



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON JUSTICE AND COMMUNITY SAFETY

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Submission Cover Sheet

Inquiry into Dangerous Driving

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SupportLink submission to the Standing Committee on Justice and Community Safety

Inquiry into Dangerous Driving

30 September 2022

SupportLink acknowledge the traditional custodians of the land, the Ngunnawal people. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Enquiries on this submission should be directed to:

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Who is SupportLink

SupportLink provides a national referral and diversion gateway for police and other emergency services to participate in early intervention.

The role of SupportLink is to:

- Establish and support formal referral partnerships with government and non-government agencies for police to refer to.
- Provide a single referral and diversion gateway for operational police.
- Monitor and support the referral process for clients, agencies and police officers.

The intention of SupportLink is to see a reduction in crime, suicide, violence, substance abuse, family breakdown, juvenile offending and to establish improved support for victims of crime.

A significant amount of police work involves dealing with unmet social issues. Police are increasingly looking to external agencies to meet these social needs. However, the path to accessing the support sector has traditionally been difficult to navigate for both police and clients.

The SupportLink framework enables police to refer via a single referral gateway imbedded within their systems and gives local, state and nationally based support agencies the ability to proactively respond to vulnerable clients, in a seamless and proactive manner.

SupportLink provides the ACT community with a fully managed referral framework that has been built for police and social support services over a 20 year period.

30 September 2022

Committee Secretary

Standing Committee on Justice and Community Safety
GPO Box 1020
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Inquiry into Dangerous Driving

SupportLink welcomes the opportunity to provide this submission to inform the Standing Committee on Justice and Community Safety Inquiry into Dangerous Driving.

From 2006 to 2016, SupportLink was the sole provider of the ACT Trauma Service – a service which provided support to those affected by sudden and unexpected death, including road trauma in the ACT.

Today, SupportLink continues to deliver a fully managed integrated service framework and a single referral diversion gateway allowing Government and non-government funded agencies including policing and emergency responders to work together in the delivery of early intervention services. SupportLink has successfully evolved and delivered this framework on a national level including managing the referral activity for the Australian Federal Police (AFP) since 1997.

In addressing issues related to the capacity of trauma services and support services to respond to a post-crash event, it is crucial to look at the model of service and support provided by SupportLink to the ACT community. Additionally, it is vital to incorporate the voice of those with lived experience of having been impacted by dangerous driving. Only by considering the experience of impacted individuals can the multifaceted and far-reaching outcomes of road trauma can be understood.

Trauma Support Services in the ACT

From 2006 to August 2016, the ACT Trauma Service (a service delivered by SupportLink) provided support to those affected by sudden and unexpected death, including road trauma in the ACT.

How the SupportLink Trauma Support Service was established.

SupportLink initiated and implemented an electronic, fully managed referral service for ACT Policing (ACTP) in 1997.

This service facilitated a user-friendly process whereby police could submit referrals after attending incidents in the community. The referrals served to connect community members with outreach support from services funded to provide assistance for a range of support needs. The referral system was designed to meet the requirements of Police members on the front line, helping the community access appropriate support.

In 2006, following several public incidents in the ACT, resulting in fatality, SupportLink were contacted by the ACTP Welfare Team. Critical incidents often impacted large numbers of community members and resulted in Police resources being stretched outside of their key roles and responsibilities (e.g., providing emotional and practical support to bereaved family, friends, and distressed witnesses). Due to their pre-existing relationship with SupportLink, police requested SupportLink staff to attend various incidents, to support community members. This approach was deemed effective for impacted individuals and of great benefit to attending officers.

In acknowledgement of the positive benefit of such a response, a 24/7 Trauma Support Service (TSS) was established and funded by SupportLink to attend all sudden and unexpected deaths in the ACT (including road trauma). The model was delivered by providing a person-centred response drawing on principles of trauma informed care, risk assessment and psychological first aid.

The support team tailored their approach according to the needs of those present and demonstrated a flexible and unique support response. Immediate support offered onsite to drivers, passengers, family, friends, witnesses, and first aid providers included:

- **Practical support:** e.g., waiting with people, phoning others to notify, liaising with police, coordinating needs such as children being collected from school, transportation, organising food, medication or other requirements, support through the formal identification of the deceased, police interviews, risk assessment and safety plans etc.
- **Information:** e.g., outlining the Coronial process, different roles within Police, (forensics, investigators etc), where the loved one's body will be taken and by whom, finding the words to explain to children and others what has happened, repeating key information and by answering questions as they arise etc.
- **Emotional support:** e.g., care and comfort, normalising of trauma responses, listening, self-care information and exploration of formal and informal support networks, a safe space to share thoughts and feelings when required and debriefing; trying to make sense of what's happened.

