

Standing Committee on Justice and Community Safety
ACT Legislative Assembly
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Dear Committee

Inquiry into Immediate Trauma Support Services in the ACT

As the peak body representing the needs of the community services sector and people affected by poverty, disadvantage in the ACT, the ACT Council of Social Service (ACTCOSS) welcomes the opportunity to provide a submission to the ACT Government's Inquiry into immediate trauma support services in the ACT.

A variety of stressors, including COVID-19, myriad natural disasters, and housing and cost-of-living crises, have exacerbated the need for effective wraparound immediate trauma support services in the ACT. All these stressors place disproportionate burdens on low-income and socially vulnerable people who often face insurmountable barriers to recovery from trauma and the organisations that support them. ACTCOSS is supportive of evidence-based immediate trauma support services, as well as trauma-informed prevention and early intervention measures to support community members in crisis.

While we welcome the renewed focus on strengthening trauma support services, including for first responders in emergency services, ACTCOSS are concerned that the burden of vicarious trauma and secondary trauma in the community sector workforce continues to be overlooked and neglected in policy and programmatic responses.

Service delivery in the community sector can be immensely rewarding, with frontline workers deriving satisfaction from working relationships grounded in respect and meaningful connection. Yet such work is also frequently demanding and complex, with workers exposed to traumatic situations and people who have experienced significant trauma. Studies have shown that this workforce faces some of the highest rates of work-related trauma and burnout.¹ In a context of chronic underfunding and high demand for services, the risks of secondary trauma or post-traumatic stress disorder is exacerbated, with workers often saddled with high caseloads, limited supervision, ongoing funding pressures, and limited organisational resources available for staff wellbeing. Additionally, resource constraints can make it more difficult to achieve results for clients, leaving them in painful and vulnerable positions

¹ Mackay, T., Goodwin-Smith, I., Karpelis, G., & Louth, J., [Understanding vicarious trauma Exploring cumulative stress, fatigue and trauma in a frontline community services setting](#), Flinders University, (2019).; McPherson, I., Gatwiri, K., & Parmenter, N., [Vicarious trauma and secondary stress in therapeutic residential care – Research brief](#). CETA, (2022); Waegemakers-Schiff, J., & Lane, A.M., PTSD Symptoms, Vicarious Traumatization, and Burnout in Front Line Workers in the Homeless Sector, *Community Mental Health Journal*, 2019, 55(3):454-462 doi:10.1007/s10597-018-00364-7; Carles, G., Stewart, C., & Hodgson, D., Australian Mental Health Social Workers' Experiences of Burnout, *Australian Social Work*, (2023), November (online), DOI: 10.1080/0312407X.2023.2278768.

longer. This has an impact on the workers who are unable to successfully render the help that they are employed to provide.

Accordingly, we urge the Committee to include a dedicated focus on the significant levels of exposure to traumatic incidents and vicarious trauma in the community services sector, and to examine the structural and systemic responses needed to mitigate such trauma and its consequences. This includes the need for funding arrangements that incorporate protective and predictive factors for the community sector workforce.

In addition, consideration should be given to public service systems and settings which increase the risk of traumatic incidents, and where punitive measures are frequently prioritised over trauma responses in the aftermath of critical and otherwise serious incidents, including the justice system and public/forensic mental health systems. This pattern has contributed to heightened vulnerabilities for Aboriginal and/or Torres Strait Islander peoples engaging with emergency services and the justice system following traumatic incidents. We encourage the ACT Government to take an approach to trauma support that prioritises redressing the disadvantages experienced by First Nations peoples who encounter the justice system.

Furthermore, improving community wellbeing and recovery outcomes will require that all staff within the emergency response and justice system are better educated on trauma-informed practice for responding to people across a variety of social and cultural intersections. Improving immediate trauma support services will require a holistic whole-of-system approach rather than one that exclusively depends on trauma specialists.

Funding Community Sector Services

An imperative and often undervalued aspect of traumatic incident management in the ACT is the role played by the community sector, including community mental health services; domestic, sexual and family violence services; homelessness services; legal assistance services; alcohol and other drug services, and a variety of crisis and disaster response services. In addition to frequent exposure to traumatic incidents and situations, frontline workers in such services often interact with people experiencing significant trauma in helping relationships over extended periods of time. This increases the likelihood of cumulative exposure to trauma perpetrated by others, and to individuals with multiple and complex trauma histories.

The community sector is often at the very frontline of the ACT's trauma response processes. However, the overall service system is often ill-equipped to respond to the complex and multiple trauma histories of those seeking support. The community sector is a primary workforce for trauma and crisis management and response, and coordination of this work across different organisations and sectors is essential to the delivery of holistic approach. The current funding levels for community organisations has produced severe resource limitations, making it increasingly difficult to provide essential services to people in crisis. As a result, providers' often report an inability to address the multiple unmet needs of service users due to limited sectoral capacity and the fragmented structure of service systems.

The lack of adequate psychosocial support services illustrates these issues and the flow-on consequences for multiple services systems, including homelessness services, legal assistance, alcohol and drug services, and

health services. Those experiencing trauma and mental illness are often ineligible for any government-funded psychosocial supports, with [less than 25% of people with severe mental ill health eligible for NDIS support](#). Meanwhile, the community mental health and crisis services that bridge this gap are severely underfunded, with per capita funding from the ACT Government having halved in the last decade. In the ACT's most recent [Health Needs Assessment](#), respondents identified a lack of appropriate mental health services as the ACT's greatest service gap. We know that traumatic incidents can feed into longer term mental health and wellbeing challenges, particularly where trauma goes without appropriate intervention.

