

# SOCIAL WORK IN NON TRADITIONAL SETTINGS

## Introduction

I believe it **IS** important to feature the odd jobs social workers find themselves in which they still openly practice Social Work, if for no other reason than to show our colleagues in traditional settings, students and new graduates that grass does exist on the other side of the fence and they can 'take the plunge' and survive.

There are many opportunities outside traditional settings; this collection could have been much broader. Social Work provides us with a wide range of skills - why limit our experiences? I trust you find the following four contributions interesting.

**TIM LAW**

## Tim Law

Australia Post has two Social Workers job sharing one position, providing support, counselling and information for it's 3,000 employees in W.A. Terry Phillips and I see around 280 employees each year with a wide range of home and/or work based problems. This 'pick up rate' of 9% is above industry standards. Typical issues are personal relationships, financial, mental health issues including stress and depression, drug and alcohol abuse, and interpersonal difficulties in the workplace. We help staff clarify what their problem/s are and help them find solutions, or at least ways of coping. In short, we practice Social Work.

What I like is the freedom to work without the continual challenges to my profession I experienced in traditional settings. No one is trying to put my profession down to their own profession's advantage, no one - well not too many - think we are irrelevant and they could do a better job. We do have our organisational obstacles, but we also have a clear and respected role in the organisation. We have freedom to operate as we wish: as Social Workers and without annoying limits.

We need a wide range of knowledge besides what we learnt at university to function well in this role, such as; Equal Employment Opportunity and Occupational Health and Safety legislation; Industrial Courts and Enterprise Agreements; crisis inter-

vention; marketing; training; business plans and strategies; organisational change; and Industrial Chaplaincy. We consult regularly with senior managers and union officials on strategies that impact on hundreds of employees, and our influence is multifaceted. I established a training course discussing dealing with people in crisis and understanding employees with personal difficulties. It also included ideas on how to manage the difficult issue of staff with body odour, and has been welcomed by supervisors.

We are in the process of developing peer support networks and workshops on anger management. The blend of organisational, personal, and training work is stimulating and challenging, and our Social Work training and skills equip us very well in the role. Training on addressing mail correctly comes with the job! Whilst the job share half pay is difficult, I certainly recommend it from all other perspectives. Terry and I carry separate caseloads, and keep a notebook of handover notes for each other. There are surprisingly few entries, as we just get on and do the job in our own way, drawing on each others special skills as we need.

We work the five days over a fortnight, one week of three days

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**Photo 1**  
**Tim Law**

is followed by a two day week. We have split our days in the week so our staff have more options on seeing us. For example Terry works Monday and Thursday, I work Tuesday and Friday each week and we alternate the Wednesdays.

In addition to regular individual supervision, the two of us meet with our supervisor - a psychologist - on a quarterly basis to ensure we physically see each other from time to time, and there are phone calls at home to each other to check something out from time to time. Whatever minor disadvantages, it allows Terry and I to have a life away from work. I share child care responsibilities and get to go to the school assemblies to see my pride and joy in their moments of glory. To keep food on the table I have developed a business designing and publishing leaflets and brochures for community groups - I'd welcome your order!

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## Angela Fielding

Born in Barbados, and having finished school in Ireland, I started a course in Medicine, then changed into the Humanities and Social Work, and graduated in 1977 from the University of Western Australia.

By 1989, I had worked in a range of positions, in both the Commonwealth and State sectors, and I wanted to revisit the theoretical base upon which my practice was based, and enrolled in the MSW course. I wrote on the issues social workers face while operating in a cross cultural context, which was published in the West Australian Social Worker and coauthored a book on Ethnicity, Immigration and Mental Illness with Professor Jayasuriya and Dr David Sang, I have no doubt that the range of both personal and professional experiences led me to the position I now occupy.

**Photo 2**  
**Angela**  
**Fielding**

I am the Director of the Association for Services to Torture and Trauma Survivors (ASeTTS). This is a non government agency, which opened in 1993 with one worker. It now has 15 full and part time staff, from a variety of training backgrounds. ASeTTS aims to provide a holistic range of services to meet the needs of people who have been tortured or severely traumatised as a result of political conflict. Refugees come into Australia from war torn countries throughout the world. Over the last few years, refugees have come from former Yugoslavia, the Horn of Africa, Burma, Iraq and Iran, and about 90% of the work at ASeTTS is done with the assistance of interpreters. Yes, therapeutic counselling and community development work can be done with interpreters.

ASeTTS presents a challenge to create a workplace based on a social justice framework, and I draw on social work values and principles to support this. The agency works with traumatised people to redress human rights abuses, by finding a common understanding of what is needed to heal individuals and communities, and using individual, group and community approaches.

**O**ne of the biggest challenges for the agency has been how to manage the impact of rapid change, from what was a small loosely organised group of people working with small numbers of clients into a complex group of service providers working according to a number of different contracts with government.

The staff work with passion, enthusiasm and creativity. It remains an ongoing challenge to contain this enthusiasm. With a supportive management committee, a great deal of effort has been put into creating a safe environment for work, trying to achieve a balance between clear procedures and allowing room for initiative, addressing the secondary trauma inherent in the work, while accepting the chaos that trauma work generates.

