



THE WEST AUSTRALIAN SOCIAL WORKER

THE OTHER TRUTH

EDITED VERSION OF THE 1999 GRACE VAUGHAN LECTURE
DELIVERED BY SHEILA SUTTNER AT THE UNIVERSITY OF WA, NOVEMBER 1999

For space reasons the full text of Sheila's address has been edited. The part of her address reproduced here deals with the more recent years of her involvement in the human rights movement in South Africa and of the influence of linkages with the international rights movement. The full address is available from the West Australian Branch web site. **ED**

It is painful to ponder a childhood without the stories, the in-jokes, the arguments, the endless laughter and the endless loving. Perhaps that is where I get my empathy for the stolen generation. I just can't even begin to think how it was to grow up robbed of the myths, the family law and the legend. Perhaps that is why I reach out to migrants who come from all corners of the earth, without the language skills, without the family structure, without a knowledge of the customs and ways of acting. Perhaps that is why I feel sympathy for people who cluster in ethnic ghettos of whatever socio-economic level just to be safe in the known and the familiar.

In 1965 I graduated with a social work degree and a post-graduate scholarship to go on to a Masters degree, but we were an itinerant family and my husband had an opportunity in Johannesburg and we moved, I had to help put food on the table, so I moved. I was so lucky because I got a job at the South African Institute of Race Relations as a research assistant. This was a further opening of my eyes and broadening of my understanding of the situation.

Within a couple of months I had produced four publications. The first one was *Social Pensions in South Africa*. Seems simple enough. What did I discover? There is something called the 4:2:2:1 ratio. What does this mean? It means white pensions are four times the pension of an African, twice the pension of a coloured (mixed race) person, twice the pension of an Indian. Groceries cost exactly the same and transport costs exactly the same, whatever colour you are. It turned out that the African pension was so little that it was considered administratively uneconomical to pay it out every month, so they paid it out every

second month and they didn't put a cheque through the post, you had to go and collect it yourself.

Sometimes disabled people were wheeled in wheelbarrows for two days to the nearest pay-out point. If it was too hot or if it was too rainy and the people whinged a bit, they got a squirt of teargas. These were the kind of things that were a shattering revelation to a privileged white South African.

Then I wrote a booklet called *The Cost of Living in Soweto*. The cost of living is based on the cost of just staying alive. No frills. No extra trips. Not even an aspirin, a cigarette, or going to the movies or anything like that. It was food on a survival basis. Rent, fuel, transport to and from work and clothing. On my findings the average family in Soweto lived \$20 below the poverty datum line. How do people live below the poverty datum line? It is after all the cost of just staying alive. I came to the conclusion the only way that they did it was through crime and nothing has changed.

Then I wrote a book, which was just unbelievable, called *Egoli: A Guide to Johannesburg for South Africans*, which means city of gold - which told them they could go to the stock

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exchange on Wednesdays and they could go to the zoo on Thursdays and they could also go for a chest x-ray to be sure that they weren't going to infect any of their potential employers. Then I wrote the shortest book in the world and that was called ***Holiday Facilities for Blacks in South Africa***. All of these publications had tremendous reviews in all the newspapers.

One of the great things about this job at the Institute of Race Relations - that is why I say it was the best post-graduate qualification in the world - was that, when you are at university if you get an "A" for an essay, you think you are God's gift to mankind, but in this thing, the facts had to be unassailable. I had as editor a woman by the name of Dr Ellen Helmann. When she came to me about my research, she would start off by saying, "Oh, Sheila, how is your beautiful daughter?" I then knew she had a lot to complain about. She used to say to me, "Sheila, the facts must speak for themselves. Cut out the hearts and roses and violins and all that sort of thing. The facts must speak for themselves." So I learnt this very important fact.

When I came here, 15 years ago, somebody phoned me up at about 11 o'clock at night, he was researching something in the State Library, and he said to me, "Did you write a book called, The cost of living in Soweto?" I said, "Yes, why are you phoning me at this time?" He said, "Well, I've been doing some research and this was the only thing I could find on the cost of living in Soweto." I wrote it in 1965, so nobody has upgraded it, or upstaged me since then. On account of all this, I was offered a job at the University of the Witwatersrand in Johannesburg, as a lecturer in social work.

I was already a lecturer in medical sociology and this is worth mentioning: For two years I lectured to nurses - black and white nurses, who had been working for years in hospitals and they had opted to become community nurses. They wanted to work in the community. Because of the institutional environment in which they had done their work, they didn't know how to get a foot in the door. So I was invited to give a course of lectures in medical sociology. I taught them things like class and caste and race and ethnic groups and all that sort of thing.

This was quite complicated because I had to give a black lecture and a white lecture. I couldn't give the two together. First of all I gave the white lecture at the technical college, then I had to run across the city in the dark of night to the Anglican Cathedral which was the only place which would accommodate the black students, then I had to give my black lecture. There were not only the political logistics there was this other thing about how do you teach something as abstract as sociology to people who are in such a concrete profession as nursing? Also, how do you teach people from two different cultures and two different experiences? How do you illustrate it? Okay, I could manage with the white students, but with the black students I read the "letters to the editor" in every black newspaper.

One works within a certain environment; one lives in a certain environment and you think it is like that, but when you go out, when you open your eyes, you see it is an entirely different story.

I found that this organisation I worked for was exceptional. (Helen was asked to work with the Society for the Jewish Handicapped.) There was State institutional care, 70 beds to a room. But in the main there was nothing, particularly for the people who were not white. It was minus nothing.

What I was able to do was to research the situation, then see what could be done. There were a number of people who came to me who were absolutely immobilised by the problem of having an intellectually handicapped child. They felt guilt, they felt grief, they felt anger - all of these things took away their normal ways of acting. I used to say to them, "The first thing you must remember is you are not alone. This is a universal problem. This is a problem that happens everywhere. If you are going to wait for the government to do something for you, you are going to wait a long time.

You must look at your own resources. Look at your own skills. Look at the family. The extended family, your friends, your church, your groups, and we will find that within these groups there are resources that you never even thought about. As a result they were able to do incredible things. People used to say, 'When Sheila talks to us about this we see it in technicolour.' The thing was that they were able to put their grief and their anger aside for a moment, and say - we can do it. From this came a variety of things.

First of all we set up - I was just the guiding hand but other people did the work - a series of non-institutional family type homes. In every suburb we had one of these homes - six, eight, 10 to a family with foster parents. I believed, as a social worker, that the place for every child was in the family but if circumstances within the child, and circumstances within the family and circumstances within the community, didn't make this possible, then one must try for the closest surrogate family. This is what we did.

For this model - we never had more than six weeks money in the kitty - I used the media. Usually the media used the public, I used the media. I wrote letters to the editors, they came to see me. We made impassioned pleas. People became involved. I got on to the public speaking circuit. I spoke to Rotarians, Lions, churches and bowling clubs and everything else. We got everything. Food and clothing and professional services. Doctors, dentists, nursery services, walls, Toyota combies, all sorts of things. We had everything and this is the skill of a social worker: to make your community aware of how they can serve. I was able to illustrate a national problem and how it impinged on families and individuals.

