

1. As you know, prior to the Scheme commencing, it was expected that up to 60,000 people might apply for redress. Actual applicant numbers are tracking at far lower rates. What suggestions would you offer in relation to how the Scheme can better engage with survivors, with the aim of encouraging them to apply for the Scheme?

The problem of low application rates is caused partly by poor engagement with Care Leaver survivors—which, if improved, would help. But both design features and administrative malfunctions are also a large part of the problem. Examples of design problems that are deterring would-be applicants include: the low cap; secret guidelines for the assessment framework; and unfair indexation. Examples of administrative problems that are turning off potential applicants include: hearing about the very long delays; the one-size-fits-all application process, and the many other problems we and others have identified in earlier submissions to the Committee and elsewhere.

On the specific matter you asked us to comment on: engagement with survivors, we make five suggestions.

(a) More direct face-to-face interaction between Care Leaver survivors and NRS officers. As far as we know, officials of the NRS have presented only one information session with Care Leavers as a group. That was a question-and-answer session at a meeting of some 30 Care Leavers in November 2019. The senior officer who presented on that occasion gave a commitment to return on another occasion to discuss improvements that were being implemented. There has been no follow-up. In our opinion, too many information sessions are targeted at professionals who are not Care Leaver survivors who are then required to pass that information on. Many survivors do not benefit at all from this indirect process.

(b) Better public advertising. The principal means of advertising has been through the NRS website. If they are computer savvy, and if they Google NRS, Care Leavers are confronted with advertisements from several law firms giving blunt self-serving warnings to potential applicants along the lines of “We can get you more money”, “Find out if you’ve got a case”, “Beware of NRS” etc.

(c) The NRS website (which is now going into the third year and is still in Beta mode) is predominantly text-based, and not user-friendly. If you are not turned off already by the text, you are now directed to a small number of videos which are little more than talking text with nondescript graphics. The voice-over is unconvincing, with no attempt to “speak” to Care Leavers in the language they understand. Some of the functions of the website are bewildering. Has it ever been road-tested with Care Leaver survivors? For example, out of interest we searched for Ballarat Orphanage and it produced Child & Family Services Ballarat and CAFS Ballarat. If you were an inmate in the Ballarat Orphanage and didn’t know that the responsibility has shifted from the Orphanage which is defunct, you may well feel that abuse at the Ballarat Orphanage was not included in the Scheme. Given the lack of education of many old Orphanage inmates, it would surprise us that a potential applicant would give up at this point. Another example: searching for a Home in Geelong using the keyword Geelong produces 146 results, many of which are not, and never were, located in Geelong.

(d) It is clear from the above, and other indicators for example in the application form, that many people employed in the NRS do not have a clear understanding of the child welfare system as it operated historically. We do not know what training has been given to employees, but CLAN has offered on a number of occasions to do some training but that offer has been taken up only once and many staff have been appointed to the NRS since then. The very strong perception among some Care Leavers is that this is not a redress scheme for them. It is geared towards middle class survivors of clergy and boarding-school abuse.

(e) Personalised tracking of individual progress of applications. This should be associated with a flowchart that shows the steps in the process so that survivors can see where progress is being made—and be informed about the causes of any delays. The long wait where nothing appears to be happening to your application is now widely discussed among Care Leavers and many now say they couldn't stand the anxiety and tension it would create for them. So they won't apply.

2. *Your submission states that an interim payment of \$20,000 should be introduced. How did you agree on that amount? Would you envisage all applicants receiving this payment, or only priority applications?*

We consider the Scottish Redress Scheme a sound model on which to make advance payments. That Scheme makes a flat advance payment of £10,000 (around A\$18,300). That figure was arrived at after consultation with survivors and having regard to the fact that, *"This sum is broadly in line with interim payments made by redress schemes in other parts of the world"* (Deputy First Minister, Statement to Parliament, Advance redress payments: 25 April 2019).

After considering the benefits of making advance payments to all Care Leavers who otherwise satisfy eligibility criteria, we now consider the Scottish Redress Scheme a sound model on which to make advance payments in a sensitive way to three categories of Care Leavers: (a) those who are most frail and ailing; and (b) the elderly who should not be kept waiting any longer for recognition and acknowledgment; and (c) Care Leavers suffering undue delays causing hardship. These include where funders of last resort are being considered but are likely to be delayed and cases where institutions have been slow to join the Scheme. We believe that applicants should not be further penalised by these circumstances which are absolutely not of their making.