My work now consists of a wide range of tasks drawing on skills I have gained along this career path, ranging from staff management, to negotiating service contracts, lobbying, raising awareness, training, consulting affected communities about service needs, running pilot projects to trial different treatment methods, and developing partnerships with other service providers, locally, nationally and internationally.

I face unanswerable questions on a daily basis: how can you plan for ongoing services, with one or two year contracts? What are the best ways of engaging such a diverse range of fragmented communities in the process of determining needs and planning services? How can staff achieve the right balance between openness to share the horror of clients' stories and a protective filter for themselves? What can an agency do to enhance this?

Concurrently, I am working towards a PhD, developing a power framework, to examine the development of social policy and programmes.

Needless to say, I find my work inspiring, exciting and exhausting.

# Eveyn Glynn Webster

"Are you interested in writing about social work in non traditional settings?" was the request and yet how more traditional can we be than looking at the Military. Some would argue that the military lifestyle is filled with tradition and certainly everything I have seen since 1990 would support this view.

I started my career in the Commonwealth in January 1981 and 'plied my trade' with Social Security. After several years, greener pastures beckoned and I moved to the Commonwealth Rehabilitation Service. In 1985 it seemed like a good time to expand my skills and work with an older age group and I moved to the Department of Veteran Affairs (Hollywood Hospital). In 1990 I figured it was time to develop more skills in proactive work and decided that the pursuit of community development in the Department of Defence might be the way to go. Then in 1996 change was thrust upon me and I now spend most of my time working with Navy members and their families. Throughout my career I have been interested in how people make adjustments in their life when faced with challenges.

Whatever your views about the Navy, Army and Air Force one thing for certain is that it is not always your regular kind of job. Some people join because they see it as a life filled with adventure, others as a way of developing a marketable trade, still others join because they are following a family tradition. So is being in the Australian Defence Force (ADF) just a job, well for some it is and for others it is a vocation. I believe the truth lies somewhere in between. It is this juxtaposition which gives life and energy to the cultural considerations of working as a civilian Social Worker in this 'non' traditional setting.

Would it surprise you to hear that the Navy saw the value of social work in the mid 1950's? The Chaplains of the time became concerned with the wider implications for the serving members and their families. It was decided that one of the ways to create a more supportive and appropriate environment was to employ civilian social workers and the first person was appointed in 1956. The service was soon expanded until at least one social worker was available in each location across Australia. Army have employed social work staff since 1974 and the Air Force employed social workers after the major review in 1986.

The Hamilton Review in 1986 gave rise to new social work practices because it addressed the pressures upon the families of those members who were in the ADF.

**W**hat do you do when your child tells you they are tired of moving and always being the new kid in school - 'I really miss my best friend from New South Wales, when are we going back?' Can you feel a sense of disappointment for your child and what about that job you had to leave when you moved to WA? Remember how the employer looked when you told them you were going? So here you are in WA with a huge puddle of water in the laundry where the washing machine has leaked. Do you remember whether you tightened all the hoses or did those removal people damage it while they were transporting it across Australia? Still never mind only another 2 to 3 years and you get to move all over again.

Simple things, minor irritations in life, perhaps and yet it is the unremitting nature of these seemingly trivial issues that create great stress for families who are expected to move with monotonous regularity. Mostly the ADF member and their family have little control over where they will move, though you can guarantee it will probably be away from the support of family and friends. Not a major issue after all your partner is here, well almost!

If your partner is in the Navy (especially in an operational setting like

WA) they will probably be at sea for 7 to 9 months every year for the 3 years you live here. Families in the Army and Air Force will fare better, even so, the ADF member will be expected to work longer hours or undertake tasks away from the family at short notice.

ADF families have the same financial challenges as everyone else because contrary to popular belief they don't receive everything for free. Children get sick and need care, both parents want to work and adults become lonely and isolated in a strange place with no family available.

The Hamilton Review proposed a range of alternative strategies including the introduction of

a) Regional Education Liaison Officers to provide individual advice on how a family could mitigate the disruptive effects of moving into different State based systems with differing curriculums.

b) Family Liaison Officers to provide information on community resources.

c. Social Workers who specialised in Community Development as a means of empowering Defence families to be proactive and creative in resolving some of the key dilemmas. These staff complimented the work that was already being undertaken

The new organisation had a tri-service approach in an attempt to bridge the different cultures inherent in the Navy, Army

and Air Force. It also presented a unified set of concerns to decision makers. Since then the Department of Defence and family support services in particular have undergone a multitude of reviews which are so familiar to any of us working in the Government sector.

On 1 July 96 all four of the social work services within the Department of Defence were amalgamated into the Defence Community Organisation. The DCO is tasked with providing a full range of Social Work and family support services to the Defence Community.

I believe the practice of Social Work is always moderated by the prevailing culture and work in the ADF is no different. Those of you in the Health system remember the blank looks when you used an incorrect medical term or didn't show the expected reverence to someone supposedly eminent. Social work in Defence is guided by the tension between the right of self determination for the family and the ADF's desire/need for the employee to remain fully effective and focused on an often dangerous task. The daily challenge is how far do you encourage a family to struggle in an seemingly untenable situation?

