
| Person-centred treatment | Treatment is uniquely tailored to individual client needs, preferences and goals in collaboration with other care professionals where required. |
| Recovery-oriented treatment | Treatment focuses on an individual’s journey towards recovery and resilience, rather than just symptom management. It uses evidence-based and informed treatment approaches. |
| Choice, collaboration and empowerment | The client’s voice is central to the Service. All processes for access and services provided will be flexible and responsive to the client’s preferences, needs and values. They will be respected, listened to, and their choice and control over planning and decision-making for their counselling will be maximised. The Service promotes ‘working with’ rather than ‘doing for’ the client. |
| Trustworthiness | The Service promotes transparency, clarity and consistency. Communications with clients will be honest and clear. The Service is confidential with safe record keeping and information storage always maintained. |
| Strength in diversity | The Service is flexible and responsive to a client’s complex and intersectional needs. The Service will be individualised to the meet the preferences and recognise the strengths of people:who identifies as Aboriginalfrom diverse cultural, linguistic and faith backgroundswith disabilitywith diversity of sexuality, gender identity and intersex variations, and of different ages experiencing mental health issuesidentifying as part of a particular group such as Stolen Generations, Child Migrants, Forgotten Australians and/or Care Leavers. |
| Aboriginal self-determination | The Victorian Government is committed to the principle of Aboriginal self-determination. There is no single approach to Aboriginal self-determination. The histories and requirements of each Aboriginal community are unique. Aboriginal people will be empowered to own, direct and make decisions about their counselling. |
| Accessibility | The Service is accessible and equitable to all people. Attitudes, behaviours and practices will enable full and equal participation. Clients will be able to access counselling and alternative therapies with minimal difficulty and at no cost. |

# Eligibility and scope

A client is eligible for the Service once they have accepted an offer of Redress. Referrals to the Service are accepted by phone call, email or post including from:

* direct client contact
* people acting with consent on behalf of a client, such as support people, staff employed in non-government organisations and individual providers
* beneficiaries.

Clients who have accepted an offer of Redress are eligible to access **up to 20 sessions** of counselling or alternative therapies.

Family members (family, extended kin, close friends or connections which are family-like) can access **up to 5 sessions** of counselling or alternative therapy (per family unit, not per person).

## Family member session allocation

Clients can nominate family members who can be allocated sessions in any combination, such as:

* 5 sessions for one family member
* 5 sessions for the whole family group for family therapy (attended by many family members)
* one session each for 5 family members
* a mix, such as 2 sessions for 2 family members and one session for a third family member.

Family sessions cannot be transferred or combined with a client’s 20-session limit. Likewise, clients cannot use their own sessions to increase family member entitlements.

## Access to multiple providers

Clients and their family members may engage with multiple providers within their allocated session limits. Those eligible for both National Redress Counselling and Psychological Care Service Victoria and the Service may choose to access one or both, depending on their needs.

## Nomination after death

If a Service client dies before nominating family members to receive sessions, the beneficiary may nominate family members (including themselves) while the Service remains operational. In such cases, the total counselling entitlement remains five sessions, shared among nominated family members.

If no beneficiary has been named by the client, no entitlement is therefore available for family members.

## Duration of access

The Service is available to both eligible applicants and their family members for the duration of Redress. Services will continue until the financial year in which applications close based on the allocated budget.

# Types of therapy available

The Service approves providers based on their qualifications in delivering trauma-informed counselling and psychological support—including evidence-based, scientifically informed, and alternative therapies to meet a client’s needs. The Service is not for acute mental health crises; providers must refer such cases to specialised services.

Cognitive and neurodivergent assessments (e.g. attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), dyslexia, dyspraxia and other learning difference), extensive diagnostic evaluations, complementary medicines, medicinal cannabis, drug therapies and life coaching are excluded, and requests with unclear provider credentials require case-by-case review and department approval.

