

REFUGEES AND ASYLUM SEEKERS

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> Christine Craik National President
> Australian Association of Social Workers

 **KIDS OFF NAURU**



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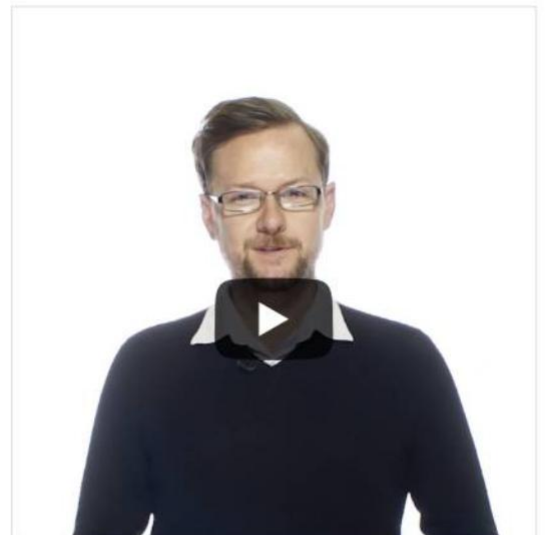


SWOT is the AASW's online professional development platform. It provides online access to an array of content for social workers and other allied health professionals.

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Over the last three months, new exclusive content has been released through the AASW's Empowering Excellence program.

- The program is delivered by respected content experts and academics, and has a strong Mental Health focus
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- The series includes topics aligned with Focussed Psychological Strategies (a CPD requirement under Medicare for Accredited Mental Health Social Workers)
- Other topics include working under the NDIS, social work and leadership and culturally-sensitive practice with Aboriginal communities.



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Social Work Focus

ISSN 2209-0045 (PRINT) | ISSN 2209-0053 (ONLINE)

Published quarterly, *Social Work Focus* belongs to the membership of the Australian Association of Social Workers. We welcome interesting articles relating to social work practice and research. We also accept paid advertisements and industry news.

Guidelines

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NEXT EDITION

Contributions for the Autumn 2019 issue will be accepted until 11 March. The theme is **Family Support and Family Violence**.

AASW members whose articles are published in *Social Work Focus* can claim time spent to research and prepare them towards CPD requirements, specifically Category 3. We accept up to 10 articles in line with each issue's social work theme.

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ACKNOWLEDGEMENT OF COUNTRY

The AASW respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians, and pays its respects to Elders past and present.

Join us on social media:



Let's put the pressure on

We still have refugees and asylum seekers in offshore detention

Welcome to the Spring/Summer edition of *Social Work Focus*. The children and families have started to come off Nauru, but we are not done yet.

I am heartened by how many members contributed to this edition of *Social Work Focus* – this shows that the way in which refugees and asylum seekers are treated in Australia is of great concern to members and, hopefully, the wider electorate. I hope the inspiration of these news and practice articles spur all our members to action.

Welcome to this edition of *Social Work Focus* – where our 'focus' is on refugee and asylum seeker issues. Sitting down to write this could not be more timely. I spent one of my lunch breaks this week at the Academics for Refugees National Day of Action and yesterday received a reply from the Prime Minister's office to a letter I wrote (on the day he became PM) on behalf of the AASW, asking for an end to the off-shore detention policy.

Just to be clear, the response advised me that this was not the PM's remit, this issue actually falls under the responsibility of the Minister for Immigration, Citizenship and Multicultural Affairs, the Hon. David Coleman MP...more on that later.

Reports in the media over the last week have reminded us of the harmful consequences of never-ending detention and loss of all hope for those detained offshore. It has reminded us that, at the time of writing, we still have 1400 refugees and asylum seekers on Manus and Nauru islands and that many of these are young children. We also heard that half of the deaths that have occurred in the offshore detention

centres have been by suicide, with many young children self-harming. Mental health services have been stopped and Médecins Sans Frontières doctors have been ordered off Nauru.

The UNHCR's spokesperson has again called upon the Australian Government to uphold its responsibilities under international law for those who seek our protection. She reminded the government that they owe a clear duty of care for these people and that this is not being honoured.

Social workers and the AASW have played an active role in the campaign to 'bring them here' and to put an end to the offshore detention policy. We have worked with refugees and asylum seekers both within Australia and offshore and we have been part of political actions across Australia. I worked for many years with refugees and asylum seekers and also have the privilege of being an ambassador for the 'Kids off Nauru' campaign on behalf of the AASW.

Thank you and well done to those who continue to work in this space. I know that one of the largest contributors to burnout for social workers is dealing with the effects of systemic and bureaucratic abuse that arise from inhumane policies such as the offshore detention policy. To have successive governments doing this, and to know that many in our society are not bothered by this, can be soul destroying. It has been a long campaign,

and I sense that some change in this policy is at last on the horizon.

It won't end when we finally get everyone off Nauru and Manus, of course – just that part will be over. Many social workers will continue to work with refugees and asylum seekers whose trauma has been complicated and compounded by their reception in Australia, and we all have our part to play in combating our national racism that is being fuelled by ignorance, fear and stupidity. It is hard and unrelenting work, but to quote Arundhati Roy,

The trouble is that once you see it, you can't un-see it. And once you've seen it, keeping quiet, saying nothing, becomes as political an act as speaking out. There's no innocence. Either way, you're accountable.

So, keep up the pressure. Read these articles for inspiration, and send your thoughts on the matter to David Coleman – he is the minister responsible. His email contacts are David.coleman.mp@aph.gov.au or minister@homesaffairs.gov.au



CHRISTINE CRAIK
AASW National President

Celebrating the year's achievements



CINDY SMITH

Chief Executive Officer

The Association has had a productive 2018, with several new initiatives for the benefit of members, including new content on the 'Empowering Excellence' program, 'Your Distinction' credentials and our biggest leap yet toward achieving social work registration.

The National Board and Branch elections have concluded, and we welcome the election of Vittorio Cintio (National Vice President), Brooke Kooymans (Director) and the re-election of Jenny Rose (Director), to the Board.

This year has seen the re-election of David Keegan (NSW), Michael Berry (WA), Kate Soulsby (ACT) and Ross Murray (Nth QLD) as Branch Management Committee (BMC) Presidents. Incoming BMC Presidents are Ellen Beaumont (QLD), Alex Bhathal (Vic.), Jacqui Russell (Tas.), Patricia Muncey (SA) and Emma Wooldridge (NT). Welcome everyone and I look forward to working with you into the future.

In November, the Western Australian Branch hosted our Symposium *Trauma Informed Care: Structuring Recovery and Creating Healing*. The Symposium was organised and facilitated by a team led by Michael Berry, Branch President, and AASW WA staff and supported by members of the Western Australian Branch.

It was a wonderful example of the quality of CPD events that the Association delivers right around Australia. More than 160 guests attended to hear keynote speakers including Dr Alicia Boccellari, Dr Ann O'Neill and AASW National President Christine Craik, before attending sessions covering a broad range of topics led by industry experts.

I'm pleased that during the year we have been able to launch two new member initiatives. 'Your Distinction', introduces new social work credentials

including Family Violence, Clinical, Disability and Child Protection, in addition to existing [Accredited Social Worker](#) and [Accredited Mental Health Social Worker](#) credentials.