How do you balance the employer's need to remain productive with an assessment that the only resolution for the family is for the member to



**Photo 3  
Eveyn  
Webster**

return home ? If the person is overseas this can be very expensive for the organisation and place the rest of the employees under greatly increased pressure as they take over extra tasks. Magnify this by having several people return from a close knit and interdependent group like the crew of a ship and you can see and feel the organisational tension over the telephone. How do you drive and operate 'the thing' if everyone has needed to go home ? Perhaps you can arrange for someone else to take over, however this is expensive and may involve great disruption to several other families at short notice as everyone shuffles along to cover essential tasks.

If one family can manage against incredible odds because they believe they can, does this mean every family must push themselves to a point beyond their current limit? How far do I go in insisting that a family must use friends and acquaintances to provide home help or child care before I ask the organisation to create major disruption and return the employee from overseas. In some instances I can help the family organise these supports and I may be able to provide some financial contribution towards these costs. Understandably some families do not want a stranger minding their children while the spouse is incapacitated for whatever reason.

How far do I insist that the person live with the reality and when do I start advocating that the organisation must disrupt their task to allow the ADF member to provide the child care. Is parent provided child care more important than the provision of a effective and safely functioning work place for several hundred people? Now I am not suggesting that the ADF will deliberately work in unsafe conditions or place people at risk. However if everyone is having to do extra work in a closed environment with a clearly defined culture like a ship this can have ramifications beyond the event. If nothing else the ADF member has to face their colleagues when they return to the closed environment and comparisons will be made with each other about how people cope. Reputations can be made and lost in an instant because a family issue has affected the working environment.

ADF families can be drawn into the work environment and the issues that effect them are discussed and reflected in the work setting and vice versa. So again there is the tension between the Organisation, the employee and the family and the practice of Social Work must straddle all three. In some ways this is what traditional Social Work is all about !

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## Antonia Clissa

I started my working career in reasonably traditional settings such as residential care in WA; a crisis intervention team in the UK social services system and as a medical social worker in an English hospital.

Following twelve months sabbatical and soul searching in the USA, on my return to WA I was confronted with the challenge of which path to follow. I was in the enviable (although at the time if felt incredibly unenviable) position of having been offered three jobs. Two within very traditional social work settings and the third a challenging new field, a steep learning curve and substantially less pay.

So guess which I opted for after much turmoil and negotiating over income. Yes the latter. There have been costs in terms of career opportunities and certainly income, however, I guess there have always been many other benefits which I believe, money just can't buy.

You might well ask, what are these benefits? Working for a non-government organisation has always allowed me personally and professionally a great deal of autonomy, flexibility and opportunity to pursue areas of interest. In my role, I have always been respected and valued for

my approach to either organisational issues or client issues.

Working in the health industry amongst doctors and nurses, I can reflect on the merits and strengths of our social work background. There are now several social workers employed in the agency and there is a particular quality which we bring to the work and work place. Social workers seem to have a capacity to articulate well and offer an ability to work collaboratively rather than competitively. I observe that social workers are always attempting to find ways to ameliorate the work environment and have the capacity to see things systemically, which is a skill not always shared by the other professions. As a professional group we are trusted and relied upon to give the bigger perspective and to be the client advocate. As a consequence, I have had many learning opportunities which I have found at times challenging, confronting, downright scary but never boring.

I currently have two positions, one at Family Planning WA and the other at the Reproductive Medicine Research Institute, which is based at the QEII Medical Centre. At FPWA I am employed as the counselling consultant. I was initially employed as an educator/trainer and to assist in the establishment of the counselling service, which initially was to offer counselling in unplanned pregnancy and post termination of pregnancy issues.

Presently several part time counsellors, all social workers by training (in the recent past, psychologists were also employed), offer in excess of 40 counselling consultations per week, in a range of sexual and reproductive health matters. These include unplanned pregnancy, pregnancy loss, termination of pregnancy, sexual dysfunctions, menopause, sexual orientation, relationships, HIV/STDs, PMT, infertility.

My roles include, clinician, supervisor, consultant, manager and trainer. This means I carry a small case load, perform an emergency backup in times of client crisis, am available for debriefing/consultation to counsellors, medical and nursing clinicians and management for client and staff matters.

I provide regular supervision for counsellors and am responsible for organising ongoing professional staff development and training. I also coordinate student placements for tertiary students wanting experience in sexual and reproductive health counselling.

As counselling consultant I am involved in staff recruitment and ongoing performance appraisals of counselling staff and responsible for quality assurance in counselling. I am also consulted by management in terms of the vision and strategic planning for counselling in the context of the whole organisation's future directions. Consequently I am involved as a senior member of staff in terms of policy, planning and visions for the future.

Training is another aspect of work in which I am involved. This includes developing and delivering programmes to health and allied professionals which include psychosocial issues, counselling or interpersonal communication. Currently, I am organising the sexual health counselling module for Edith Cowan University's Masters in Counselling course.

Recently I was involved in providing training for two international programmes FPWA offered to Filipino and Pakistani health professionals visiting on 4-6 week sabbaticals funded by Australia's AUSAID



**Photo 4  
Antonia  
Clissa**

Programme. My component involved offering interpersonal communication skills and client decision making skills for health professionals in the area of sexual and reproductive health. These programmes proved quite challenging given the strong cultural and religious views held by these groups in such highly sensitive issues.