The Scottish advance payment scheme began in April 2019 well before the legislation was to be formalised (anticipated to be late March 2021). Applicants are eligible for an advance payment if they were in Care as a child in Scotland, and suffered abuse in Care in Scotland (before December 2004) AND have a terminal illness OR are over 68 years of age. The age criterion was lowered from 70 in December following an early review and, notably, survivor feedback.

A terminal illness is defined this way: the applicant nominates a chosen healthcare professional and the Scottish Scheme sends that nominated professional a medical form that asks: "Does the patient have an advanced, progressive and incurable condition, which may be associated with other conditions and which could include severe frailty, with indicators of deterioration, where death will be an inevitable consequence of that condition?"

The Advance Payment Scheme will remain open until the statutory redress scheme starts. The application process was designed to be as straightforward as possible, whilst ensuring robust procedures for the use of public funds. The majority of advanced payments were made within 22 days and it is expected that the main Scheme will be similarly efficient.

3. What is your experience of survivors being able to access specialised financial counselling services?

We are not aware of any Care Leavers who have accessed these services. CLAN would be happy to provide information to Care Leavers and to refer them to such services.

4. Do you have any member feedback in relation to the accessibility of psychological care in regional, rural and remote communities that you can share with the Committee?

As a national support service, CLAN knows from experience that there is ample evidence of a long-term inadequacy in the quantum and nature of counselling and psychological care services in regional, rural and remote communities. These gaps include the practical and financial difficulties of providing face-to-face services, access to culturally safe and sensitive healing programs, and specialist financial counselling.

At the best of time, face-to-face counselling for people living in regional, rural and remote communities requires additional travelling for counsellors or clients or both, and that entails additional costs. Even the innovative use of technologies (Video, SMS and telephone techniques) cannot fully bridge the gap for remote clients without incurring additional expense including abnormal amounts of staff time. It should not be forgotten that Care Leavers living in these areas are also often living in poverty, lack access to other health and social amenities that might make their lives better, and many are socially isolated.

These difficulties are more evident during the COVID-19 pandemic during which time even the scarce face-to-face services have had to be curtailed and adapted to alternative ways to support survivors when offices are closed—relying heavily on telephone, video and other means of providing services. CLAN has implemented a proactive strategy of telephoning all its registered Care Leavers to make contact and to check on their needs. This is time-consuming and taxing for staff, but CLAN believes it can make a difference to well-being and help identify emerging problems before they escalate.

In Victoria a consortium named *Restore* was established by the Victorian Government in 2018. It is made up of four agencies using collaborative strategies of service provision. With a variety of service practices—offering choice to survivors—*Restore* has potential to reduce but not eliminate some of these problems which are inherent in most forms of service provision in regional, rural and remote communities. Some administrative and communication problems in NRS/DSS have hindered the full implementation of the *Restore* service.

5. Are you aware of the Department of Social Services making compensation payments to survivors for detriment caused by defective administration?

Yes, CLAN supported a Care Leaver whose case was badly mismanaged, and a compensatory payment was made. We know of other cases, however, where cases have been mismanaged but no such compensatory payments were made.

6. While acknowledging that you advocate for improvements being made to the Scheme, can you share any good news about Scheme outcomes with us?

There are many good outcomes that come to mind, but these are mostly in regard to monetary payments. Individual Care Leavers have told us about being able to do things they were never able to do as children or even as adults, such things as being able to buy a musical instrument and pay for lessons; or go on their first ever holiday; or buy brand new towels. Childhood abuse was often accompanied by other deprivation and abuse, and continued into adult life.

Others have told us about being able pay for household repairs that were previously beyond their means. One said she is finally able to replace a makeshift curtain leading into her bathroom with a solid door. She recalls having no privacy as a child in a Home. She will now feel safe with privacy for the first time. One Care Leaver told us that the first thing she did was to pay for a headstone on her mother's grave. Others have pre-paid for their funerals—wanting to be independent of family or not having to rely on charity for their funeral.

Aside from those good stories, one of the few positives is having a few good people in the NRS who treat Care Leavers and their nominees with respect and compassion. We need more of those people who really “get it”. A stronger, better-trained team focussing on Care Leavers would help—but a separate strand of the NRS would be even better.