

Blue Knot Foundation Submission to Inquiry into the Operation of the National Redress Scheme

Prepared by

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Background

Thank you for this opportunity to make a submission into the Inquiry into the operation of the National Redress Scheme. Blue Knot Foundation is a national Redress Support Service that supports survivors of institutional child sexual abuse to understand and navigate the National Redress Scheme (NRS). It provides this service through its Blue Knot Helpline and Redress Support Service – a Telehealth service.

We are honoured to be able to support survivors from right around Australia, and from diverse backgrounds, including First Nations people, people from Culturally and Linguistically Diverse Communities, people living with disability or in regional or rural areas. As leaders in trauma informed practice, the principles of safety, cultural safety, building trust, providing choice, empowerment and collaboration as well as attuning to individual need and difference are paramount.

Blue Knot provides survivors with information about the NRS as well as other options for consideration including civil litigation. It also provides referrals as appropriate eg. to local face to face services or to other organisations for additional support of information e.g. knowmore.

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Survivors who decide to proceed to making an application are triaged by our redress team, and referred internally to a counsellor who supports them through the whole process. The counsellor supports survivors to stay safe and as well as possible as they write and submit their redress applications and wait for an outcome, during which their mental health is often at risk of deterioration.

Blue Knot also supports survivors to conceptualize and receive their direct personal response and gain access to ongoing counselling and psychological support.

First Nations People, people with disability and people from Culturally and Linguistically Diverse Backgrounds.

First Nations People, people from Culturally and Linguistically Diverse background and people with disability experience additional barriers to accessing the NRS and to full engagement with the process. Blue Knot works with each individual attuning to their particular needs, offering different modes of engagement and seeking to build safety and connection over time. It monitors the health and wellbeing of all clients as well as the strength of the therapeutic alliance using Feedback Informed Treatment, an evidence informed practice which measures real time client responses and relational elements. This informs the pace of the work and fosters a safe space in which applications can proceed with robust support, walking alongside each person regardless of and attuned to their individual experience, culture and background.

1. Suggested Scheme enhancements:

The following suggested enhancements could potentially improve access for First Nations People, people from Culturally and Linguistically Diverse backgrounds and people with disability. Specific commentary is added where relevant for particular cohorts:

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- **Immediate access to additional support**

Any time a client calls the NRS it would be advisable to *offer the provision of additional support by adding an option on the dial pad e.g. to press 2 to access additional support.* This would make the system more accessible depending on the person's particular need e.g. Interpreter and Translation Service, National Relay Service etc.

- **Identification made easy**

Provide each applicant a unique identifier number to facilitate the process every time they speak with the NRS to replace the current identification process.

- **Engagement with a Redress Support Service – NRS website**

The importance of engaging with a Redress Support Service cannot be underestimated. Knowing which RSS to engage with is especially difficult. This is because people need to be able navigate and interpret the NRS website. This site is not easy to follow to identify especially if there are literacy, language, cultural and access barriers. It can also be difficult to identify contact details for RSS which are matched to particular needs. *Enhance the NRS website and provide option for additional support to navigate it as needed.*

- **Demystify counselling**

Many First Nations people, people with disability and people from Culturally and Linguistically Diverse Backgrounds have not previously accessed counselling or support before. They often don't know what it is, its role or process. It is hard for them to know what is available, how to use it or how to access it. *Develop and implement communication and stakeholder engagement to meet specific needs of cohorts.*

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- **Explain redress and counselling**

Many people with disability, First Nations people or people from culturally and linguistically diverse backgrounds, especially if they are not connected to a RSS or community leaders or peers with the information, don't know that they would qualify for something like redress or that what they have experienced is, in fact, institutional child sexual abuse and that they might be able to apply to the NRS. The outreach processes conducted by the NRS have been helpful but more specific communication and engagement measures still need to be implemented. *Develop and implement communication and stakeholder engagement to meet specific needs of cohorts.*

- **Support advocacy services to foster greater access**

While the Disability Royal Commission has provided opportunities for people to access emotional support through counselling, this is limited. Advocacy for people with disability is poorly funded and a lot of people would benefit from greater advocacy and support. In recent years the limited number of advocacy services have focused on the Disability Royal Commission rather than the NRS and access has been limited. *Build and resource advocacy services for people with disability.*

- **Individual circumstances**

Many people from these cohorts are just trying to survive. They don't have the energy to choose to apply for redress. Many do not understand that they have the right to apply or that they aren't simply a bad person. Changing this requires an *extensive communication and stakeholder engagement awareness raising and stigma reduction campaign* which reaches 'hard to reach' cohorts.