As counsellor for the Reproductive Research Medicine Institute (RMRI) my role involves counselling and consulting on matters of infertility, sexuality and relationships. A pre-requisite for this position is becoming an approved counsellor with the Reproductive Technology Council.

In February 1997, I was appointed as counselling/women's interest representative on the Reproductive Technology Council for the next three years. This will be an exciting phase as the Human Reproductive Act is being reviewed. There are also further debates planned on various contentious issues such as surrogacy and equity and access issues in infertility treatment.

Membership of the Council has also involved providing education for consumers of the assisted reproductive technologies and training for health professionals. For example, this year I have been involved in conducting workshops for those who have children created involving donation of gametes, exploring whether, what and whom to tell as well as workshops for approved infertility counsellors.

Although I am not employed as a social worker in a traditional setting and I don't refer to myself as a social worker these days, I must say almost daily I draw upon my social work training to inform my practice. I am referring here to some very basic social work tenets, such as clients' rights to self determinism, issues of informed consent and client advocacy.

It has been satisfying and challenging to be in environments that value, albeit in some instances reluctantly, the role of the social scientist. I have felt very privileged to work in environments that have enabled and supported me to follow some of my own professional interests as well as fulfilling the organisation's mandate. Having worked in very bureaucratic systems early in my working career, in the UK it became very clear to me that I was not suited to such a prescriptive work environment.

Since graduating from WAIT (now Curtin) I have lived and worked in both the UK and USA and a stint in regional WA, and in terms of my working career I must say my current work has continued to provide me with ever increasing learning opportunities. As I matured professionally I have come to value more fully the grounding offered by my initial training in social work.

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**FAMILY AND CHILDREN'S  
SERVICES' PARENTING  
INFORMATION CENTRES**

Family and Children's Services' network of Parenting Information Centres is being extended this year, as part of the department's focus on strengthening and developing Western Australian families through the provision of quality information to all parents about parenting, child rearing and family issues.

The information provided in the shops is based on the recognition that families have the right to choose the lifestyle and parenting style which suits their culture and personality. It is assumed that most parents are already doing a good job and have considerable knowledge and skills: parents who use the shops are actively seeking the opportunity to increase their knowledge and further develop their skills.

Parents obtain information which enables them to develop solutions which meet their own needs: staff and volunteers seek to empower parents to solve their own problems rather than provide advice, answers and solutions.

The shops provide information about child development and age appropriate behaviour to increase parents' confidence in their parenting. The coordinators of the shops are required to have extensive knowledge and understanding of child development, behaviour management, parenting skills and styles and family issues.

Touchscreens, videos, audio-tapes, pamphlets, books and information from local services are all used in the shops to enable parents to gain knowledge in a non-threatening environment. Videos may be borrowed or viewed in the shop - a "family lounge room" area is provided for this purpose.

Parenting Information Centres also provide a means through which Family and Children's Services can promote a range of parenting services provided directly by the department or by the non-government sector and link parents and families into these local community resources. Coordinators have access to an extensive database on parenting and family support services and refer parents to local services. Through the process of identifying parents' information needs, they may identify other needs which can be met by other services.

The shops provide an important avenue for broadening the department's services to families and will become integral to the way the department achieves its mission of promoting responsibility and growth in family and community life and contributing to the protection and care of children.

A telephone customer satisfaction survey has shown that more than ninety per cent of parents (93%) believed the information

they had received was useful. Over fifty per cent (55%) reported that they had increased their knowledge about parenting, improved their parenting skills and taken some positive action as a result of their visit. The type of behavioural and attitudinal changes reported were:

- improved strategies for bringing up children (36%)
- learning to be more patient and thoughtful as a parent (22%)
- being better able to handle behavioural problems (11%)
- being more positive about their parenting (9%).

A typical response from a parent customer was that the information they had received “*just helps me reflect on the way I treat kids. Makes me stop and think about what I am saying*”.

Major strengths of the Parenting Information Centres are that they are located where customers need them and are highly visible and easy to get to: they are located in major shopping centres or main streets or malls where there is a heavy customer flow, or are mobile. Sixty per cent of the customers of the five pilot shops found out about the service because they “saw it while shopping”. They also provide anonymous information, if desired and are easy for customers to use.

Currently, Parenting Information Centres are not being accessed by Aboriginal parents: ninety five per cent of visitors to the pilot services are non-Aboriginal. This finding has led the department to develop market research to determine the kind of parenting services which Aboriginal parents identify as needed. It is expected that the outcomes of this research will assist in the development of specific strategies to promote the Parenting Information Centres to Aboriginal parents and target the information provided to meet their needs as well as assisting in the development of other models of service delivery for this group of parents.