During 2017-18 our CPD activities engaged with more than 3,800 participants and this year the program has been further enhanced with the launch of the 'Empowering Excellence' Social Work Online Training (SWOT) program.

The new content, which has been developed and delivered by leading subject experts across the sector, includes a strong mental health practice focus. A range of clinical and therapeutic approaches are covered, relevant to both early careers, and more experienced social workers and for Accredited Mental Health Social Workers, the series also covers topics aligned with Focussed Psychological Strategies, a CPD requirement under Medicare.

On 5 September, I, along with South Australian Branch members, attended the Hon. Tammy Franks's introduction of the [Social Workers Registration Bill](#) to the South Australian Legislative Council. This is a great step forward working towards a national social worker registration scheme; there has been a long campaign over decades from members and the Association advocating for social work registration.

National Director Anita Phillips, who leads the AASW National Registration Taskforce was interviewed on ABC Radio Breakfast Adelaide, which aired the following day. We have published a [webpage](#) especially

for the South Australian campaign, where you can view the footage of Ms Franks introducing the Bill to the Legislative Council.

This edition of *Social Work Focus* highlights the important contribution of the profession to the lives of refugees and asylum seekers in Australia. In the face of significant human rights violations, social workers play an important role in making sure that every individual is afforded these basic and universal rights, including the right to safety and security. In our commitment to social justice, we see the daily impacts of discriminatory policies that punish people for escaping persecution and exercising their right to seek asylum.

Consecutive Australian governments have ignored our international human rights obligations, further traumatising children and families and significantly impacting Australia's international standing. The AASW has played an important role in advocating for a more humanitarian and compassionate approach.

Over a number of years, and in line with the AASW core values and strategic plan, we have strongly advocated for rights of people seeking asylum and social workers working in this field. We have achieved this through several submissions, meeting with ministers, media releases and direct action through protests. You can learn more about our significant work in this space on our website.

The one action that stands out for me was in relation to the Secrecy Provisions of the Border Force Act,

which threatened social workers with imprisonment for disclosing the horrible conditions in offshore detention. The inability to act on concerns of abuse was not only in breach of our Code of Ethics, but Australian law that mandates workers to report. The AASW engaged in continuous advocacy with the support of affected members and partnering with other key groups, calling for an immediate end to these draconian laws. After some months, the government responded and removed the provisions. This was an example of the important role of civil society groups, such as the AASW, in holding the government accountable.

The AASW has also engaged in international advocacy through the International Federation of Social Workers at the United Nations. AASW staff have raised the treatment of asylum seekers at UN forums, calling for immediate action and greater pressure.

The Association also wrote to the UN's Human Rights Council stating our opposition to Australia's membership. Given the importance of the Human Rights Council and its leadership role, its membership must be made up of countries with a commitment and proven track record of protecting human rights. As an association, we work towards fulfilling our strategic objectives by focusing on all levels of policy, local and international.

In the last few months our advocacy efforts have focused on removing the children off Nauru. The AASW became an early partner in the Kids Off Nauru campaign, with National President Christine Craik becoming an ambassador. We encourage all members to get involved in whatever capacity they can. If you are interested in supporting the AASW's policy work please contact the policy team.

The AASW's work in this space will continue until all people seeking asylum are treated with dignity and respect and in line with our international obligations.

The AASW stands #WITHREFUGEES

Immediate action must be taken

In Refugee Week in June this year, the AASW called for immediate action from both major parties to address Australia's horrific treatment of asylum seekers.

Australia has an important history of protecting human rights, but the government's current policy direction undermines this legacy. This year's theme for Refugee Week was #WithRefugees, and the AASW, and the social workers it represents, stand with asylum seekers and refugees, in demanding action by the government on their policies and approach to meeting the needs of refugees and asylum seekers.

AASW National President Christine Craik said, 'The treatment of asylum seekers, including children, in indefinite mandatory offshore detention constitutes significant human rights violations. As social workers, we see the consequences of these policies firsthand and they are having devastating impacts.'

'We have and will continue to advocate for a more humane approach, based on empathy and compassion.'

As well as the internationally condemned indefinite mandatory offshore detention policy, the Australian Government earlier this year also removed income support from asylum seekers on bridging visas, including those who were students studying English. At the same time, the government also decided to revive an English test for new migrants.

Ms Craik said, 'This move ultimately disempowers asylum seekers to integrate into Australian society, by forcing desperation and poverty onto already vulnerable people. Social workers are providing pro bono services to asylum seekers to address the sudden removal of income support.'

Australia is on the UN Human Rights Council, despite numerous UN reports arguing that Australia's policies are tantamount to torture. Given the importance of the Human Rights Council and its leadership role, its membership must be made up of countries with a commitment and proven track record of protecting human rights.

Ms Craik said, 'Sadly, Australia currently does not meet this standard.'

'With a federal election next year, this must become a central issue. The election is an important time for both sides of politics to show moral leadership, honour our legacy of compassion and not pander to the politics of fear and racism. The Australian public must show that xenophobic and racist policies will not win their votes. We call on Australians to speak to their local members and candidates about the human rights abuses of asylum seekers in Australia. Let's stand with refugees, in accordance with this year's theme.'

'As social workers, we will continue to advocate against human rights violations and look forward to the day when the Australian Government stops exploiting the public's fear, misconceptions and prejudices against asylum seekers and refugees for political gain, and becomes a global leader for human rights.'



AASW media round-up



The Association has made several announcements over the last few months. Here is a selection of them.

5 September 2018 – Bill to register social workers in South Australia

Steps are being taken to formally register qualified social workers in South Australia, following numerous government reports and coroner's reports, and input from the Association, with the introduction of a private member's bill to South Australia's upper house today.

AASW National President Christine Craik said, 'This is an historic day for the protection of the most vulnerable people in society, especially children, which is significant given that this week is National Child Protection Week.

'We have campaigned for years for the registration of social workers in Australia. The purpose of social work registration and regulation is to protect the public from unprofessional practice.

'Regulation will mean that for social workers to gain registration, they will need to have a recognised qualification and be accountable to a Code of Ethics.

'This is especially important for professionals who are doing complex and highly skilled work with very vulnerable people.

'The introduction of today's legislation is a welcome development and a step towards social workers being registered across the country. When implemented well, it will go a long way towards public confidence in the skills and accountability of Australian social workers.

'Comparable countries such as the UK, USA, New Zealand, Ireland and Canada have long recognised the complexity of social work and have regulatory schemes for social workers. This move is one in the right direction.'

AASW CEO Cindy Smith attended the [tabling of the Bill](#) by the Hon. Tammy Franks MLC into the South Australian

upper house on 5 September, which will make provision for the registration of social workers and establish a Social Workers Registration Board.

Ms Smith said, 'We look forward to continuing to work with Ms Franks, the South Australian Government and all parliamentarians towards progressing this Bill. I think we can all agree the safety of the public, especially vulnerable children, is paramount.'

10 October 2018 – World Mental Health Day

World Mental Health Day on 10 October was an opportunity to renew our commitment to increasing awareness, reducing stigma and challenging structural issues surrounding mental health disparities within our communities, the Association's National President Christine Craik said.