- **Barriers for people with disability**

There are many practical physical barriers for people with disability for engaging with and accessing face to face support e.g. pathways are blocked, there is a lack of ramps, hard of hearing people need specialized support etc. Webchat and different modes of engagement exist but this sort of work requiring ongoing emotional support cannot be provided by

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webchat, for example. *Build strategies to reduce barriers to access for people with disability.*

2. Barriers to accessing the Scheme – deterrents

- First Nations people have told us that they have found it difficult to or didn't know how to access information about the progress of their application where it was up to and what the timeline was.
- People with disability face additional barriers to access, as above. Flexibility around modes of access, additional support and advocacy are needed to support people with disability to overcome the barriers.
- To access information on the phone applicants needs to be able to physically take notes. Literacy, language, cultural attunement and disabilities can be a barrier to this. It is important to offer different support options to help people navigate through these barriers.
- The information provided depending on who you speak to within the NRS is often contradictory. A number of our clients have also been given information about their application and its progress that is inaccurate. Training and monitoring of staff within the NRS is critical.
- There are challenges related Requests for Information. This can occur especially when an applicant lives in a small close knit community, a group home or supported accommodation. Often information does not remain private especially in a group home, or for example a person needs to go to Centrelink or simply because of the nature of the community itself. The leaking of private sensitive information can make a survivor's existing sense of shame greater and affect their mental health. Reviewing this process and tightening up the sharing of information is a consideration.
- At times First Nations people and people from culturally and linguistically diverse backgrounds have challenges obtaining the documents needed to verify their identity e.g. CRN number. This is culturally unfamiliar or unachievable for many. Not being able to meet this requirement can cause a survivor further shame. On occasion, to avoid going to the local

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Centrelink office, survivors have been advised to go to another town to try and minimise the leaking of information. This is not always possible because of lack of resources to travel to another town e.g. petrol, car or the other town is 300 km away. The reality is that 100 points of ID are not always easy to obtain and providing consistent signatures is challenging for people who are not literate. It would be useful to workshop this with First Nations survivors, people with disability and RSS services who are problem solving these sorts of challenges all the time.

3. Ways to improve the operation of the Scheme

- **Simplify the process of verifying ID.**

The need for proof of ID each time a survivor engages adds an additional burden. It can reduce trust and feed into the sense of not being believed.

- **Streamline and enhance access to wrap-around support** between Redress Support Services, NRS and the client.

- **Clarify the roles of the RSS in supporting clients on calls.**

The role of the Redress Support Service is not always clear. If for example on calls such as Outbound Acknowledgment Call if RSS has a clear role, the RSS can work collaboratively with NRS to the reassurance and benefit of the survivor.

- **Ensure sufficient staff on NRS phone.**

It is important for the NRS phone to be staffed adequately to be able to answer the call every time a survivor rings. This does not currently happen. Ensuring that the NRS phone is answered every time a survivor calls is critical to support each survivor to feel respected.

- **Enhance navigation of website.**

Mechanisms for enhancing navigability of the website to enable survivors to easily find a contact number and providing other options for accessing

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contact numbers are needed. Literacy and computer literacy can be blocks.

- **Develop communication and stakeholder engagement strategy** which focused on mechanisms to access different cohorts to build awareness of the Scheme, understanding of counselling and assist people to access it.
- **Identification and recognition of being a nominee** in some meetings with the NRS that the RSS has been present for the role of the RSS has been significantly minimized e.g. OAC call do you the RSS as your nominee you don't have to, e.g. we will give you a number to call for your DPR even when the RSS has said that we will be assisting the applicant. Acknowledgment of the RSS and their role on the call would be beneficial for the applicant, the NRS and the RSS.

Accessibility and funding for support services

1. Effectiveness of support services

- The regular engagement with other RSS in interagency meetings provides a rich opportunity for the sharing of information and reflections. It also provides an opportunity to build internal capability. Training from the Scheme is useful and additional ongoing training can further build knowledge and skills.
- There is a lack of services with the expertise to provide support for people from culturally and linguistically diverse communities. Consideration of a mentoring program or buddying system in which an experienced RSS supports an multicultural agency to deliver culturally appropriate services and build the capability of agencies for this cohort is recommended.
- Access to services with the capability to support First Nations people and people with disability is patchy, as are relevant knowledge and skills. Although improved a continued focus on building capacity in this area is needed

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- Blue Knot delivers Telehealth services and does so to diverse individuals and cohorts nationally. This is an effective service which can be expanded with additional resourcing to further meet the needs of people in hard to reach communities e.g. rural and remote, people with disability. It is an established model which achieves consistent outcomes for applicants supporting health and wellbeing throughout, including for First Nations applicants and people with disability, low literacy and other barriers.
- It is important for the NRS and RSS to work together to support the applicant throughout the redress journey. The RSS builds a trusting safe relationship with the applicant through the process and the rapport to walk alongside them. The value of this relationship is important to understand to enable the NRS to honour and leverage it in collaborating to better support the applicant.