It was a very exciting time. My husband worked side by side with me. If I was the social worker then he was the secretary, if I was the secretary then he was the treasurer. Whatever it was we worked together, otherwise we would never have seen one another. At this highest point, at a moment when we had succeeded in bringing a leading architect from Britain to build a centre for disabled people, and while he was here, my husband had a fatal heart attack. That was terrible, but I used my normal strategy for surviving trauma - you survive by nearly killing yourself. I worked harder than before. I just kept going. Kept talking, taking this man around, getting things going.

It didn't take very long for me to realise that on one social worker's salary (in those days social work was regarded as a sort of philanthropic task), I was not going to be able to keep a family with three minor children. My son phoned and said, "Did you see this job advertised at the university, they've opened a new residence and they are looking for a Dean?" I said, "Yes, I saw it." He said, "Did you apply?" I said, "No, I didn't apply." He said, "Why didn't you apply?" I said, "Well, you know I've got a job." He said, "I know why you didn't apply, it's because you don't want to come second in anything." I applied and I didn't come second.

I got the job and I was there for 10 years. This was a different kind of challenge. In fact it was quite dull to work with normal people. After working with the profoundly handicapped, a Cinderella cause, to work with perhaps the gifted, certainly gifted in terms of economic matters, was pretty dull. But, I decided to make it a challenge. First of all this was a modern, self-service, efficient residence. I made up my mind that this was not going to be carried out in the "Oxbridge" tradition. We were not going to have high-table, academic gowns and that kind of thing; one had to fetch one's tray and take one's dirty plates back.

I said that I wanted to create a residence which was appropriate for professional women who were entering a non-sexist, non-racist society. Very soon after I got there I put through a proposal to the Vice Chancellor and I said to him, "This residence lends itself to a co-educational residence. I believe that men and women have to learn to live together because they are going to live together and work together and this residence is ideal preparation for this." Apparently I was very persuasive because it won the approval of the council of the university, it won the approval of the senate, but unfortunately it didn't win the approval of the senior partner who had the chequebook and that was the Department of Education.

I decided to put in Plan B: to open the residence so that women students could entertain their friends, male or female, in the privacy of their own rooms and not in see-through lounges, as was the tradition. I was regarded by some as anti-elitist, by some as anti-traditionalist, and by some as a dirty old lady. All I can say is, I saw respect in the eyes of the students. I had learnt from my own children that one must learn to trust your children to look after their own welfare.

One of the things about apartheid - I told you about the little boxes, little boxes, different coloured boxes - was that they had what they called the Separate Universities Extension Act. What it actually meant was that no black students could come to white universities, but the government wanted black people to be able to serve their own people in their own group area homelands. So they started what the black people called, bush colleges. They had a university for Africans, a university for Indians, a university for mixed race people.

Okay, so people, despite their difficulties, graduated; they got their bachelor's degree. But we all know what is the value of a BA - what can you do with a BA? You can't do anything and so they had to do something else if they were going to serve their own communities. And so, very reluctantly, the government came up

with something called 'ministerial consent.'

With ministerial consent black students could come to white universities to do particular courses. This brought another new insight to me. One day a woman came to my office, and said, "I'm registered for a master's degree at this university. I'm living with some distant relative in some distant township. No electricity, no running water, no sleep at night. I am sharing a room with a screaming baby, shouting children, no desk. There is no way I'm going to get through." She asked, "Could you get me a job as a domestic servant with one of your friends so that I can do domestic duties in the day time but in the evening I will be able to go to my room in the backyard and do my studies?" It was quite shattering.

The next thing, a young man walked into my office, he threw a handful of tickets, on my desk and said, "What are you going to do about that?" So I said, "I need a few more facts". He said, "I am a registered student at this university, of no fixed address. These are locker tickets. I keep my clothing and my books in a locker at the station. I sleep in the university library until the security throw me out. Where am I going sleep tonight?" So I said, "Just sit down", I put through a call to the vice-chancellor but he was in a meeting, so I said to his secretary, "Just write this down and put it in front of the vice-chancellor".

So I told her the whole story about the man with his books in the locker, etc. A phone call came from the vice-chancellor, "Sheila, please call a meeting for seven o'clock tomorrow morning, and invite all the wardens of residence to be there". Next morning he said, "Tell the story", I tell the story. Silence. He said, "Well, has anybody got any suggestions?" Silence. I have a tremendous intolerance for silence. So, I said. "I've got a suggestion. You know, over the years I have noticed that by the end of the first semester there is a group of students who, if they are not engaged to be married, and are unlikely to pass, are very depressed. How would you feel if I offered them their fees back if they would vacate their rooms, and I will take 20 black students?"

The vice chancellor said, "We'll give it a try". And, I can claim that, together with my house committee, we invited 20 black students. It was the first time that this had ever happened in any university in South Africa. It was a trailblazer and today, if you are white you are lucky to get in. They need me there now.

During the years that my son was in prison I came over to Australia on several occasions because two of my children came to live in Australia and it seemed to me that this was a place where I could shout, 'Amandla' and 'Viva' and 'Freedom' without something terrible happening to me.

So I came back to South Africa and I told all my friends, "When I retire, when Raymond comes out of prison, I'm going to live in Australia". Everybody laughed. All of a sudden it was seven years later, Raymond was out of prison, back in the community, back in academia, I was retired, and I had my farewell parties. Still nobody believed!

And, 15 years ago, almost to the day, I arrived here in Perth. The happiest day of my life. Within a week I was at a meeting of

the Campaign Against Racial Exploitation (CARE) at this university and I realised this was exactly the group for me. For 10 years we marched shoulder to shoulder. We picketed, we held placards, we commemorated every occasion, good and bad, in the South African calendar. We celebrated South African Women's Day, we commemorated Soweto Day. We wrote to the Prime Minister. We wrote to the Foreign Minister, we wrote to everybody.

All I can say is, it was an eye-opener for me. Because, as a South African, I saw the 'struggle' as something that was black-white, left-right. I came over here and I looked around and many of my comrades in the struggle were from places like Chile and Nicaragua, and Iraq and East Timor and I realised mine wasn't the only struggle, and all these people were here, side by side with me, in solidarity and so my eyes were opened once again. All I can say today is that I'm the great internationalist. I stand side by side with all these people in their struggle. What a narrow view of life I had before I came here!

I can thank my comrades in the Communist Party of Australia because they were totally involved in internationalism and they opened my eyes to that. Through my involvement in that I became involved in other struggles, gender struggles, the struggles of the indigenous people. I stood side by side in the brewery, in fact I had my rib broken.

I marched with Reclaim the Night; I marched in the gay and lesbian mardi gras with the "queer radicals". I marched with the voluntary euthanasia society; I have marched with everybody. You name it. I'm two inches shorter than I used to be from all the marches. I became involved with the environment, with peace with anti-militarism. My horizons were opened. Life began for me coming to Perth. I didn't know then that I was going to need all this solidarity.

All I can say is, if I never have another opportunity to do it, I just want to say thank you to Western Australia. I want to thank the people of Australia, I want to thank the people of the world for the way they responded to this tragedy. I believe, deep in my heart, that it was the efforts of ordinary Australians; the letters they wrote, the pressure they brought to bear on the South African regime, on the Australian government, the Foreign Affairs, the Prime Minister, and I believe that that played a significant part in the dismantling of apartheid and the release of political prisoners. So I say, "Thank you from the bottom of my heart".