The TSS were a central point at a scene, present to support those impacted and to attend to their immediate needs. The TSS also provided a liaison between:

- Family members or friends of the deceased or injured
- Family members (or friends) and Police Investigators
- Family members (or friends) and others (funeral services, work colleagues, school staff, accommodation services etc)

Continuation of the Trauma Support Service

SupportLink sought funding from the ACT Government so it could continue to provide the Trauma Support Service (TSS) and meet the needs of those affected by sudden / unexpected death and trauma in the ACT.

This model of service was successfully provided to ACTP and the ACT community from 2006 to 2016 and was partially funded for two years by the ACT Government.

Conclusion of the Trauma Support Service

In 2015 funding was provided by ACTG for a Coronial Counselling Service (CCS). This additional funding for a much-needed service presented a ground-breaking opportunity to establish a best practice working model in the ACT that included a first response trauma support service alongside a coronial counselling service. This combination of services would have provided distinct but essential support both immediately following the traumatic incident and over time as the requirement for therapeutic needs became evident. ■■■■■

With the announcement of funding for the Coronial Counselling Service, the ACTG advised no further funding would be allocated to a Trauma Support Service and all referrals for people requiring support following sudden and unexpected death would be responded to by current service providers, primarily the CCS.

This shift created a service-gap whereby individuals would no longer receive immediate, practical, wrap around support in the immediate aftermath following a traumatic event as the aims and the purpose of the TSS and CCS, whilst both essential, did not overlap.

Furthermore, the CCS has not demonstrated capacity to meet the needs of all members in the community who have been impacted by a traumatic event. The SupportLink referral coordination unit has continued to receive requests for community support from ACT Policing and the service delivery gaps which were immediately evident have expanded over time. Although referrals could be made to the CCS following sudden death not all clients were eligible for this service. It was, and continues to be, difficult to find alternative, appropriate services.

In November 2021, SupportLink were informed that the CCS were no receiving referrals from ACT Policing. Initially it was assumed that it would be a short-term issue, however, this has not been the case. To date SupportLink have identified over 200 referrals from ACT Policing, for bereaved families, friends, and witnesses to sudden death, that required specialised follow up support services.

The ongoing impact of the lack of services for this high risk, vulnerable group in the ACT is significant. In the absence of a service that will accept referrals, SupportLink staff have contacted those impacted by sudden deaths and road trauma to ensure that they have access to appropriate information and support.

This is not sustainable, as SupportLink do not have the capacity to provide the required support to those in need, without funding to deliver this service.

If/when the CCS reopens to receives referrals for the client group they are funded to support, there will still be a significant service delivery gap as the CCS will offer counselling support following a coronial fatality. This model of service does not support friends, witnesses, emergency responders and this has huge implications on individuals and the entire community.

Furthermore, as indicated previously, there is a distinct difference between the services offered by the TSS and the CSS. In many cases those who have been impacted by trauma do not go on to access therapeutic services, however they greatly benefit from immediate support. Notably, it was also found that those who were engaged immediately following the traumatic event were more likely to engage with ongoing services. Due to its proactive and outreach model, the TSS model served to reduce risk by providing support to individuals who may not have accessed it otherwise.

Trauma Response

SupportLink have over twenty years experience working with emergency responders and listening firsthand to the experiences of those impacted by sudden death and road trauma.

Those exposed to a traumatic event have individual, unique experiences, but often there are common themes. They find themselves in situations that are unfamiliar. The basic principles of care and comfort apply. People often require information and to have questions answered (repeated and as they arise), advice and direction step by step advice and direction, they need to know what they don't know. On reflection,

frequent comments include"if only someone had told me", "I didn't know what to ask, or what to do next", "If I'd known....it would have made a difference".

We are sharing our experience and giving a voice to the hundreds of people we have worked with over these years in the hope of implementing much needed support services for those yet to be impacted by trauma in the ACT community.

Traumatic events may range from an immediate mild stress reaction, through to a moderate or severe state of distress. During this time, even for those with pre-existing resources, normal coping mechanisms can be temporarily impaired. Some cases may result in a debilitating post traumatic state. Stress reactions to traumatic events can occur immediately or they may be delayed for hours, weeks or even years.