The department supports First Nations self-determination and recognises the impacts of colonisation and discriminatory policies. The Service also supports traditional and cultural healing practices for First Nations participants on a case-by-case basis with their consent.

## Counselling

Practitioners may be qualified in one, or use a mix of, the modalities listed in Table 1 below.

**Table 1: Counselling and other evidence-based therapies** offered through the service.

|  |  |
| --- | --- |
| Practitioners | Modalities (practitioners can be qualified in one or a mix of these) |
| * Psychologists
* Social workers
* Mental health nurses
* Psychiatrists
* Aboriginal and Torres Strait Islander health workers
* Psychotherapists
* Counsellors
 | * Cognitive behavioural therapy
* Cognitive analytic therapy
* Eye movement desensitisation and reprocessing (EMDR)
* Family and relationship therapy
* Therapeutic group work
* Psychoanalysis
* Mental-health focused psychological therapy
 |

## Alternative therapies

The Service offers a limited number of alternative therapy services based on client requests. Practitioners who provide alternative therapies must meet the qualifications for their therapy to deliver client services.

Table 2: Alternative therapies offered through the service.

| Practitioners | Modalities (practitioners can be qualified in one or a mix of these) |
| --- | --- |
| * Psychologists
* Psychiatrists
* Social workers
* Mental health nurses
* Aboriginal and Torres Strait Islander health workers
* Psychotherapists
* Counsellors
 | * Animal assisted, such as, equine
* Creative, such as art, music, dance therapy
* Mind–body somatic therapies such as somatic psychology, gestalt therapy, somatic experiencing, biofeedback and breathwork
* Therapeutic case work / care management for people with complex needs requiring support to coordinate multiple services
* Traditional healing and medicine
 |

## Service location, setting and accessibility

Redress clients will be able to access the Service from wherever they live, as long as the provider is approved by the department. Approval of any providers outside Australia will be considered on a case-by-case basis to ensure appropriate safety standards can be met.

To ensure the best outcomes from the therapeutic engagement, practitioners are expected to deliver counselling and therapeutic sessions across a range of locations and channels (in-person, online and phone) in line with clients’ needs, location and preferences.

## Other support (other than counselling or therapy)

Clients who experience trauma or abuse, especially those who have been in institutional care, are at higher risk of housing instability, substance abuse, family violence, and poverty. Some clients may need additional support beyond counselling. Where possible, service providers should provide support to connect clients with appropriate services or refer clients for additional therapeutic services. These services may include:

* housing and accommodation support
* drug and alcohol services
* family violence support
* employment and financial counselling
* health care services.

# Roles and responsibilities

## Manager

The manager provides strategic leadership and operational oversight for the Redress Counselling Service team, including counselling service navigators, project officers, and the team leader. They are responsible for ensuring the effective delivery of the Service, maintaining service quality, and supporting the team to work in a trauma-informed manner.

The manager oversees all financial processes, including reviewing and approving expenditure, invoices, and payment. They ensure financial accountability and compliance with departmental policies and funding requirements. In addition to financial oversight, the manager is responsible for identifying and managing risks, addressing service issues, and ensuring that any matters affecting client safety or the reputation of the service or department are appropriately escalated and managed.

The manager plays a key role in stakeholder engagement, liaising with internal and external partners to support the continuous improvement of the Service.

## Team leader

The team leader provides leadership, guidance, and operational support to the Redress Counselling Service team, ensuring effective service delivery. They oversee work allocation, staff supervision, and onboarding while fostering a trauma-informed approach to client support.

They are responsible for monitoring workflows, identifying service improvements, and ensuring efficient operations.

The team leader also ensures expenditure aligns with departmental guidelines, support payment processing and collaborate with the manager to maintain financial accountability. As a key escalation point, the team leader addresses service issues, risks, and complex client needs.

## Counselling service navigators

Counselling service navigators provide dedicated support to clients who have accepted a Redress offer. Acting as a single point of contact, they work in a sensitive and trauma-informed manner to assess, triage, and respond to the Service enquiries from eligible clients and their family members seeking support.