In conclusion I'm going to quote Frank Sinatra, "*Mistakes, I made a few, but I did it my way.*"

Biographical notes

Sheila was born in Cape Town, South Africa and matriculated there in 1939. She registered for a teaching course in 1940 but she abandoned the idea when she won a place as a trainee telegraphist. World War II and some romantic notion of playing a part in the war effort influenced her decision to leave teaching, plus the payment of 10 pounds a month, which gave her economic independence. Her parents moved to the country in 1941 and it was considered by them that she was too young to be left alone in the city. However, when an RAF base was established on the family property, she was able to return to the city in the care of relatives.

She took a commercial course and began working as a secretary.

In 1943 she married an observer/navigator in the South African airforce. When he was injured in a flying school accident and became a flying instructor she became a camp follower, going from one air school to the next. After the war she worked in different capacities for her husband; secretary, fashion model, sales representative and the like. Over the next 10 years she had five children and was fully occupied.

In 1948 the Nationalist Party came to power in South Africa and remained in office for 46 years. They wasted no time in bringing the policy of apartheid into action. Hers was a political household and they became very involved in campaigns to oppose the oppressive legislation that was remorselessly being introduced. In 1951 Sheila and her family marched with the torch commandoes to defend the constitution. For decades they picketed with the black sash, leaving the old style of official opposition for the new progressive party to protest the removal of the coloured voters from the electoral roll.

Most of the time they watched in awe as victims of apartheid mounted defiance campaigns, bus boycotts, potato boycotts and a variety of forms of passive resistance. In 1961, after Sharpeville, she became involved in a pre-general election campaign. She was even nominated as the candidate. She decided that she didn't feel she was up to the task and needed to go to the university.

In 1963 she registered at the University of Cape Town for a social science degree. In 1965 she graduated with a social work degree and a scholarship to pursue her masters degree. In 1966 she was a research assistant in the South African Institute of Race Relations. She said that was the best postgraduate experience she could ever have had. During this appointment she researched and published four booklets, being: "Social pensions in South Africa", "A guide to Johannesburg for Africans", "The cost of living in South Africa" and "Holiday facilities for Africans".

In 1967 and 1968 she was invited to lecture in medical sociology to community nurses. In 1969 through 1973 she was a social worker for the Society of the Jewish Handicapped and she encouraged parents to form a league of parents and friends that was designed to look at the intellectually and physically disabled.

One plan was to develop an insurance scheme which gave parents peace of mind for the care of their children when the parents died. In 1970 she facilitated the establishment of centres for Indian, Coloured and African children with disabilities. In 1973 she became the director of the Johannesburg Children's Home and in 1974 was appointed director of the Avril Elizabeth Home.

From 1974 to 1984 she became the Dean of Jubilee Hall which is the largest women's residence in South Africa. In 1976 she became involved in a variety of actions surrounding the Soweto uprising. In 1979 she actually began studying Russian and German to add another string to her bow.

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New Members

The WA Branch welcomes the following new members:

Cynthia Thom (Student Associate)
Vellar Lim
Marian Moran (Student Associate)
Louise Smith (Student Associate)

In Memoriam

Betty Spurgeon

8 April 1922 to 17 November 1999

The unexpected death of Betty Spurgeon occurred at Siem Reap, Cambodia, where she had travelled to visit Angkor Wat and the surrounding Khmer ruins.

Betty's professional social work career began when she was awarded a BA and Diploma Social Studies from the University of Melbourne in 1944. Upon graduating Betty worked for the Kindergarten Union of Victoria and in 1945 she joined the staff of Lyra Taylor at the Commonwealth Department of Social Services, from whence she took up the position of the first qualified social worker in the Department in Perth.

Betty was also a pioneer of the newly forming Australian Association of Social Workers, being the first President of the AASW (WA Branch) from 1946 to 1947. A copy of the first Annual Report of the WA Branch was re-published for the Branch's 50th anniversary year 1946 - 1996. Reference is made in that report to the drawing up of the first Constitution in March 1946.

One of the aims was to help in the promotion of a "course in social studies at the University of WA". Betty subsequently represented to the Registrar of the University of the need for the establishment of a course in this State.

The Branch's first Annual Report is testimony to the depth and breadth of the work of Betty as President and her close friend, Julie (Day) Edmondson, as Branch Secretary in setting a strong base and vision for the Branch's future.

Betty travelled to London where in 1950 she was appointed Chief Child Migration Officer at Australia House. She was later interviewed in London for the position of Director Naval Social Work, Navy Office, Canberra and took up this position in 1964, retiring from this position after more than 20 years of service. Betty was especially respected by her peers and colleagues for the elegance and flair for style which she brought to her job.

In one of Betty's early papers, published in August 1967 ("Social work in the defence services", Betty Hunt, Department of

Navy), she wrote "The service presents almost a perfect cross section of human needs and the social worker presented with this clear cut field cannot ignore the opportunities to develop preventive and constructive facilities on a group basis."

Betty's position as Director Navy Social Work was a frontier situation. There was no history to fall back upon, no precedent and as the naval social work service developed, it was still isolated by low numbers scattered thinly and based across Australia in the capital cities.

She understood the naval community and was a voice for the 'consumer' of social work services, always looking for ways and means for their needs to be known and ways in which to respond. Betty encouraged naval social workers in setting up appropriate use of group work and she influenced substantially the compassionate provision of a variety of family services for naval families, as well as the ongoing counselling services available to personnel and their families.

The naval social work services during Betty's period as Director of Naval Social Work was a stable, productive and innovative service. Betty led by example, encouraged and always gave positive recognition thus enabling cross fertilising of ideas amongst state areas and positively reinforcing high standards of ethics and professional practice.

Ahead of her time, she had an open and comfortable management style encouraging, as she did, her staff to network with one another. Being secure in her role, she saw the potential in social workers engaging in peer support as she, too, supported and nurtured staff.

One colleague commented since Betty's death "No social worker working under Betty's management would ever go on stress leave. She never let anybody down."

Her ability to bond into a professional group the naval social work staff, which were so far flung, stemmed from her good judgement and assessment of what was needed. She was an excellent researcher, always developing, feeding through ideas, information and interesting and relevant articles and books.

Betty's visits were looked forward to as she travelled regularly to each area and it was clear at these times that key naval personnel who worked with Betty in area commands, in ships and in the Navy Office in Canberra, valued and respected her ability to provide a compassionate, balanced and timely professional social work service.

She was consulted widely by senior naval staff for her acumen and repertoire of problem solving methods. During the period as the Director of Naval Social Work, Betty organised many conferences for naval social workers, always writing a substantial paper for presentation. She raised fresh ideas, challenging arguments and also brought together interested naval personnel and external speakers for interchange of ideas. She could be very inspirational.

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The Drug Court Revolution

The West Australian government recently flagged in the WA Strategy Against Drug Abuse Action Plan 1999-2001, which was released in November 1999, that it would establish "a drug court regime for more serious drug and property offences and offenders requiring more intensive supervision" (p. 8). The pending establishment of a Drug Court in this State is a major policy initiative. Members may be interested to consider the following two articles about drug courts which outline their history, identify key principles and highlight issues for those counselling and assisting those with drug dependencies.