Parenting information Centres are part of the wider Parenting Plus program, which also includes a range of more intensive programs for parents needing specialist or one-to-one help. Parenting Information Centres are currently located at:

- Shop 115, Mandurah Forum Shopping Centre
- Shop 13/14, Mirrabooka Square Shopping Centre
- Shop 66, Rockingham City Shopping Centre
- Shop 86, Midland Gate Shopping Centre
- Shop T55, Lakeside Shopping Centre
- Shop 23A South Hedland Shopping Centre
- 26 Gordon Street, Northam
- C/- Great Southern District Office, 25 Duke Street, Albany

**The AASW (WA Branch)  
appreciates the involvement of  
Family and Children's Services as  
Principal Sponsors of the  
16th Annual State Conference.**

## **MAKING RIGHTS COUNT: NEW DISABILITY SERVICES LEGISLATION FOR THE COMMONWEALTH**

**by Donna Hayward and Anne Marie Farrugia**

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Making Rights Count: Services for people with a disability (ALRC 79) makes recommendations designed to transform the nature of disability service delivery in this country. It is the culmination of years' worth of groundswell discontent about an Act which is perceived to focus in only a minor way on the rights and needs of people with a disability.

The Commission examined the provisions and effect of the Disability Services Act 1986 (Cth) over a two year period. Although the Act is only ten years old, the Commission considers its report to be timely given the changes in attitude regarding the provision of disability support services and the national framework for delivering those services. The Commission investigated, consulted nationally and received 630 written and oral responses on the issue of whether the 1986 Act is adequate to guide the direction of disability support services into the next century.

The main theme of the report is that in order to provide more effective and efficient services to people with a disability, the perspective of the present Disability Program and existing legislation must be altered so that it focuses directly on people with a disability, rather than on the parameters of Federal, State and Territory jurisdictions, on bureaucratic division of resources and responsibility and on the financial relations between the Department and service providers.

The Commission wants the new legislation to look beyond the existing structure of service provision to attend more directly to the needs and demands of people with a disability. A new structure of service provision, markedly different from that which we have at the moment, may well evolve from this process—a structure which is designed specifically to meet the needs of those it professes to service.

### **Background to the Disability Services Act**

When it was enacted, the Disability Services Act 1986 (Cth) marked a turning point in the regulation of disability services. Until that time, the law was largely driven by a welfare attitude—government and service providers felt they knew what was best for people with a disability. The 1986 Act changed that attitude by assisting people with a disability to take their place in the community, overcome disadvantages and achieve increased independence, employment opportunities and self esteem.

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## Shortcomings of the Act

One of the major problems with the 1986 Act is that it lives up to its title too literally. It is about funding services rather than providing effective support to the people who use them. It provides that the Commonwealth (through the Minister for Health and Family Services) may approve funding to eligible organisations or to States and Territories to provide services for people with a disability. Consultations overwhelmingly supported the view that this emphasis on funding has not worked.

The Act is also notable for what it omits. It does not contain provisions which give legal effect to the principles of equality and integration on which it is based, neither does it direct itself to the full community of people with a disability but is restricted to a target group based on the type and cause of disability. There is no provision for funding to be distributed on the basis of a national planning model that is open to legal challenge and takes into account the needs of people with a disability and the principles and objectives of the Act. The 1986 Act also lacks mechanisms that provide sufficient redress for complaints people may have about services, or adequate administrative review of decisions made under the Act.

The environment in which the Act operates also works against the interests of the people who should be its major focus. Although the Act states that the Commonwealth may provide a range of disability services, an agreement between the Commonwealth and the States and Territories splits responsibility for funding and administering disability services.

Under the agreement, the Commonwealth primarily provides employment services, either directly through the Commonwealth Rehabilitation Service or indirectly by funding other providers. States and Territories are responsible for providing accommodation support, respite and recreation advocacy services. States and Territories also provide transport facilities and aids and appliances for people with a disability.

The problems created by the split between Commonwealth and State services are compounded by the fact that there is little consistency in the policies that underpin the provision of disability services throughout Australia or in the way those services are funded and provided by various bureaucratic regimes.

At the Commonwealth level, different departments and agencies are responsible for administering different aspects of support for people with a disability. For example, the Department of Social Security looks after income support, the Department of Health and Family Services deals with funding and administering certain services to improve the employment and independent living prospects of people with a disability and the Commonwealth Rehabilitation Service also offers programs to assist people with a disability to achieve vocational and independent living goals. The Disability Discrimination Commissioner in the Human Rights and Equal Opportunity Commission is responsible for ensuring people with a disability are not discriminated against.

The Commission heard that this bureaucratic maze creates difficulties when people with a disability try to get access to services funded by different agencies. Each agency or department

has its own eligibility criteria and assessment procedures. Some people have been unable to get access to Commonwealth funded employment services because there is no accommodation support available in the area or no appropriate transport. People felt that the compartmentalisation of disability services for the sake of administrative convenience further handicaps an already vulnerable consumer group.

Almost everybody felt that there should be a more seamless approach to disability services and greater integration of policies and service delivery between Commonwealth agencies and between the Commonwealth and the States and Territories. It was said that people don't live their lives in accordance with administrative boxes and want the new legislation to reflect a more whole of life approach. The great majority of people also felt that there should be more accountability on the part of Commonwealth and State and Territory governments and service providers.

## International law and the concept of rights

The need for reform of the 1986 Act has been underlined by a growing recognition that Australia's international obligations require a fundamental renovation of the legislation so as to focus it on the rights of people with a disability.

The law in Australia is not isolated from the effects of international law. Its impact, in particular with regard to human rights, is evident in the framing, implementation and interpretation of domestic law. Australia is a party to a number of international agreements and treaties that require it to protect and uphold the basic human rights of all Australians. These rights include the right to respect for human dignity and freedom, equality before the law, privacy and equal opportunity and treatment in employment.