Their role includes gathering relevant information and facilitating referrals to ensure clients are matched with appropriate, trauma-informed service providers. They work closely with clients and their families to identify suitable service providers, coordinating referrals and ensuring fee-for-service arrangements are established before counselling begins.

Throughout the 20-session counselling period, Counselling service navigators remain a key point of contact for clients and their nominated family members. They provide ongoing assistance with referrals, facilitate Service Provider changes if needed, and connect clients to additional community supports.

Before the completion of up to 20 sessions, Counselling service navigators will conduct a final check-in with each client to ensure they feel supported during the transition and have access to the assistance they require. This may include completion of referrals on behalf of the client.

## Project officers

Project officers support the administration of the Service. Their responsibilities include responding to Service Provider enquiries, managing application processes, and overseeing payments.

They process service provider applications received through the shared inbox, manage payment requests and invoices via Oracle, and ensure timely approval of payments by the Manager.

Project Officers also maintain oversight of payment timeframes to ensure efficiency and accuracy in financial transactions.

#  Approved service providers

The department is responsible for onboarding providers which offer fee-for-service counselling and alternative therapy services.

**All professionals must apply and be approved prior to being engaged to provide services funded by the Service to a client.**

To be approved, service providers must meet the following requirements:

* Hold a recognised qualification (minimum undergraduate level) and have experience working with adults affected by complex trauma and child abuse, using trauma-informed approaches and practises.
* Hold credentials, accreditation and/or qualifications and registration where possible for alternative therapies.
* Be registered with a recognised professional body or association.
* Hold public liability insurance to $10 million and professional indemnity to $5 million.
* Agree to provide only services approved by the department to verified clients.
* Demonstrate experience delivering services in a culturally safe and diversity-inclusive manner.
* Agree to provide the department with an agreed and signed client service plan for each client prior to claiming payment.
* Declare any past or current association with an institution in which abuse of children occurred that they are aware of (for example, an institution that is recognised as an ‘Institution’ by the scheme).
* Adhere to the Victorian Government's Supplier Code of Conduct available at the [Victorian Government Purchasing Board website](http://www.procurement.vic.gov.au/Suppliers/Supplier-Code-of-Conduct). Updates and amendments to the Code will also be made available at this website.
* The Service is not for acute mental health crises. service providers are expected to escalate to specialised services if necessary.
* The Service does not cover ADHD assessments, extensive diagnostic evaluations, complementary medicines, medicinal cannabis, drug therapies, or life coaching. Requests involving unclear Service Provider credentials or services are reviewed case-by-case and require department approval.
* The department is committed to [First Nations self-determination](https://www.dffh.vic.gov.au/aboriginal-self-determination) and acknowledges the impacts of colonisation, dispossession, removal of Aboriginal children, and discriminatory government policies that have caused intergenerational trauma. The Service supports traditional and cultural healing practices for First Nations Participants.
* Aboriginal and/or Torres Strait Islander Health Practitioners must be registered with the [Aboriginal and Torres Strait Islander Health Practice Board of Australia](https://www.atsihealthpracticeboard.gov.au/).

**Note:** Where services are provided by an organisation, its practitioners and therapists must meet the above requirements. It is the responsibility of the organisation to keep the department informed of changes to practitioners providing services to clients and update their details.

Existing approved National Redress Counselling and Psychological Care Service Victoria providers will be able to deliver the Services without submitting additional documents, provided they confirm in writing that they will adhere to the Service’s Guidelines for Departmental Staff.

## Applying to become an approved service provider

Practitioners or organisations may be approached to apply to be a provider for one of the following reasons:

* the client has an existing relationship with the practitioner
* the client has identified the practitioner or organisation by choice
* a Counselling Service Navigator identified the practitioner as suitable to provide services for a client who asked for help choosing a practitioner.

