

FINAL REPORT

Overview

This final Report follows the presentation to the Board of an Interim report on May 23 and the presentation of Dr Embleton's report on the Clinical issues at Encompass.

I agree with the general thrust of the Embleton report which should be the base document for examination and consideration by a new Board of Encompass if my recommendations are adopted by the ACBC and CRA.

The ACBC and CRA are faced with one critical decision. Do you wish to ensure the continuation of core programs i.e. Assessment, Treatment and After care or do you wish to vacate the field.

In my discussions with many Bishops, Priests and Religious there was a unanimous view that the Church simply cannot vacate the field but modifications to the delivery of programs should be investigated.

It follows that an Entity such as Encompass must exist. This comes at a price. The recommendations that follow propose a method for ensuring that modified programs continue to be available. This will require the provision of funds of about \$200,000 to \$250,000 maximum per year.

If these funds cannot be provided then Encompass must cease to exist.

7. **Supplementary funds be sought from ACBC and CRA for 2008-2009 with estimate at \$200,000**

Basis for above Recommendations

1. **The Church must ensure that programs are available for Assessment, Treatment and Continuing Care.**
2. **The Church must retain an Entity, not to directly provide programs, but to commission their delivery from private practitioners or an organisation such as SJGHC.**
3. **SJGHC is not able to take over Encompass in its present form. The costs are prohibitive. It may be able to assist with some alternative programs but consideration of this will require extensive lengthy consideration. There is no short term solution.**
4. **The reduced number of clients over the past year results directly from the lack of support from the Dioceses. Dr. Embleton's report confirms the reluctance of Church authorities to enforce attendance.**
5. **The Church must try to ensure that the body of knowledge and expertise at Encompass is not lost but continues to be accessed in a significant way. For this reason Dr. Robertson and Dr Taylor should be invited to submit proposals for Assessment and modified shorter Treatment programs. There is no certainty that they will wish to participate.**

- 6. The outsourcing of programs requires contractual arrangements, it requires supervision and constant monitoring. This cannot be performed by part time Board members. It requires a well qualified professional psychologist. This person becomes the point of contact and advisor to Bishops and Congregations.**
- 7. Dr Embleton's review provides penetrating analyses of the clinical issues and a blueprint for change. As might be expected there will be some questions about the model he proposes including the concepts of treating locally, individual versus group treatment and use of psychiatrists.**
- 8. The Board will be faced with big challenges on clinical issues. It needs a qualified Director and a reinvigorated membership able to deal with the new challenges.**

G Gleeson

25 May 2008