There is no multilateral treaty or covenant dedicated to the protection and promotion of the rights of people with a disability. However, the rights of people with a disability are impliedly recognised. The preambles to the Universal Declaration of Human Rights and the two legally binding covenants which grew from the Universal Declaration—the International Covenant on Economic Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR)—refer to the inherent dignity and equal rights of all people as the foundation of freedom, justice and peace.

The rights of people with a disability are expressly covered in the UN Declarations on the Rights of Mentally Retarded Persons 1971 and on the Rights of Disabled Persons 1975. These declarations are not enforceable at international law. However, the Legal Department of the United Nations has said that there is a strong expectation that members of the international community will abide by them.

There are also Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, adopted in 1993. These rules do not comprise a convention on rights of people with a disability. However it is argued that, in time, and through their observance, they will become 'international customary rules'. The Rules, addressed to all UN member States, require appropriate action to ensure that all people with a disability may exercise the same rights and obligations as others in their society. The rules set

preconditions for equal participation in society in such areas as education; employment; income maintenance and social security; family life and personal integrity; culture; recreation, sports and religion.

The basis for the protection and promotion of the rights of people with a disability plainly exists in international law and has done so for over 20 years. Australia has an obligation to ensure that these rights are recognised, respected and complied with in domestic law. The basis of every human rights and social justice doctrine is that all citizens are considered to be equal before the law. The notion of equality lies at the heart of Australian society and of our system of government. Rights and rights rhetoric are part of our vocabulary and are accepted as the necessary basis for social policy. When the Government uses the rhetoric of rights, it is perfectly appropriate for those rights to be given concrete meaning through the development of legislation and policy. Any legislation based on human rights doctrines should, therefore, attempt to achieve equality for all Australian citizens.

What do we mean by rights-based law?

Far from recognising the rights of people with a disability, the current legislation, seems to presume that government and service providers know what is in the best interests of people with a disability and will necessarily act accordingly.

In recommending a shift towards rights-based legislation, the Commission does not suggest that people should be guaranteed a right to receive support services regardless of cost. It is outside the Commission's terms of reference to recommend this and would be impractical given the budget restrictions placed on

the provision of disability services. What the Commission does recommend is a people centred law that provides mechanisms to ensure that people with a disability are afforded equality of treatment and opportunity and that fair process is observed by the Commonwealth and by service providers.

The Commission recognises that service provision must be adequately and efficiently regulated, but to place that goal ahead of the rights and needs of the people for whom the services are provided distorts the Act's declared aim. In order for services to be delivered effectively and efficiently, the first priority in any legislative regime must be given to consideration of the requirements of people with a disability.

The Commission's recommendations are aimed at providing a legislative base to allow for funding to be channelled through services to achieve fair, equitable, efficient and effective service provision for people with a disability. Under the new legislation people with a disability should have the right to fair treatment, equal opportunity and to have their grievances about services addressed. This change of focus should be achieved by having as the primary objective of the legislation respect for the right of people with a disability to fair and equal treatment in the provision of services and including a statement of principles in the legislation, and an explanation of how those principles should be applied, to ensure (regardless of type, cause or severity of disability) there is:

## Australian Association of Trauma and Dissociation

6th Annual Conference

### The Impact of Trauma and Dissociation

12th, 13th, 14th September 1997

Novotel Hotel Brisbane

**Keynote speakers:**

Professor Barry Nurcombe  
Professor Alexander McFarlane  
Professor Derek Silove

**Registration information:**

Ms Toni Bell  
Belmont Private Hospital  
PO Box 24, Carina QLD 4152  
Tel: 07 3398 0201  
Fax: 07 3395 2205

- equal access to services
- fair assessment of need
- the right to be consulted about planning issues and matters that affect people as service users
- the right to privacy
- the right to complain about services.

Some of the particular changes the Commission has recommended in drafting the new legislation include: broadening the definition of disability to remove the risk of excluding people from services purely on the basis of type or cause of disability; streamlining the ways in which people can access services; developing internal and external complaints mechanisms so that consumers can air their grievances and achieve some resolution; and, the establishment of a body to be called the Office of the Equal Status of People with a Disability.

### Office of the Equal Status of People with a Disability

The Commission has recommended that an Office on the Equal Status of People with a Disability be established within the Department of the Prime Minister and Cabinet to drive policy development and coordinate national policy and service delivery across Commonwealth agencies and between States and Territories. Currently, disability strategies and initiatives are developed by the Office of Disability, which is within the Department Health and Family Services. That office has a significant role in promoting and developing broad disability policy across Commonwealth portfolios and various levels of government.

However, if disability is to be seen as a nationally important mainstream issue, a national agency needs to be located in a central office rather than being a small part of a Department which is itself on the fringe of the core set of policy departments in Canberra. Such an office could work along the lines of the Office

on the Status of Women. It would be involved in high level strategy formulation for the advancement of the interests of people with a disability generally, not just in relation to the provision of services administered by the Department of Health and Family Services. The role of the Office should be to:

- develop disability services policy at a national level in consultation with relevant Commonwealth, State, Territory, local government and community organisations
- coordinate disability policy nationally with relevant Commonwealth, State, Territory, local government and community organisations
- be instrumental in developing Commonwealth planning policy and assessing the impact of planning proposals on the community
- monitor and report to Commonwealth Parliament on the implementation of the principles and objectives of the new legislation across Australia
- identify and report to Commonwealth Parliament on areas of duplication or gaps in service delivery across Australia
- receive, coordinate and disseminate relevant information on disability services, policy and law from each Commonwealth, State and Territory agency.