For every person that dies on the roads there are many more who experience life-altering injuries, and other direct impacts. A road crash can result in not only physical stress and injury, but also emotional shock and ongoing impacts on households (e.g., financial strain due to loss of ability to work, change in household dynamics during periods of long recovery). Much of the distress experienced after a crash is due to the unexpected nature of road crash and the threat they pose. Often those who escape fatality or serious injury report high levels of distress, rumination, and other psychological impacts, due to the erosion of their sense of safety and confidence; this is a common response to trauma.

Trauma can make a person more vulnerable to developing mental health problems. It can directly cause post-traumatic stress disorder and complex, and often chronic, response to trauma. Some people misuse alcohol, drugs, self-harm, or use violence to cope with difficult memories and emotions.

Depending on circumstances, trauma can cause significant challenges to daily life. It can be harder for some people to look after themselves, make and maintain friendships and relationships, manage their financial and living situations, maintain employment and find any joy or purpose in activities they used to participate in.

Trauma can affect the body and the mind. Research indicates it can lead to a decline in physical health problems including chronic long-term illness. A brief summary of recent research is detailed below.

[Trauma is a public health issue \(Magruder et al., 2017\)](#)

Exposure to trauma is pervasive in societies worldwide and is associated with substantial costs to the individual and society, making it a significant global public health concern.

[Early psychological intervention following recent trauma \(Roberts 2019\)](#)

There is evidence for the effectiveness of several early psychological interventions for individuals with traumatic stress symptoms following trauma exposure.

[Early intervention for trauma \(Litz, 2008\)](#)

The author underscores the importance of early intervention for trauma and developing and implementing a trauma-informed public health policy agenda.

[Evaluating web-based cognitive-affective remediation in recent trauma survivors: study rationale and protocol \(MacDonald et al., 2022\)](#)

The immediate aftermath of traumatic events is a period of enhanced neural plasticity, following which some survivors remain with post-traumatic stress disorder (PTSD) whereas others recover.

Evidence points to impairments in emotional reactivity, emotion regulation, and broader executive functions as critically contributing to PTSD. Emerging evidence further suggests that the neural mechanisms underlying these functions remain plastic in adulthood and that targeted retraining of these systems may enhance their efficiency and could reduce the likelihood of developing PTSD.

Recommendation

It is strongly recommended that support be offered to **every** individual impacted by road trauma in the ACT. The current model of service in the ACT has proven to be ineffective and large gaps are evident in providing support to every person who has experienced road trauma or sudden death.

1. SupportLink recommends implementing a Road Trauma Support Service in the ACT.

All impacted must be contacted following a post-crash event: Every person at the location, including those in the incident, drivers, and passengers, those who witnessed the incident, those who provided first aid or helped emergency services with traffic diversion etc. Additionally, those impacted who were not present onsite must be contacted (e.g., family / friends who have been contacted by police, school communities, work places, and other close contacts).

All impacted individuals should be called for a general check in and informal needs assessment (i.e., psychosocial, physical, practical). This initial contact would then inform unique ongoing support pathways for those who indicate a need. In addition, initial outreach would include the provision of a contact number which the impacted individual could call as a central point of contact should additional needs arise.

Follow up support must be proactive and can include:

- Practical support and information
- Answering questions and listening
- Opportunities to share thoughts and feelings as needed
- Normalising of trauma responses and information around what to expect
- Liaison with Police/Coroner's Court around queries, timeframes.
- Linking with GP/Centrelink/Crisis services
- Support for children by encouraging parents to maintain routine, supporting safety and stability.
- Warm Referral on to appropriate supports
- Information provided verbally and written form

For the wellbeing of the ACT Community, to mitigate risk to and reduce further impact on the ACT Health and Mental Health systems, our workforce, and our sustainability, it is imperative we do whatever we can to support people impacted by traumatic experiences.

When talking about individual wellbeing, we often speak to a person's physical and mental health, the strength of connections they share with people around them, or their financial position. More expansive indicators of wellbeing can be a person's relationship to their surroundings, such as their safety, their capacity to enjoy and live in harmony with the natural and built environment, or their ability to be mobile in their community. These aspects of wellbeing are not independent of each other. They operate together and influence one another, creating complex relationships that are in turn shaped by an individual's lived experience.

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