In the ACT mental illness is the [leading cause of chronic disease](#), and in the 2021 Census [10% of Canberrans declared a long-term mental health condition](#) – representing the second highest rate in Australia. Further, the provision of psychosocial support services has been demonstrated to offer a [38% reduction in the number of people hospitalised due to mental ill health](#). Despite incredibly high demand and clear evidence of the importance of consistent supports for people struggling with mental ill health, community sector organisations are facing major underinvestment and low indexation rates that significantly hinder capacity. ACTCOSS' [Counting the Costs Report](#), noted that only 22% of ACT community service organisation leaders said they were adequately funded to employ enough staff to meet demand, and 39% reported that staff were required to perform tasks above their classification due to lack of funds.

Community sector mental health and crisis response organisations are key to the ACT Government's approach to trauma support, particularly for individuals and communities who are unable to access mainstream services due to accessibility, affordability, cultural or social concerns. Provision of sustainable, effective wraparound trauma supports for vulnerable people will require increased investment in the community sector.

Supporting Frontline Workers & Addressing Vicarious Trauma

The [Terms of Reference](#) for this Inquiry reflect the lack of attention paid to the role that community sector workers play in trauma response and support services, and the significant level of vicarious trauma experienced by frontline workers. We know that community sector services are on the frontline of responding to traumatic incidents, with staff frequently dealing with clients in the immediate aftermath or during traumatic incidents. The Australian Services Union's Report [Building Social Inclusion in Australia](#) included a survey of community services finding high rates of workplace injury, with 22% of incidents were caused by mental stress. Community sector workers need improved supports to continuing playing a vital role in supporting clients and responding to traumatic incidents.

Frontline community workers are regularly subject to secondary traumatic stress and vicarious trauma. Repeated exposure and empathic engagement with clients who have experienced trauma has a significant impact on the mental health of sector workers and their ability to provide services. A lack of investment, development, and implementation of vicarious trauma interventions for service providers (including psychoeducation and clinical supervision programs) needs to be redressed to ensure organisational safety for workers.² Organisations rarely act

² Kim et al., [A Scoping Review of Vicarious Trauma Interventions for Service Providers Working With People Who Have Experienced Traumatic Events](#), Trauma, Violence & Abuse, 9 March 2021

preventatively or proactively to address vicarious trauma in staff, despite evidence of vicarious trauma being a significant work health and safety (WHS) issue.³ In the community sector, underfunding and high service demand play a major role in exacerbating these risks. Given that it is near impossible to eliminate the risk of exposure to vicarious trauma for people in frontline support services, it is imperative community organisations are funded to manage risks and support staff, including through the development of evidence-based approaches, regular supervision, peer support, realistic caseloads, training programs, appropriate administrative management, access to external Employee Assistance Programs, and vicarious trauma management programs.

Community sector workers often face an additional barrier to accessing personal supports given potential discomfort associated with accessing the services that they work for or alongside. The conflict between professional and personal interactions with local services is heightened by the geography and population of Canberra. This issue reinforces the need for community sector staff to receive free access to debriefing and mental health care services through external Employee Assistance Programs. Further, for staff with lived experience of disadvantage and trauma, a lack of comprehensive workforce supports poses heightened risks of stress and re-traumatisation, pushing these highly valuable staff away from the sector.

High levels of staff burnout pose a major challenge to retention rates, attrition and increasing demand and workloads for individual staff. ACT community sector leaders have described a lack of resources as leaving [staff severely overworked and at risk of burnout](#). ACTCOSS' [2023 ACT Community Sector Snapshot](#) reported that more than 80% of CEOs and Senior Managers said they received insufficient funding to employ enough staff, with no organisations funded for backfilling staff absences. Understaffing in combination with limited funding has exacerbated pressure on existing staff, leading to increased stress and burnout.

Poor mental health of community sector staff has ripple effects for the broader community, with ad-hoc and insufficient funding arrangements, and inadequate indexation leaving services unable to meet community demand. With increasing levels of demand across the sector, as well as growing complexity of need, [only 4% of organisations were always able to meet demand in 2022](#), and most organisations have had to turn away clients and increase wait times.

Recommendations

- Acknowledging the need for trauma-informed care and its associated costs as part of the commissioning process for relevant services in the community sector.
- Providing funding that enables community sector organisations to incorporate protective factors for workers in traumatic settings and roles, including funding to cover the costs of staffing and enable realistic caseloads, regular supervision, training, and access to external Employee Assistance Programs.
- Providing ACT Government first responders with education on trauma-informed practice for responding to a diverse population, including Aboriginal and Torres Strait Islander cultural and historical awareness, LGBTIA+ awareness, disability awareness and working with culturally diverse communities.

³ Ashley-Binge & Cousins, [Individual and Organisational Practices Addressing Social Workers' Experiences of Vicarious Trauma](#), Social Work in Action, 4 June 2019



- Treating vicarious trauma as a psychosocial hazard and WHS issue
- Developing strategies to prevent staff burnout, particularly in frontline services and mental health organisations.

We look forward to seeing the ACT Government take progressive steps to support the essential work of community organisations in providing collaborative trauma-informed treatment and support for vulnerable and disadvantaged community members.

Yours sincerely

A handwritten signature in blue ink that reads 'Devin Bowles'.

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