'With one in five Australians experiencing mental health issues, days like today are important to challenge how people understand mental health, including negative assumptions and stereotypes. Social workers see firsthand the resilience and courage of individuals and families impacted by mental health issues, and the effects that misconceptions can have on the lives of so many.

'This is an issue that touches individuals, families and communities, highlighting the need for a society-wide response,' she said.

'One of the reasons we have so many mental health issues in our society is that lack of recognition of the damage done to individuals and families by poverty, family violence, lack of affordable housing, and a lack of resourcing in education, especially for support within education for young people developing mental health issues as a result of these other issues.

'Until these larger structural issues are addressed, we will continue to have poorer outcomes around mental health and wellbeing. It is also important to remember that behind those statistics are individuals, families and young people in crisis,' Ms Craik said. 'While the causes of mental health issues are numerous, what we do know is that central to positive wellbeing is a strong social support network, including friends, family and an understanding community.

'Furthermore, we are concerned about reports that so-called "conversion therapy" is on the rise in Australia. Giving weight to archaic practices does nothing to reduce shame, discrimination, and isolation, in fact it further marginalises young LGBTIQ+ people, putting them at increased risk of suicide. We welcome the recent motion by the Federal Senate to ban "conversion therapy" and hope this results in concrete outcomes.'

25 October 2018 – Decriminalisation of abortion in Queensland

The AASW commended the historic decriminalisation of abortion in Queensland, which took place in October this year.

Social work is founded on the principles of social justice, human rights and professional integrity. Women's access to reproductive health services, including abortion, cannot be separated from fundamental human rights and social justice.

AASW Queensland Branch President Dr Fotina Hardy said, 'Queensland's passing of the Termination of Pregnancy Bill marks an important step forward in protecting a woman's right over her reproductive health.



Annual Report
2017–2018



AASW Annual Report 2017–2018

The AASW Annual Report was tabled at the 2018 Annual General Meeting held in Perth.

Highlights of the Association's work during the first year of the current Strategic Plan included:

- Reaching an all-time high of more than 11,000 members and nine per cent membership growth
- Progress made in the advocacy for social work registration
- Advancing Aboriginal and Torres Strait Islander social work
- Conducting the Member Needs and Satisfaction Survey to further develop services for members
- Developing the Your Distinction credentialing program
- Launching the Empowering Excellence online content
- Holding World Social Work Day celebrations across Australia, with the theme of 'Promoting community and environmental sustainability'.
- Hosting International Federation of Social Workers' Secretary-General Rory Truell for a workshop in Melbourne, available by webinar to all members
- Advocating for Accredited Mental Health Social Workers' access to provide therapy via telehealth and improved recognition in the Better Access initiative and private health funds.

The report also outlines the core work undertaken by the Association to promote the profession of social work, advance social justice, uphold standards and build capacity of members. This includes the provision of several awards of recognition for outstanding social workers, the maintaining of standards, including with higher education providers and assessing international qualifications, social policy submissions, media releases and AASW communications, the provision of continuing professional development workshops and events across the country and supporting practice groups – to name a few of the many great services and activities the Association provides to and on behalf of members.

AASW National President Christine Craik said, 'We made significant progress this year, my first year as National President, and achieved many successes for our members, which has been aided by a significant investment in technology infrastructure to enable more efficient and more broadly accessible services to members, particularly for those in rural and remote locations and to ensure a more efficiently-run Association.'

[You can read the Annual Report 2017-2018 on the website.](#)

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'We cannot however, become complacent. Now is the time to make sure that abortion services are accessible to women across Queensland. We know rural and remote Queensland women have more difficulty and greater expense in accessing terminations. Therapeutic support services should also be available for women before and after a termination of pregnancy, should they choose to access them.'

'The decriminalisation of abortion in Queensland has been a long time coming and is a huge victory for human rights and gender equity.'

Criminalisation of abortion in Queensland meant that women were denied appropriate access to their reproductive rights. In particular, it disadvantaged women experiencing poverty and homelessness, young women, women dealing with family violence, women with a disability, sexual assault survivors, women in rural and remote locations and women from non-English speaking backgrounds.

AASW National President Christine Craik said, 'These are the very people and issues that social workers work with, day in, day out. The criminalisation of abortion in Queensland was an added burden for women who were already dealing with family violence and sexual abuse or other challenging circumstances.'

'There is a strong link between family violence, unplanned pregnancy and the ability to access contraception and termination. [Marie Stopes Australia's white paper](#) published recently shows that reproductive coercion plays a larger role in family violence tactics than previously thought. There is no doubt that the criminalisation of abortion worked against women.'

'The new Queensland legislation puts abortion where it should properly be – in a separate Act that deals with it as a health issue. Making terminations accessible for women where and when they need it, particularly in the less populated areas of Australia is another issue governments need to address, but this was certainly a welcome step.'

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Social work and the Sustainable Development Goals

In line with the AASW's Strategic Plan and commitment to international social work, the policy team is continuing to work with the International Federation of Social Workers (IFSW) to represent the profession at the United Nations. This work allows us to advocate for social justice and human rights at the highest levels of policy, in striving for a more equitable and sustainable world.

In July 2018, AASW Policy and Advocacy Officer, Dr Sebastian Cordoba represented the social work profession as an IFSW delegate at the United Nations' High Level Political Forum on Sustainable Development (HLPF) in New York.

Dr Cordoba strongly advocated for greater government action and highlighted the pivotal role that social workers have if we are to achieve the Sustainable Development Goals (SDGs). The HLPF is an annual event where member states and non-government organisations meet to review the 2030 Agenda for Sustainable Development and the SDGs. This year's theme focused on 'Transformation towards sustainable and resilient societies'.

The SDGs are a commitment from all UN member states to end poverty, protect the planet and ensure peace, justice and equality. The 17 goals build

on the successes of the Millennium Development Goals, while including new areas such as climate change, economic inequality, innovation, sustainable consumption, peace and justice.

The goals are interconnected requiring systemic and structural approach, something social workers can appreciate. Australia continues to fare poorly in meeting the goals, ranked 37th in the world down from 26th in 2017. This is mainly in relation inequality and climate action.

The forum reaffirmed our collective concerns about the future of the planet as it is beyond dispute that without significant action and investment we will not meet the goals by 2030. The impacts for not achieving the goals will be catastrophic, highlighting the urgency.

The forum emphasised the important role that the non-government sector and social workers all over the



world have in not just contributing meaningful action to the targets but also holding governments accountable for their inaction. To achieve the goals social workers are needed now more than ever.

Social workers work with communities who are hardest hit by climate change and play a central role in promoting sustainable and resilient societies. Social workers are on the front line of human rights protection and it is in our daily work that we ensure that every individual is free from discrimination, oppression and persecution. As a profession, continued advocacy is needed to make sure the Australian government makes serious commitments to meeting the goals and with an upcoming Federal election this is a pivotal time for action.

The UN forum was a stark reminder of how much work needs to be done, but also how well placed the social work profession is to advocate for a more sustainable world.

[Learn more](#) about the work of the AASW in relation to the UN and the SDGs, including our recent submission and how you can get involved.