Service providers must complete the application form. In the application, you must provide the following information:

* evidence of insurance (public liability up to $10 million and $5 million professional indemnity) with a reputable insurer
* evidence of relevant professional qualifications
* evidence of registration with relevant professional association.

Providers will be notified in writing of the outcome of their application. A client service plan (refer to the next section) must be completed and signed before commencing services.

Notification of application outcome will be in writing. Approval does not guarantee client referral for services.

# Providing services and receiving payment

## Client service plan

A client service plan must be completed, agreed to and signed by the Service Provider before they can provide services to a client.

The client service plan includes:

* identification details
* client consent to discuss the proposed client service plan
* type of service provided, rate per session, schedule of sessions, start and anticipated end dates
* any additional requirements or agreements associated with providing services
* service billing details, including policy and process for billing for unattended or late cancellations of appointments.

Once the client service plan is signed and returned, department staff will give service providers the process for payment in writing, including a vendor application form.

All invoices should be sent promptly by email to redresscounselling@dffh.vic.gov.au.

## Program pricing

Approved services are listed below along with the maximum fee. service providers are to charge their standard fee within the maximum amounts available. Sessions are to be wholly funded by the Service. Service providers must not draw partial funding from other sources such as Medicare, private health insurance or the client and will not charge the client a gap fee.

Table 3: Program price guide

| Type of service | Maximum fee per session (GST inclusive) |
| --- | --- |
| **Counselling services**Therapeutic counselling delivered by a qualified practitioner. | $200 per 50-minute session. |
| **Psychological services**Assessment, diagnoses, reports and treatment, and review delivered by a registered psychologist. | $250 per 50-minute session. |
| **Psychiatric services**Assessment, diagnoses, reports and treatment, and review delivered by a registered psychiatrist.Please note: Psychiatrists need a valid GP referral and must agree to invoice the department after sessions are delivered.  | $500 for initial consult fee$300 for no less than a 30-minute follow up appointment. |
| **Group work** Participation in a structured therapeutic group program facilitated by a qualified provider | $85 per person, per session  |
| **Alternative therapies**Accredited and credentialed practitioner  | $150 per session$200 per session for equine therapy |

## Service provider invoices

Once a provider is approved the counselling service navigator will provide the necessary forms to be set up for payment.

Service providers must issue invoices within 28 days of delivering a service, specifying the number of hours provided. When possible, multiple sessions for a single client within the same 28-day period should be consolidated into one invoice.

If an invoice includes non-approved hours the department will not pay for the additional unapproved hours, and this is a matter for the client and Service Provider. Invoices that have missing information or are incorrect, will not be accepted.

## End-of-financial-year invoicing

For services delivered in June:

* Invoices must be submitted by 10 June to ensure payment within the same financial year.
* Invoices submitted after 10 June will be processed in the new financial year, from 1 July onwards.
* Invoices must not be batched beyond 28 days. Timely submission is crucial for accurate records.
* Maintain monitoring and reporting.

Providers must submit all invoices promptly by email to redresscounselling@dffh.vic.gov.au.

## Departmental payment terms

The Victorian government’s payment terms are 10 business days from the date a valid invoice is received (for all small business contracts where the value of goods and services is under $3 million).

The [Fair Payments Policy](https://djsir.vic.gov.au/what-we-do/employment-and-small-business/contracts-for-fair-payments)[[2]](#footnote-3) explains government payment terms for supplier invoices and the consequences of late payment. The interest payable on late payments will be in accordance with the [Penalty Interest Rates Act 1983](https://www.legislation.vic.gov.au/in-force/acts/penalty-interest-rates-act-1983/014)[[3]](#footnote-4). The current penalty interest rate is available from the [Department of Justice and Community Safety website](https://www.justice.vic.gov.au/justice-system/fines-and-penalties/penalties-and-values)[[4]](#footnote-5).