Latest panacea in the ongoing war against drugs by Eric Cohen

At the most recent Washington, D.C., Drug Court "graduation" - a monthly event for drug defendants who have successfully stayed in treatment Mark Williams stole the show. Williams, a transvestite dressed in checkered hot pants with matching pocketbook, gave spirited testimony. "I want to thank God. And all my lawyers. And I want to say that you've got to want to stop smoking. You've got to put your mind to it."

The rest of the graduating class, about 20 in all, whooped and hollered from the jury box. Judge Russell Canan, who was presiding over the ceremony, couldn't help but chuckle. "This is one of the happier days we have in Drug Court," said Canan. "The people we are honoring here today have gained some respect for the law and for themselves." Williams, by the way, is still awaiting trial on prostitution charges. "He's very creative," his lawyer told me. "Very smart."

After the speech and the applause, the clerk read Williams's case, a misdemeanor drug charge. Then the case was dropped, the reward for the "client" (as all defendants are called) having completed the drug court program, a year long regimen of therapy and frequent court visits.

In addition to getting his drug charge dropped or reduced, each of the graduates receives a certificate of achievement and a copy of Iyanla Vanzant's 1993 book *Acts of Faith: Daily Meditations for People of Color*. Most of the graduates make very heartfelt and gracious testimonials. They thank the judge, their treatment counselor, and (some of them, anyway) God. This is, they say, a new beginning.

The event is moving, and perfectly attuned to our therapeutic age. Which is exactly the way the drug court "professionals" (as the lawyers, judges, and counselors who run the nation's drug courts call themselves) have designed it to be. Graduations should be "used to capture the public's interest and garner favorable media publicity," writes Judge Stephen Marcus, one of the gurus of the drug court movement. "The Drug Court graduation is the

Super Bowl, NBA Finals, and World Series all rolled into one." The "emotional appeal" and "tears of joy" make journalists, politicians, and lawyers into "immediate converts."

Drug courts are the cutting edge of therapeutic jurisprudence, the latest panacea in the ongoing war against drugs. They are the brainchild of Attorney General Janet Reno, who organized the first drug court in 1989 when she was State's Attorney for Dade County, Florida.

Reno's vision, a courtroom unencumbered by traditional rules, a criminal justice system that focuses on the "individual needs of the client" rather than equal justice for all, cooperative therapy rather than adversarial trials, has taken the nation by storm. Five years ago there were only 12 drug courts nationwide. Now there are almost 400, with hundreds more in the planning stages, backed by over \$100 million in federal seed money. Some 140,000 defendants who would otherwise have been prosecuted for non-violent drug offenses have enrolled in drug courts since 1989.

Perhaps as significant, the drug court advocacy machine is firmly in place and growing. There is a National Drug Court Institute; a drug court office in the Department of Justice; a drug court journal; hundreds of national, state, and local associations for drug court professionals; and an endless stream of resource guides and pamphlets selling the concept with all the public relations savvy of Madison Avenue. This elaborate promotional apparatus, it turns out, is all the more necessary, because the drug courts' results, as yet, don't speak for themselves.

Drug court is, as its advocates triumphally declare, "a revolution in justice." It did not come out of nowhere, though, but is the culmination of three decades of agitation to supplant traditional criminal justice with therapeutic rehabilitation.

In 1970, Congress passed the Treatment and Rehabilitation Act, which gave courts the authority to commit drug offenders to treatment. In response, "Treatment Diversion" programs sprang up across the country, bolstered by social science claims that the root cause of drug use is economic deprivation and medical science claims that drug addiction is a physiological problem largely beyond individual control. Junkies were redefined as victims of both an undeserved social pathology and a sickness.

The largest and most important treatment organization was Treatment Alternatives to Street Crime (TASC) formed in 1972 with the explicit purpose of "linking treatment and the judicial process." But treatment and justice remained distinct. Where appropriate, the courts diverted offenders into treatment programs, but the purpose of the criminal justice system, namely, to mete out impartial justice under the law and punish the guilty, was maintained. Judges were judges, prosecutors were prosecutors, and therapists were therapists.

In drug court, however, the mission of the court is transmuted. Offenders are now patients; prosecutors, defense attorneys, therapists, and judges are all part of the “treatment team.” Indeed, drug court judges talk directly to “clients,” who are encouraged to “share their feelings” in the courtroom. Treatment counselors make detailed presentations of the “client’s” progress. After the monthly progress report, the treatment counselor makes a recommendation about the client’s status in the drug court program, which the judge, after a few words of encouragement or fatherly scolding, almost always accepts.

“It’s really open-court therapy,” Judge Canan told me. The judge plays the “role of confessor, taskmaster, cheerleader, and mentor,” says Jeffrey Tauber, a former judge from Oakland, Calif., now president of the National Association of Drug Court Professionals. “We try to build self-esteem. I’m talking in terms of treatment, love, and care,” says Judge Robert Fogan.

In most jurisdictions, participation in drug court is voluntary. Those who are eligible and this varies somewhat from court to court, though it generally includes any defendant indicted for a non violent drug offense are given the choice of standing trial or entering mandatory, court-regulated treatment. If the defendant elects drug court, he is assigned to a case manager a “licensed addiction treatment professional” who explains the program in a lengthy pretrial orientation. Then the offender comes before the judge, who asks him if he is willing to waive his right to a speedy trial to opt instead for, as Canan puts it, “an opportunity to change your life and clear your record.” Once the client agrees, his treatment begins immediately.

The Washington, D.C., treatment facility is state of the art and looks like a mix of pediatrician’s office and elementary school. There are pamphlets everywhere on every drug imaginable, on sexually transmitted diseases, on various government programs. In the lobby, drugs-ruined-my-life videos run nonstop while clients wait for their next counseling session or drug test. The plastic chairs in the therapy rooms are in a perfect circle. There are pictures on the wall from the most recent drug court picnic. There is a hand-painted sign that reads: “We will involve you in a process of self-evaluation and positive productive change, while also responding to your individual needs and concerns. . . . We believe you can fly. Don’t you?”

Upon arrival, the client undergoes a lengthy psychological evaluation: He signs pages and pages of release forms. He takes an AIDS test. He answers hundreds of multiple-choice questions about his childhood problems, family problems, drug use, and sexual behavior. He writes an autobiography (“for the purpose of allowing us to know the inner you”). Many clients are then referred to other psychiatrists and psychologists for further evaluation. Some end up in in-patient treatment centers. The rest begin treatment with the drug court staff.

The Washington Drug Court has four phases of treatment:

“Orientation and Assessment,” “Stabilization and Cognitive Restructuring,” “Transition,” and “Maintenance.” Each week, the client attends two group therapy sessions (“feelings processing groups”), receives individual counseling, and takes substance abuse education classes. He completes a series of assignments and worksheets, first to “explore his addiction,” then to develop a “recovery and warning sign management plan.” He learns to identify “intervention points,” “triggers,” “action urges,” and “internal dysfunctions.” He builds a “personal recovery schedule” and learns “effective feelings management.”

Strikingly, in all the hundreds of pages of workbooks, self-assessment guides, and personality tests, there is never a mention of morality, character, virtue, or right and wrong. One personality test asks the clients if they “turn to God” for answers. A yes response means categorically that “you are in the late stage of addiction.”