Scholarship boost for father of five

Life is busy for Aboriginal social work student Craig Wright, who juggles raising his family with study, work and coaching his son's football and basketball teams, but it's about to get a little bit easier, thanks to a scholarship win.

Nyoongar man Craig Wright is the recipient of the 2018 Edith Cowan University (ECU) Vice-Chancellor's Aboriginal and/or Torres Strait Islander Scholarship, worth \$2,500 per semester until the completion of his degree.

He is currently enrolled in his third year of a Bachelor of Social Work at ECU's South West Campus in Bunbury. As part of the degree, he has commenced his first practicum placement at the Palmerston Therapeutic Community in Brunswick Junction.

'The scholarship will help me in many ways, but mostly with financial support during my practicum placements', Craig says. 'I combine study with working part-time. As part of my course I undertake two unpaid placements of 500 hours each, so the financial boost from the scholarship will come in very handy.'

Change of direction

Craig was working in the mining industry prior to deciding on a change of career.

'I wasn't sure what I wanted to do exactly, except I knew I enjoyed helping people. I started looking into training that would help me move into a human services or community services role. After spending 12 months at TAFE, I decided to enrol in a Bachelor of Social Work at ECU.'

'When I complete my degree I hope to work within the mental health area, however social workers can work across many fields, so I know I won't be limited,' Craig says.

Because of Her, We Can! - 2018 NAIDOC theme

Craig explained how the women in his life are helping him to achieve his dreams.

'My wife Gina is the most influential woman in my life. Without her support I couldn't study. She is without a doubt the hardest working person I know.'

'And my mother has also been very influential. She instilled a belief in us as kids that we could achieve anything in



life, as long as we were prepared to work for it,' he says.

Craig Wright was officially awarded the ECU Vice-Chancellor's Aboriginal and/or Torres Strait Islander Scholarship on 2 July as part of ECU's NAIDOC celebrations.

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Hope and resilience for newly arrived refugees

Nina Azam was nominated for Australian of the Year for voluntary social work with newly arrived refugees. She is a proud Accredited Mental Health Social Worker in private practice.

Nina Azam was honoured to be nominated for New South Wales Australian of the Year in 2017 for her pro-bono National Disability Insurance Scheme (NDIS) and community volunteering as the only qualified Arabic-speaking AMHSW in the Illawarra. She works in trauma and mental health in the Muslim community.

Nina created 'Illawarra Peace, Coffee and Conversations', a community social engagement event that received local media coverage in which it was nicknamed 'speed date a Muslim'. More than 80 people attended because of newspaper coverage and ABC radio interviews she did to demystify fear of 'the Muslim other'.

She has volunteered in establishing Sisters Cancer Support group and Illawarra People for Peace interfaith group, and served on the ABC advisory Council. As a result of Nina's work with patients who were newly arrived refugees at Russell Vale Family Medical and Acupuncture Practice delivering a weight-loss program, the practice received a small six-month innovation grant from Illawarra Shoalhaven Health Care Homes-PHN co-ordinate to fund the 'Self Care for Refugee Trauma to Self-actualise'. She created the project after identifying a systems

gap in services to this vulnerable population group.

The project funding allowed Nina to employ one part-time male exercise physiologist and a part-time female Arabic teacher as assistants. The project involves the provision of bilingual outreach counselling (150 hours total: eight individual or family sessions to 15 people); weekly gender-specific beach walks (30 hours); and 15 hours of monthly group psycho-education sessions on managing trauma symptoms, six domains of self-care and emotional self-regulation skills; family relationships and communication; mindfulness and relaxation; structured problem-solving skills and conflict resolution skills, and exercise for stress management.

As a result of each monthly session with the group participants, she has produced 90 original bilingual 'Hope and Resilience' cards, which will be professionally published and can be used for therapy with other groups. The project is transferable to other types of trauma with each group developing their own set of cards meaningful to them.

Nina refers to the cards as her 'Chinese lanterns' because they have the capacity



to promote Australia's multiculturalism and create a sense of belonging if placed in public places or in the media at the start of and during Ramadan. Over 80 per cent of the cards reflect universal human values whereas the remainder represent the Islamic faith of the participants, a crucial part of their identity and a strong protective factor helping them develop resilience.

There were noticeable mental health improvements in the social connection and wellbeing of participants: two participants even stopped smoking and several families still walk together. The images on the cards are chosen by participants and all represent images of Syria before the war, images of nature, hope, understanding and resilience.

One of the biggest challenges was the escalation of ongoing war atrocities that impact on participants' re-traumatisation and sense of safety, particularly if there is no continuity of care and participants need to repeat their history with worker after worker. She recently presented at the Metropolis International Conference highlighting the importance and need for improved collaboration between stakeholders for optimal settlement outcomes; reduced duplication and costs and integration of health services.

Nina created a new non-profit company last year to access grants for much needed community development psychosocial initiatives in the Muslim community around social inclusion, addressing Islamophobia and radicalisation, and to build capacity. It's called Self Actualize Australia Ltd.

She firmly believes that the AASW has an important and proactive role in social justice and advocacy for minority groups because it directly impacts dignity, perceptions of safety and mental health for all Australians.



Addressing human trafficking: The Generation 414 story

Christine Teo is a social worker specialising in women's studies, mental health and trauma-informed care. She is also a human rights advocate passionate about abolishing injustice and advocating for social change.

Christine's social work skills and trauma-informed training makes her highly effective in engaging with the survivors of human trafficking. That, combined with her business degree, and years of experience as a corporate consultant, makes Generation 414 a sustainable social enterprise.

During a tour through south-east Asia one summer break in her first year of her social work masters, Christine was brutally confronted with the way the local women were treated with contempt by male tourists. At night, streets were lined with high-school-aged girls selling their bodies for cash. Christine was often approached by male tourists and mistaken to be a woman in prostitution during her visit, because of her Asian descent.

Christine was firstly infuriated by the situation but upon reflection, realised how fortunate she was to be able to leave that hopeless situation at the end of her summer holiday. It dawned on her that many were not as lucky. Christine knew the [statistics](#): currently there are 45.8 million people trapped in slavery around the world today. Trapped in brothels, factories, mines, homes and on street corners, they are hidden in the shadows with no voice, no future and no hope.

In response to this dismaying experience, Christine flew back to Australia to conduct some further research. She then spent a year travelling to various trafficking hotspots globally, across Asia, America and Europe working with anti-trafficking organisations to learn all she could about the issue.

She learnt that girls were often driven into the sex trade or sold to [human trafficking syndicates](#) due to extreme poverty. Less than one per cent are ever rescued and more than 50 per cent of rescued victims end up in the brothels again in less than two months, as they have no alternative ways of making a living to provide for their families.

Being Asian herself, she has resolved to be the voice for those whose voices cannot be heard. She is determined to help girls in Asia become financially independent. Her hope is to provide dignified employment and personal development opportunities to women who seek an alternative to the sex industry.

Christine gathered a few passionate like-minded friends, told them about her dream and together Generation 414 was born. Christine envisions that through Generation 414, consumers will become a generation that will make a stand against the exploitation of children and women.



Generation 414 is a social enterprise selling products handmade by survivors affected by human trafficking. Their purpose is to deliver two powerful outcomes: to operate as a social enterprise practising fair trade principles and ethical production work-flow, and supporting the abolishment of human trafficking. They envision the alleviation of poverty while simultaneously creating a global awareness around the issue of human trafficking and inviting its consumers to make a stand against this injustice.