## Cancellations and no-shows

The Service will cover the cost of cancellations and no-shows in accordance with the service provider's cancellation policy. All providers are required to submit their cancellation policy to the counselling service navigator during the application process including the fee charged for cancellations. Additionally, service providers must advise of any changes to their policy to ensure it remains up to date.

For a provider to be approved, their cancellation policy must be reasonable. This means it should allow sufficient time for clients to cancel their appointment in advance and include a reminder sent to clients prior to the point at which cancellation fees apply. The provider also needs to provide a screenshot of their reminder for the cancelled or missed session to be paid.

Any sessions cancelled in line with the provider's policy, where cancellation fees are covered by the Service, will be deducted from the provision of hours. These sessions will be deducted from the total number of hours allocated to the client

The service provider is required to alert the Service if a client does not attend 2 scheduled sessions. The counselling service navigator will then contact the client to discuss their service and if they wish to continue with that service provider, where no cancellation policy has been provided, the department will not pay any cancellation fee.

# Expectations of service providers

Service providers must deliver services that adhere to ethical standards and trauma-informed principles. Their approach should be respectful, client-centred, and based on best practices. Service providers are responsible for ensuring client safety, maintaining confidentiality, and fostering an environment of trust and empowerment. Service providers are to be committed to supporting a more inclusive and equitable society where everyone can have access to services that reflect their needs, culture and identity including First Nations people, people with disability and people from the LGBTQI+ community.

To effectively meet diverse client needs, service providers should stay informed about evidence-based practices and continuously enhance their skills, particularly in understanding trauma's complexities, including those related to institutional child abuse. Service providers need to be experts about trauma and its psychological, emotional, physiological, and social effects. Service providers must operate in alignment with relevant legislation and ethical guidelines.

## Working with First Nations people

Cultural safety is about recognising and mitigating the power imbalance of places, people and policies. It aspires to create an environment that is safe for Aboriginal and Torres Strait Islander people where there is no assault, challenge or denial of their identity, knowledge or experience. Cultural safety is a human right, and the department is legislated and committed to upholding this.

The Service recognises the power imbalance between the department, Counselling service navigators, service providers and the client and that this can impact the delivery of safe, accessible and responsive services and is committed to understanding how interpersonal and structural racism may contribute to feelings of distrust and reservation towards the Service. Approaches to cultural safety need to be holistic and genuine, a part of everyday practice, and require self-reflection, critical thinking, and truth telling.

The Service is committed to offering a culturally safe experience for Aboriginal and Torres Strait Islander people and is dedicated to removing barriers to counselling and therapy services.
The Service is required to work in partnership with Aboriginal and Torres Strait Islander organisations and service providers, revisiting and redesigning systems and practices to reduce racism and discrimination.

Service providers will explore all options available to provide culturally safe counselling, therapy or indigenous healing from service providers who are trusted within the community. Potential service providers who wish to be enrolled with the Service and practise using the title 'Aboriginal and/or Torres Strait Islander health practitioner must be [registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia](https://www.atsihealthpracticeboard.gov.au/)[[5]](#footnote-6) via their website.

# Supporting safety

## Mandatory reporting requirements

Allegations of child abuse (including sexual, physical, emotional abuse, or other harm) arising during service delivery are managed in line with relevant legislation, departmental policy, and reporting obligations.

As mandatory reporters under the [Children, Youth and Families Act 2005](https://www.legislation.vic.gov.au/as-made/acts/children-youth-and-families-act-2005)[[6]](#footnote-7), certain professionals (including registered psychologists, psychiatrists, nurses, counsellors) must as required make a report to child protection where they hold reasonable belief that a child under 17 years of age is at risk of physical harm or sexual abuse. Visit [Mandatory reporting webpage](https://providers.dffh.vic.gov.au/mandatory-reporting)[[7]](#footnote-8) and [Reporting child abuse webpage](https://services.dffh.vic.gov.au/reporting-child-abuse)[[8]](#footnote-9) on the department’s website.