When I ask a number of the therapists and the judge whether they try to teach any moral lessons to their “clients,” they all look stunned, then offended. “We don’t frame it as a moral lesson. Your morality isn’t necessarily my morality,” says Suzette Brann, the drug court program director. “We don’t try to dictate judgments,” says Rashida Mims, assistant treatment coordinator. “We don’t do that. We can’t do that. If I were to attempt to dictate my values on

someone I’d be doing them a disservice.” Says Judge Canan: “My personal morals may or may not be meaningful to someone else.”

Nevertheless, the drug court program does, at its best, teach some moral lessons, if for no other reason than that clients are required to show up on time, hand in assignments, and examine their lives. More important, offenders must remain drug free to “graduate.” Everyone in the program takes two drug tests a week one on

Monday, one on Thursday. A positive test results in “sanctions”, typically three days of “motivational jail.” Many participants are sanctioned a number of times before finally staying clean long enough (three months) to graduate. Such relapses are, according to the therapists, part of the recovery.

Advocates claim that drug courts are a “miracle,” a “new reality,” “our last, best hope.” The statistics they cite seem impressive: According to the Department of Justice’s drug court program office and the National Association of Drug Court Professionals, 70 percent of all drug court participants have either finished the program or stayed in treatment; 90 percent of drug tests have been clean; and the recidivism rate for drug court graduates is only 4 percent, compared to “well over 50 percent” of defendants who go through the “traditional adjudication process.”

Likewise, the drug court story is heroic, inspirational, a grand social drama with progressive judges and therapists as the protagonists. “A revolution has been going on in the criminal justice system over the past ten years,” writes Judge Tauber. “We

“It’s really open-court therapy,” Judge Canan told me. The judge plays the “role of confessor, taskmaster, cheerleader, and mentor,” says Jeffrey Tauber, a former judge from Oakland, Calif., now president of the National Association of Drug Court Professionals. “We try to build self-esteem. I’m talking in terms of treatment, love, and care,” says Judge Robert Fogan.

understood it would take a new kind of community . . . a circle of interveners . . . to restore our cities and our people to health.”

A closer look at the statistics, however, tells a far less heroic tale. The most extensive independent evaluation of the nation’s drug courts conducted by the General Accounting Office in 1997- concluded that current evidence “did not firmly establish whether drug court programs were successful in reducing drug relapse and offender recidivism.” The GAO report cited three major problems with the available studies: Most drug court programs were still in their first or second year of operation; most courts did not keep follow-up data on the rate at which “clients” relapsed or were rearrested; and most studies made no comparison between drug court participants and non participants.

Other studies by outside agencies, including the Rand Corporation and the American Bar Association, have found that drug courts have had no discernible effect on crime rates. James Nolan, a sociologist whose recent book *The therapeutic state* devotes a chapter to drug courts, found that despite the claims of drug court advocates, the most important factor in the apparent success of drug courts is the criminal history of the defendants, not the treatment program. In addition, Nolan found that many of the leading studies are based on questionable, often misleading assumptions such as excluding early dropouts from the calculation of success rates or counting as success stories individuals who have stayed in the program for more than a year (despite the fact that such career participants have not graduated because they routinely fail their drug tests).

In fact, many drug court professionals reject on principle evaluations of their program according to such empirical, hard-headed criteria as recidivism, relapse rates, and urinalysis testing. They believe, as one put it, that an emphasis on statistics undermines “the real human realities, the changed lives.” As Judge Lawrence Terry puts it, we need to “re educate judges about what success is.” A professor of criminal justice at Florida International University conducted a study that found “little difference between persons remaining in the [drug court] program and those who have not.” Still, he concluded that “there is absolutely no question that the drug court is having a very positive effect upon the lives of many people.”

No one doubts that the drug court movement will expand, even though its effectiveness remains in serious question. But the rise of therapeutic jurisprudence raises sobering questions about the future of American criminal justice: Is the purpose of courts to “meet the individual needs” of defendants, as the drug court literature routinely assumes? Are justice and therapy one and the same thing? Should judges really play the role of “confessor, cheerleader, and mentor” to the accused who come before them? In the present euphoria over the “drug court revolution,” these questions are almost never pondered.

For the fact is that the most passionate advocates for drug courts have a thoroughgoing contempt for “traditional justice.” When they call the present system “adversarial” they mean to disparage it, and they mock as antiquated the idea that a judge should be a “dispassionate, disinterested magistrate.” They see drug courts as the first step in the transformation of the courts into

a wholly therapeutic enterprise. They want to expand the therapeutic model to cases of domestic violence, larceny, prostitution, and even rape. The individuals who commit these crimes are sick, they insist, and should be treated by therapists rather than punished and exiled.

There is no doubt something very pragmatic and sensible about trying to get addicts off drugs, which explains why many prominent conservatives, James Q Wilson, John J DiIulio Jr, Jeb Bush, Rudolph Giuliani, have had nice things to say about drug courts. Indeed, when it comes to dealing with most drug-related misdemeanors, drug courts are actually more demanding and coercive than the usual suspended sentence and probation. Offenders who would otherwise be unwatched or at best loosely monitored are instead kept to a rigorous schedule and drug-tested twice a week. Moreover, the best drug courts process cases quickly, which, as Wilson argues, links crime and punishment in the defendant’s mind.

What’s more, there is no question that the present system, the revolving door of drugs and crime, is in need of reform. As DiIulio recently wrote, two million prisoners, roughly a quarter of them drug-only offenders, are enough. A self governing people should not abandon the effort to help drug offenders become decent citizens again. The principles that underlie this effort, however, are important. And it is here that the drug court revolution is most worrisome.

The Washington DC Drug Court tells its clients that lifelong therapy is a “part of healthy living.” The evidence so far-from the entrenched moral relativism of the therapists to the transformation of lawyers and judges into “helping professionals”-suggests that therapeutic justice will lead not to the remoralization of society but to the rise of a therapeutic state. Instead of an explosion in the prison population, then, we would have an explosion in the patient population. This is not an outcome that a free society should welcome.

Originally published in the Weekly Standard, December 1999 as "Latest panacea in the ongoing war against drugs" <<http://www.weeklystandard.com/>>. Article is available from the Psychedelic library web site.

Drug Courts: A Personalized Form of Justice

by Jeffrey Tabuer

The following is excerpted from a February 1994 article by Jeffrey Tauber originally published in Corrections Today.

It’s hard to argue with the success of drug courts, where judges maintain personal contact with drug offenders and use the threat of jail to prod addicts into programs that include treatment, educational opportunities, and job training.

Interest in drug courts is sweeping the nation as a number of innovative courts have reported success in reducing the levels of drug abuse, incarceration, and criminal recidivism among drug-using offenders. That interest is heightened by the realization that

these same offenders clog court calendars, strain treasuries, and flood the jails and prisons. According to a recent American Bar Association report, imprisonment of drug offenders alone increased by 327 percent between 1986 and 1991.

Some have criticized drug courts as a radical and unwarranted departure for the courts. However, there is nothing radical or even particularly new about how a drug court works. Drug courts, in fact, mark a turning back to a time when judges ran their own calendars and were responsible for their court's operations, defendants had to answer directly and immediately to the judge for their conduct, and cases moved slowly and purposefully through the judicial system rather than relying on sentencing guidelines, mandatory minimums, and negotiated pleas to speed up the court process.