Whether you are a student, a budding entrepreneur or a homemaker, Generation 414 believes that you can always make a difference by being a generation changer and an advocate. You can support this work by being part of an empowered team that empowers others and help raise awareness about human trafficking. You can purchase or promote the handmade items; each item has been made by a survivor and helps to secure holistic employment and freedom for women and children who have been exploited.

For more information visit www.generation414.com



Hand in glove

Justice at last for child protection hero

Denis Ryan is the heroic former cop, now 86-years-old, who in May 2018 finally received a confidential settlement from the Victorian Government, with the help of the advocacy of social worker Vern Knight AM.

They have both received Australian honours for their long and distinguished careers in child protection.

In his book *Unholy Trinity*, Denis Ryan describes being forced to leave Victoria Police in the early 1970s for uncovering evidence of sexual abuse of at least 12 children in Mildura. Denis then had to drop the investigation and he resigned. As a result, he was not entitled to a police pension. To make ends meet, he worked as a fruit packer and when he retired, he lived on the aged pension.

The Royal Commission into Institutional Responses to Child Sexual Abuse, which concluded in December 2017 after nearly five years, vindicated Ryan's initial findings in the 1970s. [Prime Minister Scott Morrison apologised to the victims on behalf of successive governments in Parliament on 23 October 2018.](#)

We asked Vernon Knight AM about how he used his advocacy as a social worker to help bring justice and compensation to the police officer who tried to stop these heinous crimes all those years ago. This is what he said.

I first knew of Denis when I was posted as a social worker to Mildura in 1979. He had left Victoria Police at that stage but there was no common knowledge about the reason. In fact, some interested parties tried to make sure that the wider community would never believe his claims in relation to the sexual abuse of children. That ignorance persisted for decades and it wasn't until the Royal Commission that there was full acknowledgement of what had been happening. Most of those involved were long dead at that stage.

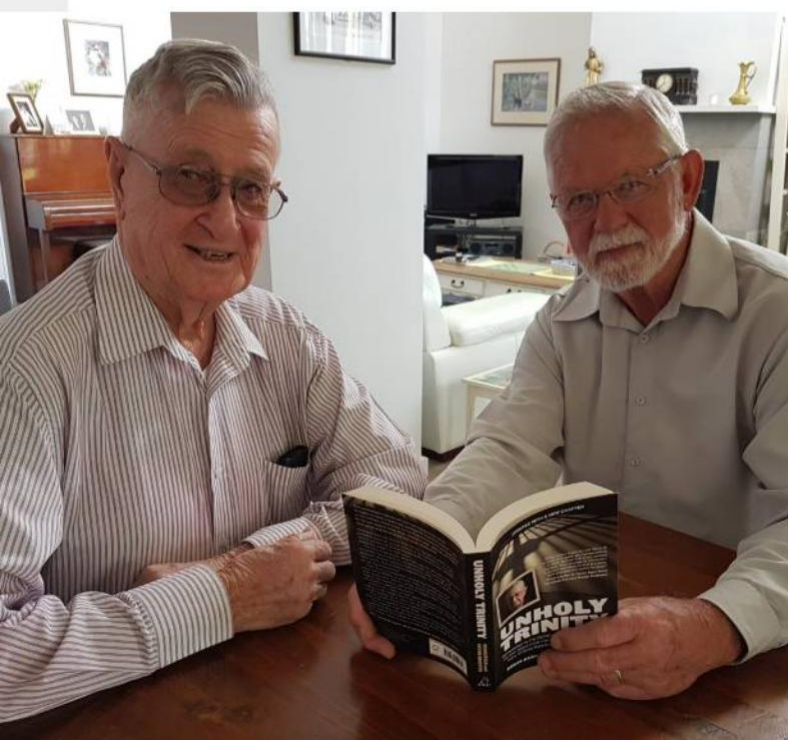
Anyway, Denis was doing other things and I guess I was aware of him on my arrival given that he was a Shire Councillor. He had established the Multicultural Advisory Council and he was a strong advocate for Mildura's most vulnerable. In reality, it was just one of the many connections one attempts to make when settling into a new community.

My close connection with Denis didn't occur until a few years ago. As Chair of the Mallee Branch of the Order of Australia, I was asked to develop his nomination for a 'gong' and I guess that's when I really got to understand what he had been through. That recognition came through in January 2018.

Denis was living a very private life. He was a widower with no money, residing in a small rented unit on an Aged Pension. While the initial assignment was to have him recognised, the goal quickly morphed into a quest for justice. His situation had been shunned for years and ignored by successive state governments and Police Commissioners. That's when the advocacy really started.

I tried various things but the game-changer was a petition to Premier Andrews signed by the members of our group, and a few other 'notables'. I backed that with a letter to the Minister for Families and Children Jenny Mikakos requesting her to also talk to the Premier. Jenny was the Minister who launched my book and she was clearly a kindred soul. I fear if it weren't for the Premier and Minister Mikakos, we'd still be campaigning!

Fortunately, my son Ben is a respected journalist at the ABC and he managed to open a few doors. That led to lots of publicity. Looking back, the piece that probably had the most impact was a statement I issued describing the treatment of Denis as a '****ing disgrace'. That was widely quoted and all of a sudden, social media got on board.



The Premier was very quick to respond and I have nothing but the highest regard for his intervention. I was then contacted by the Premier's Deputy Secretary who was equally brilliant in her desire to find a resolution and we swapped emails on a daily basis, leading to a face-to-face meeting Melbourne. That meeting confirmed that there would be compensation and I was asked to be the representative for Denis. While Denis is still very sharp, he is 86 and the Premier was concerned that Denis's interests were protected.

Calculating what was needed to compensate Denis was the easy bit. Denis simply wanted to live out his life with dignity so the quantum needed to provide him with a home of his own and enough in the bank to take a holiday or two and maybe dine out if he wished. That's all he ever asked for and there was no negotiation. The amount requested was never challenged and I was given the freedom to buy legal and financial advice as needed.

Once the agreement was finalised, the money was transferred within 24 hours. The whole experience has given me a new respect and regard for what a good premier and good bureaucrats can do!

The years have taken a toll, and as Denis says in his book *The Unholy Trinity*, 'it has cost me my career, my pension, my wife and my sanity'. That said, Denis is a survivor. He is a very learned man and we have enjoyed many conversations discussing the world's great literature.

I can't claim to have 'cured' any of Denis's vicarious trauma, but I have (and will continue to be) his friend. He will continue to live nearby and we visit regularly. Denis's book has recently been updated to include an extra chapter to include the events of the last 12 months. It's a book that should be compulsory reading for all social workers 'in training'!

In terms of my career highlights, I am very pleased to have been in a position to help Denis and more particularly, work to ensure that everything is done to avoid the sexual abuse of children. One only has to see how Denis's story has been picked up round the world to appreciate that this has put another spotlight on the scourge of child abuse. But overall, the thing that gives me the greatest satisfaction was my work in establishing a social work degree course in Mildura, leading to the establishment of a university campus. Much of that history is in my memoir, *Chances Matter*.