Service providers may also have obligations under the [Reportable Conduct Scheme](https://providers.dffh.vic.gov.au/reportable-conduct-scheme)[[9]](#footnote-10), requiring reports of child abuse or misconduct by staff or volunteers.

Psychiatrists have further obligations to report specific clinical practices and serious incidents, including risks to patient safety to the Department of Health’s [Office of the Chief Psychiatrist](https://www.health.vic.gov.au/chief-psychiatrist)[[10]](#footnote-11).
All mental health professionals are bound by professional ethics (e.g., For psychologists there is the Australian Psychological Society Code of Ethics for psychologists).

These reporting requirements are also expected by department-contracted service providers who hold reasonable belief that a child under 17 years of age is at risk of physical harm or abuse.
All service providers should be aware of their obligations to report child sexual abuse under failure to disclose offence legislation. Visit [Criminal offences to improve responses to child sex abuse](https://providers.dffh.vic.gov.au/criminal-offences-improve-responses-child-sex-abuse)[[11]](#footnote-12) on the department’s website. All department contracted service providers are expected to be familiar with their obligations and consult linked resources or relevant regulatory bodies for further guidance.

Service providers should be aware of the failure to report and failure to protect offences under Victorian law, which mandate action in cases of child sexual abuse. For guidance refer to the department’s website:

* [Reporting child abuse](https://services.dffh.vic.gov.au/reporting-child-abuse)8
* [Mandatory reporting](https://providers.dffh.vic.gov.au/mandatory-reporting)7
* [Criminal offences to improve responses to child sexual abuse](https://providers.dffh.vic.gov.au/criminal-offences-improve-responses-child-sex-abuse).11

Table 4: Information on reporting child abuse by state

| State | Website |
| --- | --- |
| Victoria  | [Child protection webpage](https://services.dffh.vic.gov.au/child-protection) on Department of Families, Fairness and Housing websitehttps://services.dffh.vic.gov.au/child-protection-contacts  |
| New South Wales | [Protecting our kids webpage](https://dcj.nsw.gov.au/children-and-families/protecting-our-kids.html) on the NSW Government websitehttps://dcj.nsw.gov.au/children-and-families/protecting-our-kids.html  |
| South Australia | [Child protection webpage](https://www.childprotection.sa.gov.au/) on the Department of Child Protection’s websitehttps://www.childprotection.sa.gov.au/  |
| Queensland  | [Report child abuse webpage](https://www.families.qld.gov.au/our-work/child-safety/protecting-children/report-child-abuse) on the Department of Families, Seniors, Disability Services and Child Safetyhttps://www.dcssds.qld.gov.au/our-work/child-safety/protecting-children/report-child-abuse  |
| Northern Territory | [Report child abuse webpage](https://nt.gov.au/law/crime/report-child-abuse) on the NT Government website<https://nt.gov.au/law/crime/report-child-abuse>  |
| Western Australia | [Child protection webpage](https://www.wa.gov.au/organisation/department-of-communities/child-protection) on the Department of Communities websitehttps://www.wa.gov.au/organisation/department-of-communities/child-protection  |
| Tasmania  | [Report a child safety or wellbeing concern webpage](https://www.service.tas.gov.au/services/justice-crime-and-the-law/family-violence/report-a-child-safety-or-wellbeing-concern/) on the Service Tasmania websitehttps://www.service.tas.gov.au/services/justice-crime-and-the-law/family-violence/report-a-child-safety-or-wellbeing-concern  |

## Incident notification

Service providers are to contact the Service where a serious incident occurs such as assault, injury, threat, suicide or death with a client during service delivery, requiring a formal response.
The Service will document the incident on the client’s file upon receiving the relevant information and will consult internally and with the provider regarding any further action that may be required.

# Privacy, confidentiality, and record-keeping

## Conflicts of interest

Service providers must disclose any actual, potential or perceived conflicts of interest to ensure transparency, integrity and the trust of clients and stakeholders which includes affiliations with institutional organisations participating in the National Redress Scheme or those named in the Royal Commission into Institutional Responses to Child Sexual Abuse.