2. Funding for legal and other support services

- Blue Knot has observed changes in the ability to access knowmore in a suitable timeframe as the service appears to be not as well resourced as previously. This can mean that we have to wait longer for critical feedback about applications, further delaying the process for applicants as we cannot progress until we have received knowmore's expert advice.

3. Range of support services available and perceived gaps

- People living in regional and rural communities often lack agencies that have particular skills in working with child sexual abuse clients. They can be matched with national organisations for mentorship, to support the local agency to do the groundwork while the staff are mentored around the particular needs of clients and the NRS.
- There is a need for support services for people with disability and complex trauma experience which offer a diversity of access options and wrap around support to enable equity of access. Consideration of telehealth services to further support this cohort is warranted.

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- The needs of people from different multicultural communities are many and varied. Services which have the trust of different communities and the skills to support survivors are few and far between. Again, a collaborative mentorship or shared case management approach may help fill this gap.
- The addition of services to support First Nations people has been positive. Mainstream services including Telehealth which build their level of cultural competency can further support individuals from Indigenous backgrounds

Application process in general

1. Ways to improve the application process

- Transparency around the RFI could be improved i.e. when it is sent, who it is sent to. This needs to include timeframes particularly if extensions have been granted with clarity around the circumstances for granting an extension. It would also be useful for the applicant to be able to receive a copy of the information received from the RFI for transparency. It is a cause of distress for applicants when they do not see this information which is about them but the institution reads their response to question 44 and their impact statement.
- Need greater transparency around the decision making process for IDMs including when an application is deemed ineligible or is a predetermination.
- Need transparency around the application of the assessment matrix. What it is and how it was applied to an application is provided to an applicant rather than just stating an amount with no explanation.
- The prior fortnightly meetings Blue Knot was having with the NRS have been reduced from an hour to half an hour. This occurred without any consultation with Blue Knot. Previously these meetings included an update on client applications and offered a sounding board around process. It also provided an opportunity to ask questions around the application process

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e.g. if a client had become chronically unwell and the application need to change status to a priority application. These meetings are now more of a factual update with little opportunity for questions and the ability to further Blue Knot's understanding of the NRS and processes, and so support clients better as well.

- Establishment of a dedicated phone line for RSS. This is especially important when Blue Knot calls the NRS with their clients on the line. We are often left waiting up to 10 minutes, have to leave a voice message and call back. We can't keep the client waiting that long and end up calling back another day which is traumatising and exhausting for the client.

Protected Information

Clients' privacy is critical but at times it appears that there are lots of barriers for individuals and that they are too restrictive for the survivor:

- Consideration needs to be given around the information which is provided to the institution within an RFI and survivors' visibility of that. Survivors often ask as their information is highly personal and they do not want it to be shared with the institution in which they were harmed.
- Should the information be more focused on the dates/times and names of the alleged perpetrators rather than on the person's experience of abuse, in so much detail? Bringing memories of prior trauma to recall is traumatizing and requires a lot of support to help process. This can mean the need for counselling during the process and not just after. Additionally people only receive counselling as part of redress if they have a successful outcome. If there is no successful outcome there is no counselling offered.
- The level of detail required about the abuse in Q44 is very triggering and traumatizing. Can this please be reviewed?
- If it is decided that the institution does need the current level of detail, then can the survivor have reciprocal information without significant redaction from the RFI? This part of the NRS does not seem to be survivor focused but rather determined by institutional factors.

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MyGov applications that have a section 24 letter

Many clients who engage with Blue Knot and have been notified about the need to rewrite some of their application, have lost or misplaced their section 24 letter which describes the areas of the MyGov application which have to be rewritten.

For Blue Knot to progress the MyGov application this letter is required along with a copy of the MyGov application.

A significant amount of time is lost in trying to **get a copy of the section 24 letter and the application submitted through MyGov** and the wellbeing of the client is impacted due to this loss of time. The survivor is already distressed when they contact Blue Knot because of the letter they have received and are often coming from a place of 'I am not believed'.

Because Blue Knot is not their nominee, we contact the NRS together with the client and ask for the section 24 letter be read out. Needless to say, this can be a trigger for the client. At the same time we request that the NRS place the application on hold and ask for a copy of the section 24 letter and application to be posted to Blue Knot. As many of our clients have literacy issues, they are not able to go into their MyGov account and send it to us.

This process can currently take up to six weeks. During this time, Blue Knot lodges the nominee form with the NRS and holds another conversation in a further call with the NRS to make Blue Knot the survivor's official nominee.

4. How could the operation of the scheme be improved?

- An electronic copy of the section 24 letter could be sent to the client
- An electronic copy of the section 24 letter and copy of the MyGov application could be sent to the RSS when they call the NRS with the client using the DSS secure email service

For any additional information please contact Dr. Cathy Kezelman, AM, President, Blue Knot Foundation

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