Vernon Knight AM completed his BSW and later trained as a youth worker. He is now retired after a distinguished social work career.

National Redress Scheme

Between August 2013 and March 2015, the AASW made five submissions to the Royal Commission into Institutional Responses to Child Sexual Abuse on a variety of topics, including: Preventing Abuse to Children In Out of Home Care and Child Safe Organisations. The AASW also submitted to the Senate Community Affairs Legislation Committee concerning the establishment of the Commonwealth Redress Scheme and participated in the expert reference group to establish the counselling and psychological services element of that scheme. The [Trauma Support website](#) was launched earlier this year. AASW National President Christine Craik said, 'The survivors of institutional childhood sexual abuse have waited for far too long for institutions to be accountable for the trauma that was caused and not addressed. We commend the government's apology and implementation of a redress scheme, as recommended by the Royal Commission.'

'The Royal Commission shows that there are links between sexual abuse, institutional structures that enabled abuse and the long-term vulnerability and disadvantage of the survivors. We know that this can often impact the life of a survivor in many ways, including their ability to trust, their ability to pursue an education and subsequent employment, and it can impact on their mental health.'

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Social work in a law firm

Trailblazing service approaches its 10th anniversary

After almost a decade, Slater and Gordon's pioneering social work service has supported more than 2,300 Australians, coming from a variety of backgrounds and facing a diverse range of issues.

When she arrived at Slater and Gordon in May 2009, National Manager of Social Work Services, Olga Gountras could never have dreamed the impact the free service – the first in a private Australian law firm – would have.

Olga says the team – which also includes Alexis Stonebridge (NSW), Maggie Poole (Queensland) and Lorraine Troy (Victoria) – has received referrals from 18 different areas of the law firm with two thirds (67 per cent) coming from its motor vehicle accident and workers' compensation practices. Other key areas include public liability, medical negligence, asbestos and superannuation disability insurance claims.

'We really did have to start from scratch in the beginning,' Olga says. 'For the first two years, the service was based solely in Victoria. However, we quickly realised that the service was crucial for the law firm's clients because for many, it wasn't just legal support they needed, often their whole lives were in disarray and that's where we can help.'

Olga says financial distress represents 34 per cent of referrals, 20 per cent are referred due to emotional distress, grief and mental health issues, 17 per cent express suicidal ideation or intent and 14 per cent have issues accessing treatment or support services.

The service has continued to expand over the years and is now national, available to all personal injury clients. Each year more than 300 people from across Australia benefit from the service. 'We help more people and in more parts of the country every year and, regardless of location, the types of issues experienced are common to all,' Olga says.

'We see the impact of pre-existing and continuing health and mental health issues; the expectations of recovery; social factors, including complex social situations, and, the experience of the claims process as a whole.

'After nearly 10 years, the social work service is embedded in the law firm because the organisation has seen the benefit of our support on both clients and the lawyers. It leads to a more timely resolution of claims and enables improved legal and wellbeing outcomes for clients and their families.'



Slater and Gordon provide the only social work service of its kind in a private law firm in Australia.

Olga was a finalist in this year's Lawyer's Weekly Australian Law Awards for the category of Legal Support Professional of the Year. Olga and her social work team colleague, Alexis Stonebridge (above), attended the awards, which were held in Sydney on 31 August. Alexis is the NSW/ACT Manager of Social Work Services at Slater and Gordon.

Olga describes the innovative service she developed at Slater and Gordon

As the Slater and Gordon service is free to clients and their families, it gave me the freedom to develop a service model that allows us to address any issues of concern clients raise with their lawyers. In practice, we are only limited by our own social work knowledge and skills and work load capacities.

Our service focuses on the psychosocial needs and wellbeing of Slater and Gordon clients and, where appropriate, their family or significant others. Our service aims to:

- reduce or eliminate the negative emotional and social factors that have arisen as a direct result of the client's injury or illness
- reduce or eliminate the pre-existing psychosocial factors that interfere with the individual's ability to participate in the legal process.

Where social work and the law meet

When I first started at Slater and Gordon, I realised I had knowledge gaps in legal issues, as did many other social workers. We also focus on raising social workers' awareness of the legal issues that impact on social work practice via:

- Free education about different areas of law
- *Social Work + the Law* newsletter
- Development of legal glossaries
- Articles and conference presentations
- Provision of an access point for social workers to use legal professionals as a resource regarding their practice issues or queries on behalf of their clients.

Vale

Elizabeth Cliffe (née Ward) 1916–2018

Elizabeth Ward became a Life Member of the AASW in 1975; she was its third Federal President, 1959–1964. Commitment to her profession gave point and purpose in her life.

Beth was born in England to an English father and an Australian mother. After her father's sudden death in 1924, the family moved to Manly in Sydney where Beth went to the local school and acquired a love of surfing.

Beth has described her entry into social work:

I had trouble getting to the point of having some career because my family were from the country and very conservative and – can you believe it? – girls didn't go out to work then, they got married. My family finally decided I could have some sort of career and social work was more acceptable to them.

In 1938, she commenced the two-year social work course run by the New South Wales Board of Social Study and Training, which included casework teaching by Betty Govan, a Canadian who directed the course when it was relocated to Sydney University in 1940. An extra three months of practical work with Helen Rees in the Institute of Almoners at Sydney Hospital qualified her for medical social work, shortly before Helen Rees returned to England in 1941.

From Helen, she learned 'to recognise the high standards of practice expected in spite of difficult and cramped conditions, and to appreciate the opportunity to work in a still new venture with all its challenges'. Helen became 'an important and special person' in her life.

After almoner work at Newcastle Hospital until 1947, she worked for 35 years developing the medical social work at the Royal North Shore

Hospital, one of Sydney's most prestigious teaching hospitals. She became a highly-respected head of its Social Work Department, widely engaged not just in hospital and health matters, but more generally through the AASW and ACOSS. Like her early British mentor Helen Rees, and other Australian almoner leaders, she contributed to the development of social work and social welfare generally.

A member of the committee to revise the ACOSS constitution 1969–1972, she greatly appreciated Joan Brown's work in transforming ACOSS as its executive officer.

The values and goals Joan set for herself and ACOSS and the method of achieving them were moulded by her unswerving principles which place human rights and in particular the rights of the least powerful as paramount.

Beth chaired the AASW Professional Education and Accreditation Committee after it moved to Sydney in 1972, providing a reliable steady hand at a time when it was very much needed in establishing acceptable

minimum standards for social work education in Australia. She was acutely aware of the danger of a proliferation of inadequate non-university courses to the growth of a social work profession in this country.

During her retirement she was on the Refugee Review Tribunal, travelled with her beloved later-life husband John Cliffe, advocated for refugees in detention, was active with the Friends of the ABC, was a long-term member of the Labor Party, played croquet, joined the Probus Club, and lived independently until 2014.

Beth had great enthusiasm for life, but eventually not for a life so prolonged. Her longevity was a puzzle to her. For her family and friends, she was a much-loved very special person.

•

John Lawrence is Emeritus Professor of Social Work, University of New South Wales.

Elizabeth Cliffe features in the AASW NSW Branch [Living Histories Project](#).



