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Mr C.J. Tallentire, MLA Western Australia  
Chair, Education and Health Standing Committee  
Legislative Assembly of Western Australian Parliament  
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Dear Mr Tallentire and members of the Education and Health Standing Committee,

Re: Inquiry into the Esther Foundation and unregulated private health facilities

The Australian Psychological Society (APS) is pleased to have been invited by the Education and Health Standing Committee to provide a response to the Inquiry into the Esther Foundation (the Inquiry), and specifically in relation to term of reference 3(a) "Options for regulating facilities not covered by the definition of 'Health Service' or 'Hospital' in the *Private Hospitals and Health Services Act 1927*" and best practice governance structures and standards for private alcohol and other drug (AOD) service providers.

The APS joins with members of the Legislative Assembly of Western Australian Parliament, in particular, Ms Simone McGurk, the Minister for Child Protection, and Ms Amber-Jade Sanderson, the Minister for Health, in expressing deep concern about the allegations of abuse and inappropriate conduct reported by former residents of Esther House<sup>1</sup>. We commend the establishment of this Inquiry as an avenue for former residents to be heard and as an opportunity for the Government to seek guidance about the regulatory and legislative reforms needed to ensure all alcohol and other drug (AOD) service providers in Western Australia deliver treatments that are safe and high quality. As with all our work at the APS, we consider this in light of the Sustainable Development Goals (SDGs)<sup>2</sup>. Of particular relevance is SDG 16 which aims to create "accountable and inclusive institutions at all levels"<sup>3</sup>.

We note this Inquiry is focused on the regulatory mechanisms needed for compliance and monitoring of private (non-government funded) AOD service providers in Western Australia in the context of the *National Quality Framework for Drug and Alcohol Treatment Services* (NQF)<sup>4</sup>. As per the NQF, all AOD service providers require accreditation against standards, such as the Western Australian Network of Alcohol & Other Drug Agencies (WANADA) Alcohol and Other Drug Human Service Standard (version 3, 2019). The standards include requirements for services to provide access to a qualified workforce who will deliver evidenced-based AOD services in an ethically and culturally safe manner.

As it stands, under the NQF, monitoring and compliance of Commonwealth and State funded AOD treatment providers occurs via contractual arrangements in service agreements. Regulatory mechanisms for monitoring and ensuring compliance for all other AOD service providers, in the absence of these contractual arrangements, is the responsibility of State jurisdictions<sup>5</sup>. It is a highly concerning situation that proper safeguards are not yet in place to ensure vulnerable people are not subjected to unethical or harmful conduct from privately funded AOD service providers, and that there are no mechanisms to prohibit the operation of poor quality privately funded AOD treatment services.

As the peak national body representing psychologists, the APS is not in a position to provide detailed regulatory and legislative recommendations to the Inquiry. Instead, we provide four recommendations to ensure that the intent of the NQF to improve the quality of alcohol and other drug treatment services and provide a nationally consistent approach to treatment quality in the sector in Australia, is realised.

The APS recommends:

- Collaboration to achieve national consistency: The Western Australian Government take the lead to advocate to the Commonwealth and other State Government jurisdictions to ensure all necessary regulatory mechanisms are in place to monitor and enforce NQF compliance of all AOD service providers, irrespective of their funding sources. Consideration should be given to establishing a central coordinating body responsible for enforcement and monitoring as well as two-way communication with the community, service users and other stakeholders. National consistency in this area will assist to optimise patient safety and integrate services to provide streamlined care.
- Consideration of resources: It is clear that accreditation and ongoing adherence to the relevant standards will undoubtedly require resources. In an area of healthcare which is already chronically underfunded, due financial consideration needs to be given to: (a) organisations which may need to change or adapt to align their practices, or to maintain alignment, with the NQF, and (b) the relevant departments which will need to oversight adherence to the standards to ensure they remain financially viable in the short to medium term.
- Inclusion of regulated psychological expertise in governance structures: In order for the NQF expectations to be realised, there must be strong governance structures in place. In particular, the expectation that organisations will have a “system to monitor the physical, psychological and cultural safety, health and wellbeing of staff, volunteers and people accessing the service and to mitigate identified risks”<sup>4(p. 11)</sup> must include the appropriate expertise. Psychologists, as regulated health professionals with expertise in psychological safety, should be included across all levels of decision-making about governance of AOD services, including those provided to children and vulnerable people. Similarly, we recommend that Aboriginal and Torres Strait Islander communities, and other potentially vulnerable groups, be appropriately included in governance structures.

State bodies who place children and other vulnerable people into the care of AOD services and facilities have a clear duty of care, and need to ensure referrals are made only to those services that adhere to independent clinical governance and quality assurance mechanisms. This duty of care also extends to ensuring services and facilities uphold standards and governance safeguards consistent with recommendations of the Royal Commission into Institutional Child Sexual Abuse<sup>6</sup> (the Royal Commission), which called for adherence to Article 3 of the United Nations Convention on the Rights of the Child<sup>7</sup>. Article 3 refers to the child's best interests as a primary consideration in all actions concerning children, whether undertaken by public or private institution, and requires governments to ensure their care and protection.

As highlighted in the recommendations of the Royal Commission <sup>6</sup>, another governance consideration of particular importance is the management of complaints. Robust complaints systems pertain to both the way in which institutions handle complaints internally, in addition to an independent body to oversight institutional complaints. Organisations must develop and implement “clear and accessible complaint handling policies and procedures” <sup>6(p. 30) Preface and executive summary</sup>. These processes must be accessible to children and other vulnerable groups (e.g. those who speak English as a second language) and follow the other requirements set out in the Royal Commission<sup>6</sup>). In addition, we strongly advocate for “independent oversight of institutional complaint handling” to help “strengthen institutions’ accountability and transparency” <sup>6(p. 84) Preface and executive summary</sup>. Specifically, in accordance with Recommendations 7.9 and 7.11<sup>6</sup>, we recommend the Western Australian government establish and monitor a reportable conduct scheme, consistent with other jurisdictions.

- Support and grow the qualified workforce: The APS is cognisant of the current workforce shortages across the entire mental health and AOD treatment sector<sup>8</sup>. Governments need to work together to implement policies and initiatives that grow the psychology workforce to ensure a registered psychologist is available as part of AOD services teams. The Western Australia's *Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020-2025*<sup>9</sup> identifies individual, organisational, and systemic initiatives for workforce development and with the aim to develop and grow the qualified workforce. In previous submissions and correspondence<sup>e.g</sup><sup>10</sup>, the APS has called on Governments to (1) appropriately fund post-graduate psychology university courses, (2) support psychology placements and their coordination, and (3) provide adequate provisions for supervisors (including training). We recommend that the Western Australian Government works collaboratively with the Federal Government, and other States and Territories, to undertake these initiatives as a matter of urgency to ensure that there are sufficient psychologists to adequately support AOD services.

Thank you again for the opportunity to respond to the Education and Health Standing Committee's Inquiry into the Esther Foundation. If any further information is required from the APS, I would be happy to be contacted through my office on (03) 8662 3300 or by email at [z.burgess@psychology.org.au](mailto:z.burgess@psychology.org.au)

Yours sincerely

Ms. Tamara Cavenett FAPS GAICD  
President

Dr Zena Burgess FAPS FAICD  
Chief Executive Officer

## References

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