### Conclusion

After ten years, the strengths and weaknesses of the 1986 Act have become apparent. Its strengths include its principles and objectives which paved the way for greater independence and integration into the community of people with a disability as well as marking a turning point in the way they were viewed by governments. However the weaknesses of the Act as described above make change necessary. These lie in its lack of focus and cohesion and its failure to regulate disability services in a nationally coordinated way.

The Commission believes that governments, the disability sector and the general community should seize the opportunity presently at hand to learn from past inadequacies. New disability services legislation for the next ten years and beyond should create a national framework for integrated policy and service provision based on the rights of people with a disability.

*Making rights count: services for people with a disability (ALRC 79) is available from the Australian Law Reform Commission at a cost of \$15 (plus \$5 postage).*

## CONGRATULATIONS

To Jennifer Appleton the successful applicant for sponsorship to the WA Branch State Conference to be held 19 - 21 August. Jennifer is a social work student from Edith Cowan University who is currently undertaking a practicum with the Broome Office of Family and Children's Services.

As part of her sponsorship Jennifer will be asked to disseminate the information she has acquired at the conference, to her regional colleagues.

## AASW (WA Branch) Administrators in Health Care Sub-Committee

Do you have an interest in Social Work Administration in Health Care?

The subcommittee would like to extend its membership to other social work administrators in health care, particularly in the country regions.

The aims of our subcommittee are to promote quality health care services, by ensuring effective administration, promoting educational programs and exchanging ideas and information on issues impacting on social work health care administration.

Current membership includes social work administrators from major hospitals and local health service regions who have a substantial responsibility for the management of social work services.

If you are interested in joining (no membership fee), please contact either Jenny Wignall (Acting Convenor) on (08) 9346.8000 or Vere Berger (Secretary) on (08) 9346.4666.

## Stolen Children

In May this year the Human Rights and Equal Opportunity Commission released a 700 page document, *Bringing them home*, the report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families.

*This report suggests that the manner by which tens of thousands of children of the original inhabitants of our country were taken from their families throughout Australia amounted to genocide. Before the Inquiry undertook a comprehensive process of consultation some of the key issues were discussed in the ABC Radio program **Background Briefing** broadcast on 11 February 1996.*

*The following excerpt from the program starkly paints the enormity of the consequences of this policy for many many of the now adult Aboriginal persons who had as children been removed from their families and segregated from their families by placement in institutions or had their Aboriginal culture and heritage extinguished through adoption or fostering in non-Aboriginal families.*

**Kirsten Garrett:** Almost half of the Aboriginal people who died in custody and were investigated by the Black Deaths Royal Commission, had been removed from their families as children. This issue, the removal of children, will mean the school history books will have to be rewritten.

Tens of thousands of Aboriginal children have been taken from their families, lied to, secreted away, stolen and placed as far away as possible, sometimes overseas, to break any links with their own community. They grew up close to the missionaries, ashamed of their aboriginality, without their language or their links to the past. That was the intention.

Words like slavery and genocide haven't normally been associated with Australia, but over the next year we will hear them. State by State around the country, a national Human Rights Inquiry is exposing an evil seam in Australian history.

**Mick Dodson:** Many many many Australians don't know about it; it's an ugly aspect of our history that needs to be told, and it's something that we as a nation need to come to terms with. I believe the telling of the stories is crucial in part to the reconciliation process. We need to acknowledge and accept these awful aspects of our history. The point is, it's not ancient history we're talking about, these are lived experiences of people. It's not something in the distant past that we can conveniently dismiss as being - 'Well that was the bad old days' sort of thing. It's not, this is the ongoing effects of these practices which are felt every day.

**Kirsten Garrett:** Dr Jane McKendrick, a psychiatrist, gave figures from the first study of Aboriginal mental health in Melbourne.

Ninety percent of Aboriginal people who had been taken from their families were suffering chronic depression and many had serious psychological problems. There were other figures too, from 1978. In that year Aboriginal children were being taken into care at 26 times the rate of white children. At Lake Tyers, every family had had at least one child taken in 1978.

**Jane McKendrick:** These figures don't include the so-called informal placements where children were sent to the cities or to the beaches for holidays with non-Aboriginal families, and were never returned to their Aboriginal families. And their Aboriginal families had no way of finding them.

**Kirsten Garrett:** That's extraordinary. You mean that they were sent on holidays, and to stay with non-Aboriginal families, and those non-Aboriginal families kept them?

**Jane McKendrick:** That's right. They kept the children because the trips were organised through non-Government organisations, the families often couldn't trace them. In some cases the families did trace the children some years later, but in many cases the children were just lost.

**Kirsten Garrett:** It's not only the children but the adults left behind, the families who couldn't stop their children being taken away.