Vale



Helen Davelaar (née Keevers) 26 September 1955 – 13 May 2018

Helen Davelaar (née Keevers) passed away suddenly on 13 May this year, aged 62. She was subsequently described in the *Newcastle Herald* as 'one of the unsung heroes of the fight for justice for child sexual abuse survivors in the Hunter and across Australia'.

After completing her Bachelor of Social Studies at Sydney University in 1977, Helen returned home to Newcastle where she took up her first social work position at Royal Newcastle Hospital in Paediatrics. As a new graduate, Helen showed skills beyond her years and great insight into the needs of children and families. A year later Helen moved to Centacare where she had the opportunity to be more creative and contribute to addressing the broader community needs.

Helen married and had three sons. When her children were young, Helen worked in a number of different agencies and organisations including: Haemophilia Society, Mater Hospital, and Western Suburbs Hospital. Helen returned to Centacare where she worked for a number of years in Children's Services including foster care. Helen became Manager of Children's Services.

Although many social workers recognise how situations could be improved for families and the importance of preventive intervention, sometimes the lack of time or resources, or perceived hurdles to jump, can overwhelm good intentions. However, Helen's forte was seeing a need, consulting the community and with them implementing programs or actions to address the issues. Helen's passion, commitment and courage were an inspiration to many.

In the mid-2000s when at Centacare (Catholic Care) Helen was invited by the then Bishop of the Maitland Newcastle Catholic Diocese to

undertake a review of the Diocesan child protection needs. This was at a time when abuse by clergy was an ever-growing issue for the church.

The Child Protection and Professional Conduct Unit (later called Zimmerman House) was established as a result of this review and Helen was appointed Manager. The service, under Helen's management, was innovative as it offered support to survivors as well as investigation and training for Diocesan staff.

On 22 May this year Jenny Aitchison, NSW Member for Maitland, paid tribute to Helen in NSW Parliament. Included in her tribute she said: 'Those whose lives she touched, believe Helen's work in 2005 and knowledge of survivor networks have been instrumental in getting the NSW Special Commission of Inquiry and the Royal Commission into Institutional Responses to Child Sexual Abuse.'

Helen had many achievements in her social work career, but her greatest achievement and legacy was her interaction with and advocacy for survivors of historical child sexual abuse.

Helen later worked with the diocese of Broken Bay and then became Northern District Manager of the Benevolent Society.

Having worked in a managerial role in several agencies, Helen felt that she wanted to get back to her grass root connections. For a long time, she had dreamt of establishing a not-for-profit service. She had enjoyed her work with the Indigenous communities on the Central Coast and in Newcastle, and here Helen met a colleague who shared the same passion. This proved a catalyst for another career change and, with her colleague, the genesis of Justiz - a not-for-profit organisation in Newcastle promoting social justice.

This includes working closely with Indigenous clients and communities.

Helen embodied core values of social work; client self-determination, advocacy and social justice. Helen's energy, vision, passion and compassion were admirable, and all with an incredible warmth and sense of humour. If she believed in something, obstacles did not deter her - they were challenges to be overcome.

The social work profession has lost an extraordinary social worker, the community a great advocate, and her friends and colleagues, a very special friend. Helen is survived by her husband, three sons and daughters-in-law and two grandsons. She will be greatly missed by all whose lives she touched.

*Maureen O'Hearn and Jann Barton
were friends and colleagues of
Helen Davelaar.*

Vale



Elspeth Browne 7 March 1934 – 10 April 2018

Elspeth was an early champion of women who sought to fuse a professional career with domestic life. A central tenet of her beliefs was women's right to control their own decisions in the public and private domains.

After completing her BA, Dip. Soc. Stud. at the University of Sydney, in 1957 she obtained the Certificate in Medical Social Work from NSW Institute of Hospital Almoners. Until 1963 she worked in hospital settings in Sydney and London, including social worker in charge at Crown Street Women's Hospital. After roles as Tutor at the Universities of Queensland and Sydney, at NSW Council of Social Service and Royal North Shore Hospital, she joined the University of NSW School of Social Work as Tutor and progressed to Senior Lecturer. She then worked in Aged Care at the Social Work Department of St George Hospital.

As recipient of an Australian Department of Education award, in 1975-76 she completed an MSW research degree on fertility control in Australia. This was subsequently published by UNSW Press as *The Empty Cradle*. Besides numerous public

addresses, reports and curricula for various universities, she published on topics ranging from aged care to systems failure in child welfare and histories of social work in hospitals. She supported the work of many health and welfare organisations, with a particular focus on women's rights and the elderly.

A major commitment throughout her career was advancement of the AASW. She was a passionate advocate of good governance and accountability, noted for her well-mannered (if sometimes heated) doggedness and intellect. Besides serving as Branch Secretary in Queensland and Branch President in NSW, along with terms on the Federal Executive and as a Foundation Director after incorporation in 1981, she was a major contributor to an exceptional range of committees and task forces.

Elspeth was articulate, principled, cultured, well-travelled and keenly interested in music and literature. These qualities were leavened by her self-mocking, anarchic wit and sense of the ridiculous. Born Elspeth Knox, she married journalist, Lindsey Browne, a widowed music and theatre critic who

built a stellar reputation as a designer of crosswords. She became step-mother to his four children, a mother of three and had nine grandchildren.

In 2009 she was made a Life Member of AASW for her significant contributions to the profession, in later years involved with the Retired Social Workers Group, cultural interests and diverse social gatherings. At our last meeting she was busily finishing her daily cryptic crossword. Despite mounting infirmity she was razor sharp and irrepressible until death and is widely mourned.

Max Cornwell works in private practice in Sydney. He has been an Editor of Australian Social Work and Australian and New Zealand Journal of Family Therapy.

Elspeth Browne is part of the AASW NSW Branch [Living Histories Project](#).

Elspeth's book [Tradition and Change: Hospital Social Work in NSW](#) (1996), has been republished as an ebook by Taylor and Francis.



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Treating Complex Trauma: Day 3 - 4

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(minimum numbers must be achieved by 30/4/19 for Darwin)

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12 - 13 September 2019, Adelaide CBD

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REFUGEES AND ASYLUM SEEKERS

Towards self-reliance

A model for assessing and responding to sustained vulnerability

DAVID KEEGAN

'Refugees and asylum seekers are often subject to prolonged disadvantage, yet many practice approaches are inadequate in providing direction where the environment limits progress towards self-reliance', says David Keegan. 'I wanted to find a better way to assess and develop independence where vulnerability is prolonged.'

For some time, social work practitioners have tried to define vulnerability and complexity when working with individuals and communities. However, much of this work has been undertaken in developed communities and little has been invested to understand the impact of sustained vulnerability resulting from factors outside of the control of individuals and caused by structural inequality.

The common solution for social workers is to turn to resilience theory, or perhaps behavioural approaches, to understand the ingredients that lead to independence or self-reliance, yet these approaches tend to presume that as coping skills develop, and environmental circumstances improve, vulnerability will decline. However, I propose that in some environments this is simply not enough.

In my career as a social worker, I have worked with many highly vulnerable groups, including juvenile offenders, homeless youth and victims of child abuse. In many of these roles, I have been responsible for changing behaviour and developing independence. My practice has been strongly embedded in resilience and strengths-based, solution-focused approaches that aim to build capability, yet I have noticed that focusing on internal coping and reconciling familial and social connections are not always adequate.