## Documentation and record keeping

The Service will take reasonable steps to ensure that personal, sensitive and heath information held is accurate, complete, and up to date. The department has security measures in place to protect personal, sensitive and health information from misuse, loss, unauthorised access, or disclosure. The department stores information in accordance with the [Public Records Act 1973](https://www.legislation.vic.gov.au/in-force/acts/public-records-act-1973/042)[[12]](#footnote-13) and Public Record Office Victoria guidelines which set out how information is retained and securely disposed. Our staff also follow the department's record-keeping requirements.

Information obtained through counselling delivery is not exempt from being requested under a subpoena or the [Freedom of Information Act 1982](https://www.legislation.vic.gov.au/in-force/acts/freedom-information-act-1982/112)[[13]](#footnote-14). However, the department will strenuously object to a client’s information being disclosed through either of these mechanisms unless they themselves are requesting the information.

Service providers must maintain confidential, accurate and comprehensive client records. Information systems will ensure electronic, or hard copy documents and records are safe, secure and accessible by appropriate personnel only. Providers will manage all personal information in accordance with the [Privacy and Data Protection Act 2014](https://www.legislation.vic.gov.au/in-force/acts/privacy-and-data-protection-act-2014/028)[[14]](#footnote-15) and the [Health Records Act 2001](https://www.legislation.vic.gov.au/in-force/acts/health-records-act-2001/049)[[15]](#footnote-16).

Service providers must deliver services in accordance with privacy and data protection laws that govern the collection, use, storage, destruction and disclosure of identifiable information relating to clients. This includes the *Privacy and Data Protection Act 2014*, *Health Records Act 2001* and the *Freedom of Information Act 1982*.

Confidential information must not be disclosed to any third party without prior written consent of the concerned party, except where disclosure is considered reasonable or required by law or other legislation. Confidential information includes personal information and health information, as well as information or data that is confidential to a party or should reasonably be considered confidential. Information sharing practices will also comply with the [Family Violence Protection Act 2008](https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008/053)[[16]](#footnote-17) and the [Child Wellbeing and Safety Act 2005](https://www.legislation.vic.gov.au/in-force/acts/child-wellbeing-and-safety-act-2005/044)[[17]](#footnote-18).

## Complaints and allegations management

Service providers will have documented processes in place for managing feedback, complaints and allegations by clients. The procedures will meet all legislative and departmental guidelines including Victoria’s [Reportable Conduct Scheme](https://providers.dffh.vic.gov.au/reportable-conduct-scheme)[[18]](#footnote-19).

Service providers will clearly communicate the standard of service people should expect to receive, and what they can do if they are unsatisfied. Clients will be encouraged and supported to provide feedback (informal and formal). Providers will be flexible and responsive to feedback and use the information to inform future service development and delivery.

Service providers will have processes and disciplinary actions in place to respond to allegations of misconduct or abuse.

# Attachment 1: National Service Standards for the provision of counselling and alternative therapies

In electing to deliver counselling and alternative therapy services, a jurisdiction will be required to commit to service standards consistent with the following guiding principles for service systems outlined in the Royal Commission’s final report. These include for services to be collaborative, available, accessible, high quality and inclusive of Aboriginal and Torres Strait Islander healing approaches.