**Jane McKendrick:** There are feelings of guilt and self blame on both sides, and it's commonly mothers but I suppose mothers or fathers who feel that it's their fault, that it's something they did that caused their child to be taken; and even though they know that this was an official policy and that they hadn't done anything wrong, and that their family tells them they hadn't done anything wrong, they still can't get this idea that it was their own fault out of their mind. And similarly, the child who's taken away often feels as if it's their fault, that they did something wrong, or they were ugly or something and their parents didn't want them. Even though as adults, they've been told that this wasn't the case, that it was an official policy. And I think this is because it hasn't really been acknowledged by authorities that these policies were deliberate.

# State Conference Update

## Registration

Its not too late to register - there are still some places left. But hurry - the conference is coming up soon.

Call Marian Maughan on (08) 9330.2585 to see if there are vacancies in the sessions you wish to attend.

## Branch Dinner

A dinner invitation is included with the Newsletter. This is an opportunity to catch up with friends and enjoy a night out. We hope to see you at the Dinner.

## Help Needed!!

Preparing Conference Satchels  
Can you spend 2 or 3 hours on Saturday 9 August helping to put the Conference Satchels together? The more assistance there is, the easier the task for everyone.

Please call Marian Maughan, Conference Project Officer for further details  
(08) 9330.2585.

**Kirsten Garrett:** Last year, a book - "The Wailing", by Stuart Rintoul, was published. It's a national oral history documenting the effects of laws and policies right into the 70s, which attempted to "breed out the black" in Australia.

**Rintoul:** There was no more evil policy this century than the taking away of Aboriginal children from their families, and the wounds that that left in Aboriginal society - both the wounds for individual people and the collective scarring for the Aboriginal people - that's something which has flowed through into all of the social problems which we see now. This is my hope for this Inquiry, that by addressing fundamental emotional issues like the taking away of children, we can then start to address what's happened subsequently.

**Mick Dodson:** Genocide is not just the physical destruction of a people. And Australia signed the Genocide Convention, I think that was in 1949. But genocide includes the forced removal of children from one group to another group. And the best answer, according to the authorities, depended on their being de-Aboriginalised, if you like, and made into non-indigenous people, made into white fellas if you like. That became official national policy in I think 1937, and it was the official policy up until - well in some jurisdictions up until the mid-80s.

**Kirsten Garrett:** The appalling truth is that it was the churches that practiced these evil policies. Not all of the churches all of the time, there

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are of course exceptions. But where did the policies to take the children away from the communities originate?

Last year a former Executive Officer of the Anglican Social Responsibilities Mission in Western Australia, Stephen Hall, prepared a discussion paper for the Anglican Church in Western Australia. Stephen Hall is concerned that there may be sensitivities in some areas, of some of the church bureaucracies.

**Stephen Hall:** If churches are serious about justice, if churches are serious about reconciliation between Aboriginal Australia and non-Aboriginal Australia, they would have to face up to this issue fairly and squarely. I'm cautious though, because I know that there's all kinds of history there that some people might not want to uncover, and I'm also very aware of how some churches responded to all the matters raised with the British child migration and institutionalisation, and they were very reluctant to address issues there, and this is a far bigger issue affecting far more children and people of course who are now adults.

**Kirsten Garrett:** Is there a fear in the churches that the things that will be uncovered might be things like sexual abuse or cruelty, or just policies that are no longer tenable?

**Stephen Hall:** Some of those issues have certainly been highlighted in the stories of some children that were institutionalised in church institutions; sexual abuse by staff or children of staff in some situations, I think that's an issue, but also they were very harsh, strict regimes, and that's fairly well accepted now that they were, and of course some churches may have difficulty facing up to that. And of course there is the whole question of the moral framework within which those institutions operated.

**Kirsten Garrett:** The moral framework of the churches is under scrutiny. Their practices reflected the paternalism that has been prevalent in all British colonies.

**Stephen Hall:** It's difficult to talk about the church as a homogenous thing because as you said, there were all kinds of denominations and missionary societies and organisations involved, and to say the church did this, or did that, is very difficult of course because different things were done in different places and in different ways. But yes, I think the church did fall into the trap of assimilation into the idea that the Aboriginal race was dying out and that Aboriginal people's blackness would be bred out of them.

And there's some classic speeches by A.O. Neville, who was the chief protector of Aboriginal people in Western Australia during that time, sort of saying whether it takes a hundred years or 150 years, there's no reason why assimilation won't work. I mean, they talk about children being snatched and put into institutions, and I think one of the things was not just to make them more like us as far as white, but was to Christianise or inculcate them with the theological dogmas and beliefs that those missionaries and people had at that time. And I think that mind-set is still around in some church organisations in how they deal with Aboriginal people as well.

**Kirsten Garrett:** It doesn't end there. The churches, the discussion paper says, may also have to look into what money and assets they received to carry out their work.

**Stephen Hall:** There's ample evidence around that churches and some missionary organisations that were non-denominational have profited through grants of land that were related to them running institutions for Aboriginal children. The Catholic Church in the north-west of W.A. has some significant holdings of land; the Anglican Church has lands around that were used in this practice that are still in control of the church; and benefit has been made out of those lands, and there were financial grants that were made - salaries, and all kinds of things like that - in institutions and missions that were run around the country.

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