The drug court in action

There is a persistent belief in the judicial community that a drug-using offender's failures while under court supervision are willful and deliberate and consequently ought to be dealt with severely. Unfortunately, this belief fails to recognize the compulsive, addictive nature of drug abuse and the court's limited ability to coerce abstinence.

Drug court judges recognize the limitations of coercion as a drug rehabilitation tool and reject the notion that failure of the program is necessarily the result of willful defiance of judicial authority and therefore something to be punished as a kind of contempt of court. Rather than using coercion, drug court judges use a pragmatic judicial intervention strategy based on the development of an ongoing, working relationship between the judge and the offender and the use of both positive and negative incentives to encourage compliance. In a drug court, communications between judge and offender are crucial. By increasing the frequency of court hearings as well as the intensity and length of judge-offender contacts, the drug court judge becomes a powerful motivator for the offender's rehabilitation.

A successful drug court requires the judge and staff to work together as a team. The defense attorney takes a step back — both literally and figuratively — to allow the judge to have direct contact with the offender. The prosecuting attorney adopts a conciliatory position. All staff see their job as facilitating the offender's rehabilitation.

Drug court judges hold hearings before an audience full of offenders. As appropriate, the judge assumes the role of confessor, task master, cheerleader, and mentor, in turn exhorting, threatening, encouraging, and congratulating the participant for his or her progress or lack thereof. The court hearing is used to educate the audience as well as the individual offender on the potential consequences of the program. Offenders who have failed the program are seen early in the hearing before a full audience of participants, while successful graduates are often handed diplomas by the judge, accompanied by the applause and congratulations of staff.

Principles of a drug court

Court-ordered drug rehabilitation programs suffer from the generally held belief that "nothing works" in treating drug offenders. Unfortunately, that perception, although untrue, becomes a

self-fulfilling prophecy when financially strapped communities inadequately fund court-ordered treatment programs and skeptical judges halfheartedly implement those programs, often terminating participants at the first sign of drug relapse.

It takes more than increased funding and full judicial support to create an effective drug court program. Such programs are based on an understanding of the physiological, psychological, and behavioral realities of drug abuse and are implemented with those realities in mind.

Successful programs recognize that:

- drug abuse is a serious debilitating disorder;
- relapse and intermittent progress are part of most successful drug rehabilitation;
- a drug addiction is not created overnight and cannot be cured overnight;
- drug users are most vulnerable to successful intervention when they are in crisis, such as immediately after initial arrest and incarceration; and
- drug users are in denial and will do everything possible to avoid responsibility, make excuses for program failure, and evade the court and its programs.

Several jurisdictions have developed successful drug courts and court-ordered drug rehabilitation programs that recognize and work with the realities of drug abuse. Although these programs often have substantially different program characteristics, what is crucial is that they share the same underlying reality-based principles. The most important principles are immediate and up-front intervention; coordinated, comprehensive supervision; long-term treatment and aftercare; and progressive sanctions and incentive programs.

Immediate, up-front intervention

A drug addict is most vulnerable to successful intervention when he or she is in crisis. Therefore, intervention should be immediate and used up front.

Even the best-designed court-ordered drug rehabilitation program will be less than effective when intervention is delayed. Recognizing this, drug courts order participants to begin treatment immediately after their court hearing. In Miami, Florida, participants are transported by van; in Oakland, California, they are ordered to appear within 15 minutes of the court hearing.

For the same reason, supervision and treatment should engage the offender early and often, giving the program and treatment the opportunity to take root. In Miami, offender contact with the program is required five times a week for the first three weeks; in Oakland, an average of three contacts per week is required for the first 10 weeks.

Coordinated, comprehensive supervision

If there are gaps in program supervision, the offender will find and exploit them. Therefore, supervision must be comprehensive and well-coordinated to ensure accountability. Few

offenders enter a court's program with rehabilitation on their minds. They are in denial and are in a program mostly to beat the system and avoid incarceration. The challenge is to keep them in the program until sobriety and attitudinal changes can occur. This may be difficult to accomplish because drug offenders are often experts at avoiding responsibility, making excuses for their failures, and evading the court and its programs.

Drug offenders must be held accountable for their conduct if rehabilitation is to be successful. A drug court program builds a "chain-link fence" around drug offenders. The links of that fence consist of frequent supervision contacts and drug testing, direct access to full information on the offenders' progress, immediate responses to program failures, and frequent progress report hearings before a single drug court judge and staff. Oakland allows a maximum of 90 days, Miami no more than 60 days, between hearings.

Long-term treatment and aftercare

A drug addict is not created overnight and cannot be cured overnight. Therefore, the drug using offender needs intensive long-term treatment and aftercare. Drug addiction is a serious, debilitating disorder that demands intensive long-term treatment. Miami and Oakland participants average approximately one year to graduation. Preferably, this treatment begins in a medically supervised jail drug detoxification unit. For most offenders, however, a community-based non-residential treatment program is the initial treatment experience. More costly residential treatment spaces are generally reserved for those who have not responded well to non-residential treatment.

Without adequate aftercare, sobriety may be short-lived when offenders face the same problems that contributed to their drug use in the first place. A drug court rehabilitation program should include ongoing treatment and counseling, educational opportunities, job training and placement, and health and housing assistance.

Progressive sanctions and incentives programs

Relapse and intermittent progress are part of successful drug rehabilitation. Therefore, the drug court must apply a patient, flexible approach in monitoring compliance.

In most cases, progress toward rehabilitation will be slow-starting and fitful, with sobriety taking hold only over a period of months. The judge must apply progressive sanctions and incentives in response to an offender's failure or success in moving toward sobriety.

Smart punishment

The judge who uses extended incarceration as the only response to drug use is like a carpenter who shows up at a job site with only a hammer. The drug court judge has a variety of tools he or she should use- intensive supervision, counseling, educational services, residential treatment, acupuncture, medical intervention, drug testing and program incentives, as well as incarceration.

The problem is not in using incarceration, but in overusing it. Incarceration can work for drug offenders by providing them with the opportunity to detox from drugs. It can work as a deterrent by subjecting them to the stressful, anxiety-producing experience of incarceration. And it can work by coercing them to enter and complete rehabilitation.

The use of extended periods of incarceration, however, does not appear to increase the value of incarceration and may in fact be counterproductive to sentencing goals. Extended incarceration may disrupt whatever stability exists in a drug-user's life, initiate him or her into a criminal lifestyle, and reduce the deterrent effect of incarceration, thus limiting the effectiveness of court-ordered rehabilitation.

"Smart punishment" is the imposition of the minimum amount of punishment needed to achieve the twin sentencing goals of reduced criminality and reduced drug use. It relies on the use of progressive sanctions- the measured application of a spectrum of sanctions whose intensity increases incrementally with the number and seriousness of program failures and a set of incentives aimed at encouraging and motivating offenders toward program success.

Progressive sanctions

In a drug court, there are immediate and direct consequences for all conduct. Sanctions follow violations and are applied as close to the time of failure as possible. This calls for frequent court hearings to monitor the offender and mete out sanctions.