* Based on these principles, the jurisdiction will be required to commit to the following service standards in the delivery of counselling and alternative therapies to clients
* Make the first point of contact with referred client by providing them with information about their services (such as, how to access the services and what is available etc.)
* Do not require referred clients to complete a new application form disclosing their experience to access services.
* The Service will be available to clients who accept an offer, as well as to their family members, for the duration of the Redress process and within the financial year in which Redress applications close. If a Redress payment is reduced by a relevant prior payment, counselling will still be offered.
* Provide up to 20 sessions of counselling and/or alternative therapies, at their election, over the course of Redress, will be available to clients and up to 5 sessions of counselling and/or alternative therapy to the family unit.
* Provide access to counselling and alternative therapies for all clients entitled to Redress, including rural, regional and remote areas.
* The requests and needs of the client will be upheld when developing a plan for their counselling and alternative therapies.
* Providers will be qualified and appropriately skilled in working with clients with complex trauma, understand the effects of institutional child abuse and be registered with a relevant professional association.
* Maintain appropriate oversight, monitoring and review of service delivery and ensure clients have access to a complaint’s mechanism for the services, including referrals to relevant professional organisations.
* Provide a range of delivery options to meet the needs of different clients (for example, in-person, phone, online video chat, mobile apps and group therapy).
* Support clients with complex and additional needs with referrals to other providers with specialist expertise (as required)
* Be unbiased and consider the diversity of the person such as needs related to disability, gender, sexuality, and language.
* Provide culturally safe counselling and alternative therapies for Aboriginal and Torres Strait Islander peoples and all First Nations people.
* Redress should provide clients with clear and accessible information on the availability of counselling and alternative therapies, which should be made in an honest, compassionate and helpful manner.
* Use best efforts to provide to the Redress operator data on the usage of services by clients, including information regarding the number of referrals made to funded agencies by people entitled to Redress, and information on complaints.
* Any evaluation and monitoring of Redress should extend to the provision of the Service.
* It is acknowledged that in some circumstances it may be impractical or impossible for the Redress or providers comply with some or all these standards. These circumstances may include where the client (a) cannot be contacted despite best efforts; (b) has moved overseas and unable to be located; (c) detained in a secure facility and unable to be contacted; or (d) is otherwise incapacitated.
1. https://www.parliament.vic.gov.au/news/general-news/careleaversapology [↑](#footnote-ref-2)
2. https://djsir.vic.gov.au/what-we-do/employment-and-small-business/contracts-for-fair-payments [↑](#footnote-ref-3)
3. https://www.legislation.vic.gov.au/in-force/acts/penalty-interest-rates-act-1983/014 [↑](#footnote-ref-4)
4. https://www.justice.vic.gov.au/justice-system/fines-and-penalties/penalties-and-values [↑](#footnote-ref-5)
5. https://www.atsihealthpracticeboard.gov.au/ [↑](#footnote-ref-6)
6. https://www.legislation.vic.gov.au/as-made/acts/children-youth-and-families-act-2005 [↑](#footnote-ref-7)
7. https://providers.dffh.vic.gov.au/mandatory-reporting [↑](#footnote-ref-8)
8. https://services.dffh.vic.gov.au/reporting-child-abuse [↑](#footnote-ref-9)
9. https://providers.dffh.vic.gov.au/reportable-conduct-scheme [↑](#footnote-ref-10)
10. https://www.health.vic.gov.au/chief-psychiatrist [↑](#footnote-ref-11)
11. https://providers.dffh.vic.gov.au/criminal-offences-improve-responses-child-sex-abuse [↑](#footnote-ref-12)
12. https://www.legislation.vic.gov.au/in-force/acts/public-records-act-1973/042 [↑](#footnote-ref-13)
13. https://www.legislation.vic.gov.au/in-force/acts/freedom-information-act-1982/112 [↑](#footnote-ref-14)
14. https://www.legislation.vic.gov.au/in-force/acts/privacy-and-data-protection-act-2014/028 [↑](#footnote-ref-15)
15. https://www.legislation.vic.gov.au/in-force/acts/health-records-act-2001/049 [↑](#footnote-ref-16)
16. https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008/053 [↑](#footnote-ref-17)
17. https://www.legislation.vic.gov.au/in-force/acts/child-wellbeing-and-safety-act-2005/044 [↑](#footnote-ref-18)
18. https://providers.dffh.vic.gov.au/reportable-conduct-scheme [↑](#footnote-ref-19)