In many drug courts, less serious violations, such as inadequate participation in a court-ordered program, call for sanctions that start with the intensification of supervision, treatment, or a day's incarceration. Those sanctions increase incrementally - one day, two days, four days, with continued violations. At the other end of the spectrum, complete program failure may call for a substantial period of incarceration, at least a week, to detox the offender and deter him or her from future program failure or drug use.

Diversion and other incentives

Drug rehabilitation is at best a difficult, demanding, and lengthy process. To motivate offenders to complete the process, drug courts offer them substantial positive incentives to do so. Encouragement, appreciation, and real incentives are given to participants for positive behaviors.

A diversion program (that includes treatment as well as learning social, educational, and vocational skills) provides a powerful motivational tool for drug rehabilitation, offering the defendant the opportunity to work toward a complete dismissal of a felony drug charge.

Hybrid diversion programs that do not offer a complete dismissal, such as those offering to reduce felony convictions to misdemeanors, are common but provide less incentive for participants to succeed. Even where a diversion program is not available at all, significant incentives often are offered to offenders through the innovative application of probation terms, such as offering

participants reductions in the length, intensity, or cost of probation supervision.

Contingency contracting: a program example

A contingency contract sets out the standards of and consequences for offender conduct during the program. Developed by the drug court judge, the supervision and treatment staff, and other participating agencies, it ensures that positive and negative behaviors are rewarded or penalized according to the number of rehabilitative tasks completed.

In Oakland's diversion program called FIRST (fast, intensive, report, supervision, and treatment), the number of points achieved under the contract reflects the number of rehabilitative tasks completed. Over the life of the program, an offender's point total translates into rewards or sanctions. For example, an offender who achieves a high point total may have diversion reduced from 24 months to as few as six months and the diversion fee reduced from \$220 to as little as \$20. On the other hand, for an offender whose point total is low, the court may increase the intensity of supervision and treatment or impose a period of incarceration.

The contract makes offenders accountable for their behavior and gives them control over their own rehabilitation, ultimately making them participants rather than self-described victims of the rehabilitation program. In addition, the court, supervision staff, and all participating agencies, having committed to the contingency contract, also are accountable to the offender and to each other for the contract's consequences.

Oakland's FIRST diversion program (initiated in January 1991) has achieved a 50 percent graduation rate, about twice the number of successful diversions of the previous program. In addition, its felony recidivism rate is about half the old rate. Significantly, younger offenders placed in the program within three days of arraignment show nearly three times the success of younger offenders in the previous program.

For the first time, Alameda County has been able to rent empty jail cells to neighboring counties, as FIRST diversion participants spent approximately 35,000 fewer days in custody over a two-year period. This represents a 45 percent reduction in incarceration time and a savings of more than \$2 million for the county.

The development of drug courts has been described as a golden opportunity to treat drug-using offenders in their communities with minimal incarceration, recidivism risk, and cost. In particular, U.S. Attorney General Janet Reno's support for drug courts and other alternative sanctions programs has drawn attention to the idea that we can do better than simply warehousing drug offenders in jails and prisons.

Reprinted in USIA Electronic Journal 6/97, vol 2, no. 3, June 1997

Continued from page 6: In Memoriam of Betty Spurgeon

Above all her naval social work staff recall the enjoyment of these conferences not only for the intellectual stimulation and refreshment of energy, but for the fun of these occasions. Betty recognised humbug, yet was tolerant and carried with her always a great sense of humour.

In 1974 Betty was awarded a MA from the Australian National University for her thesis *The navy and the family*. This was a substantial contribution to an understanding of the inter relationship of personnel and their families with the navy.

It is of interest that at the time that Betty completed her thesis (1973), Lord Seebohm was undertaking a report on naval welfare services in the Royal Navy.

Much that Betty did professionally, however, went unrecorded as she never sought centre stage and could be quite dismissive of praise of her own accomplishments. Betty will, however, be remembered by her naval social work and other colleagues for many qualities, not least, her strong intellect and her compassion and warmth, for being articulate, amusing and for her immense enthusiasm.

Betty had many and varied interests outside of social work and retirement enabled her to more closely pursue these. Her culinary interests and skills took her to Florence where she attended cooking classes with Guiliano Buigalli. In 1995 she qualified for a BA in Art History at the Australian National University and was frequently at the National Art Gallery and the Galleries of New South Wales and Victoria.

She was latterly studying South East Asian art at the Art Gallery of New South Wales. Her enthusiasm for art linked with being an avid traveller and took her to many places. She went to Le Hague for the Veemyer retrospective, London for a Cézanne exhibition, Paris for a Corot retrospective and twice to the United States to pursue her art interests.

In 1998 Betty went with a small group to New York to both the Old and New Guggenheim Galleries for the respective ancient and modern Chinese art, to Los Angeles to the Paul Getty Museum and in October 1998 she travelled to Iran for a 'Persepolis to the Silk Road' journey through Iran's diverse culture, architecture, landscape, food and people. An enthusiastic traveller so it was that Betty had been able to enjoy Angkor Wat on the day of her death.

Betty married Commander Haddon Spurgeon in January 1977 and together they enjoyed producing honey and protea on a coastal property at Conjola out from Canberra. They sailed in the Tonga and Samoan Islands, Greek Islands, enjoyed travel, music, sport and complemented one another in their wonderful hospitality and generosity to a very wide network of friends.

Betty's funeral service took place in Canberra on 24 November 1999. Our condolences are extended to Betty's beloved husband, Haddon, in his sad loss.

LORRAINE PRICE

Letters

The Hon J.H. Day B Sc., B.DSc, MLA
Minister for Health

Dear Minister

Members of the Australian Association of Social Workers (WA Branch) are concerned at the recent reports in the media which indicate local Child Health Services are under threat of closure or devolution. We also have reports that Child Development Centres focused on prevention and early intervention are also under threat of closure or having their services reduced.

We are aware of the importance of all these services to children and their families which in many cases provide interventions that prevent major health and social problems for these children and the community in the future. In these programs parents are supported in their essential role of helping children become healthy participants in the society. The importance of the pre-school years in the development of children's learning and long-term social development is well documented and is supported by current research. One such recent extremely detailed report is the *Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia* published by the Commonwealth Attorney-General's Department.

The AASW would be interested in knowing both the medium and long term plans for Child Health Services and Child Development Services both in the metropolitan area and on a state-wide basis

Our members are anxious to know, should there be changes, how your Department will ensure that the needs of families and young children with developmental and emotional difficulties are met.

We would appreciate being able to inform our members of your response.

Yours sincerely

Dr Barbara Meddin
Branch President

cc Ms Sheila McHale, Shadow Minister for Health
Mr Alan Bansemer, Commissioner for Health
Hon. Ian McCall, Chairman, Metropolitan Health Service Board
9th November 1999

Dr Barbara Meddin
Branch President

Dear Barbara

Thank you for a copy of your letter to the Minister for Health, John Day about possible child health closures. I have raised this matter on several occasions in Parliament and believe John Day did a back flip on the State Child Development Centre.

I would appreciate receiving copies of the Minister's response.

Yours sincerely

Sheila McHale MLA
Shadow Minister for Health
15th November 1999

Dr Barbara Meddin
Branch President

Dear Dr Meddin

Thank you for your letter of 9 November 1999 advising me of the interest of your Association as outlined in your letter.

With regard to recent reports in the media, no final decision has been made about the future location of Child Health Centres in the City of Stirling. You may be aware that whilst the provision of services at Child Health Centres is the responsibility of health services, the provision and maintenance of facilities is the responsibility of local government.

With respect to the State Child Development Centre I can assure you that the Metropolitan Health Service will continue to provide services from the existing location until more appropriate facilities have been identified.

I strongly support all initiatives such as those outlined in the Pathways to Prevention, our Safer WA initiatives, and our own recently launched report: "Child Behaviour Problems", published by the Interagency Committee on Children's Futures.

Following the Interagency Committee's report, there is extensive planning and new policy initiatives under way to ensure that Western Australian children get the best start in life and that families and the needs of young children with developmental but also social and emotional problems are supported and met.

Thank you for writing to me on this important issue.

Yours sincerely

John Day
Minister for Health
20th December 1999

Focus 2001 NATIONAL CONFERENCE THEME

Your Ideas Are Welcome

The recently formed National Conference Committee has the task of selecting the theme for the next National Conference to be held in Melbourne in 2001.

Due to time constraints the theme has to be decided upon very soon and unfortunately, it will not be possible to consult widely with the membership.

The two WA Branch members on this National Committee (Brian Wooller and Marian Maughan) are calling for ideas from Western Australian members.

A focus meeting will be held to discuss suggestions. If you are unable to attend the meeting but would like to contribute any opinions, please call or fax Brian or Marian.

Focus Meeting

Date: Wednesday, 9th February 2000

Time: 4.00 pm

**Venue: City West Lotteries House
2 Delhi Street, West Perth**

Contact:

**Marian Maughan, Phone: 9330 2585, Fax: 9317
3891 or Brian Wooller: Phone: 9400 6500,
Fax 9300 3845**

Family types and the careers of foster families Who stays and who leaves?

This brief note outlines an Australian Research Council (ARC) Strategic Partnership with Industry – Research and Training (SPIRT) funded project that will commence early in 2000. The project that is based at Wanslea Family Services is titled – ‘Family types and the careers of foster families: Who stays and who leaves?’

This project will examine a sample of foster care families to identify the influences that determine why some foster care families continue to act as foster carers, stayers, while others, leavers, cease to perform this role. Underlying this study is the concept of foster family resistance and resiliency, problem solving and coping abilities.

The study aims to conceptually advance our understanding of the process of recruitment, assessment, selection and retention of foster carers. This outcome should enable foster care agencies to reduce the throughput of foster carers and help to maximise the stability and continuity of care for children in foster care.

This award of a competitive ARC-SPIRT research grant for the study of foster care in Western Australia represent a major success for the research team. The team consists of Sue Ash and Pauline Dixon at Wanslea Family Services and Dr Frank Ainsworth and Adele Summers at Edith Cowan University.

Sue Ash, Director, Wanslea Family Services and Frank Ainsworth, Research Scholar and Lecturer, School of Community Services and Social Sciences, Edith Cowan University.

ALCOHOL & DRUG MISUSE: HALF-DAY FORUM

Presented by Peter Moss and Prakash Menon

Wednesday 16 February 2000

8.45 am to 1.00 pm

City West Lotteries House

Registrations for this forum close Monday 7th February.

For further details or to obtain a registration form contact Liz Retamal on 9443 2934 (during business hours).

2000 SOCIAL WORK AWARDS FOR EXCELLENCE ITS NOMINATION TIME AGAIN!

Nominations are now being called for the Social Work Awards for Excellence 2000.

A nomination form was included in the December 1999 Newsletter but if you missed this or would like additional forms, these can be obtained from Liz Retamal, Branch Executive Officer on 9420 7240.

This year, the awards will again be combined with the Student Awards. However, the date of the presentation night has been moved so that it coincides with Social Work Day, 17th May 2000. This has allowed for the closing date for nominations to be extended by one month to 31 March 2000.

The awards are an important way in which the Branch acknowledges excellence in the practice of members. They also highlight the importance the Association places on social work values, ethics and the maintenance of standards in professional practice.

These core elements have been an integral part of the work of award winners in the inaugural (1998) and second (1999) year of the awards, highlighted by the wide range of ways and contexts in which they carry out this work and the very real challenges to be met. Award winners in each of these years were:

1998

- Brian Wooller Leadership
- Jan Roberts Professional Practice and Pioneering/Innovation
- Steve Edwards Pioneering/Innovation
- Greg Swensen Pioneering/Innovation
- Warwick Smith Management and Pioneering/Innovation
- Pauline Meemeduma Professional Practice

1999

- Maureen Jewell Leadership
- Deborah Brill Research
- Diane Fergusson-Stewart Management

Is there a social worker whose practice you believe exemplifies excellence?

If so, consider nominating them for an award. If you have any queries about the awards, Virginia Scott (Vice President, Ethics and Professional Practice) would be pleased to assist, telephone 9450 2833.

The awards not only recognise excellence in the practice of individual social workers, they also reflect the benchmark which we set as a profession for our standards of practice.

CPE Events

Crime in the Professions

Australian Institute of Criminology

21-22 February 2000

University of Melbourne

Contact: Conference Co-ordinators, PO Box 139, Calwell ACT 2905

Ph: (02) 6292 9000 Fax: (02) 6292 9002

Email: Conference@netinfo.com.au

Share the Care

Carers 2000 Conference

29-31 March 2000, Brisbane

Contact: Conference Solutions, PO Box 238, Deakin West, ACT 2600

Ph: 02 6285 3000, Fax: 02 6285 3001

Suicide Prevention – Everybody's Business

7th National Conference Suicide Prevention Australia

1-3 April 2000

Melbourne Convention Centre

Contact: The Conference Secretariat, Suicide Prevention Australia, PO Box K998, Haymarket NSW 2000

Ph: (02) 9211 1788, Fax: (02) 9211 0392

Website: <http://AusEinet.flinders.edu.au>

Creativity and Development: Services for the Future

The Mental Health Services (TheMHS) 10th Annual Conference

29-31 August 2000

Adelaide Convention Centre

Contact: PO Box 192, Balmainm NSW 2041

Ph: (02) 9926 6057, Fax: (02) 9926 7078

Email: enquiries@themhs.org

Canadian Association of Social Workers World Conference

29 July – 2 August 2000

Promoting Equitable Societies in the Global Economy: Social Work in the 21st Century

Montreal, Canada

Contact: CASW, Ph: (1) 613 729 6668, Fax: (1) 613 729 9608

Email: casw@caswActs.ca

National Respite Conference – Respite: Choosing with Confidence

11-13 October 2000

Sheraton Perth Hotel

Contact: Ph: (08) 9332 2900, Fax: (08) 9332 2911

Email: promaco@promaco.com.au

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In 1983, upon the release of her son from prison, she decided to leave South Africa to move to a place where she could fight apartheid and cry ‘freedom’ without the fear of being oppressed. 15 years ago she arrived in Perth. One week later she attended a meeting of CARE, the Campaign Against Racial Exploitation.

In the ten years since then she has been in the forefront of anti-apartheid activities. She has represented Australia at the United Nations conference in Tokyo and at the inauguration of Nelson Mandela as President in 1994. She has participated in Sorry Day, the Sea of Hands, the Anti-Nuclear Movement, the Peace Committee, the Action against Racism, CARE, WAVES and the Communist Party of Australia.

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