In my recent career, over the past seven years, I have been working with refugees and asylum seekers in Australia and more recently in Nauru and South East Asia. Refugees and asylum seekers

are subject to significant vulnerability and disadvantage on their way towards a better life. Social workers assist them at various points on this journey and play an integral role in assisting them to navigate complex stressors, including structural disadvantage.

Trying to define vulnerability and determine appropriate practice approaches with refugees and asylum seekers can be challenging due to the fact that many face prolonged uncertainty, as a result of social and political factors outside their control. Refugees have limited control over factors that contribute to external stressors in their environment and struggle to embrace self-reliance under these conditions. I have found that simply increasing internal capacity alone will not lead to self-reliance.

In my work with asylum seekers and vulnerable refugees, I have observed that some clients with high internal capacity or coping skills manage well and yet others don't. I have also noticed that some clients do not cope well despite having low levels of external stress. I have also noticed that certain casework practice approaches work better with different clients, based on their levels of internal coping or external stress.

As a result, I have spent time unpacking these observations with my colleague, Ted Thomson, in order to work out a formula for best assessing the vulnerability of clients and adjusting practice accordingly. Together we founded an organisation called [HOST International](#), with the desire to assist refugees and asylum seekers to



About the author

David Keegan is a social worker and the founding CEO of HOST International. He has worked with refugees since 2011 and prior to that was an educator who ran services for young homeless people. David is passionate about finding ways to give people the tools they need to achieve their life goals.

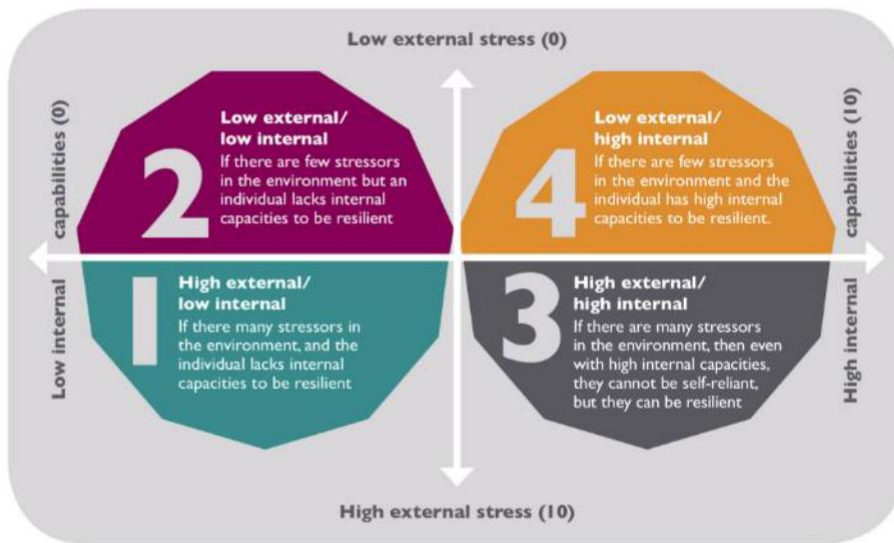


Figure 1 The HOST Vulnerability Matrix model

overcome disadvantage, and needed a practice model to guide caseworkers in their interventions. The result was a model for assessing and responding to sustained vulnerability by seeking to increase internal capabilities and manage external stressors.

The overall aim of the HOST Vulnerability Matrix model is to inform intervention by classifying individuals according to how their experience of external stressors interacts with their internal capacities to cope with those stressors. The model divides adaptation into four quadrants, which represent the general space that best describes an individual's functioning at any point in time.

We argue that taking both dimensions into account at the same time will lead to a more targeted intervention and therefore a more effective outcome for the client. Furthermore, by continually measuring external stress and internal capacities for each client over time, we can track if and how they move along each dimension. For example, as external stressors are addressed (e.g. housing) and coping strategies are used more effectively, a client may move from quadrant to quadrant (e.g. High External/Low Internal to Low External/High Internal). As they move through quadrants, the kinds of interventions used to address specific problems for each client will change, depending on changes in external stressors

(e.g., they may experience more, or fewer stressors if their visa status changes) and, depending on changes in internal capacities, to cope with stressors. Furthermore, as clients step into new situations they may experience temporary spikes in external stressors, or resistance, as they become more vulnerable to new environments.

One factor that caused some difficulty in assessment was the handling of maladaptive behaviours. Refugees who are experiencing high levels of stress can resort to self-harming or threatening behaviours in order to cope with or to manage their environment. These could be interpreted as potential signs of coping or stress management, however we would not consider them as indicators of positive coping.

Resilience is not linear in nature and practice must be regularly reviewed and adjusted to ensure that interventions are relevant and do not create dependence. While this is not a new concept, we have found this matrix framework provides some valuable structure to assist caseworkers to navigate assessment and intervention decisions and we hope that others find it useful also.

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Quadrant 1 (High External Stress/ Low Internal Capabilities) refers to individuals who are currently facing high levels of environmental stressors, and who lack the current ability to cope with them. Clients in this quadrant are at risk of becoming dependent on others to cope and require interventions that focus on developing self-awareness and confidence. We believe that solution-focused and trauma-informed approaches are most suited to this quadrant.

Quadrant 2 (Low External Stress/ Low Internal Capabilities) refers to individuals whose environmental stress is relatively low, but they also lack the internal capabilities to cope with their existing stressors at any point in time. Clients in this quadrant may display learned helplessness characteristics and appear to be a victim of the environment that they are in. Clients in this quadrant require interventions that focus on minimising the external stressors while also building internal coping skills. We believe that solution-focused and strengths-based approaches are most suited to this quadrant.

Quadrant 3 (High External Stress/ High Internal Capabilities) describes individuals who have the current capability to cope well with a high level of environmental stress yet are unable to substantially remove external stressors. Clients in this quadrant can be described as 'endurers' or survivors and require interventions that focus on supporting the client to self-manage and access support when needed. We believe that client-centred and brief intervention models are best suited to this quadrant.

Quadrant 4 (Low External Stress/ High Internal Capabilities) describes individuals who are currently coping well with their environmental stressors and have strong internal coping skills. Clients in this quadrant can be described as self-reliant and are unlikely to require ongoing support. We believe that brief intervention and solution-focused approaches are most appropriate in this quadrant, however intervention is only recommended if external stressors increase suddenly and new strategies are needed.

Managing both asylum seeking and catastrophic injury

CANDICE CARE-UNGER, ANGELA PONG, JACKSON SINGLETON AND KIRSTY ORMSBY HOWARD

About the authors



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Kirsty Ormsby Howard is a senior social worker at the NSW Spinal Outreach Service. Kirsty completed her Masters in Social Work in the UK. She has experience in inpatient rehabilitation for spinal cord injury as well as other areas of social work including homelessness.

Every person who sustains a spinal cord injury brings their own life experience and perceptions of disability from the complex process of adjustment to newly acquired disability. This article reflects on the provision of social work and health interventions for people with SCI who are seeking asylum in Australia.

Spinal cord injury (SCI) is considered a catastrophic injury, as per the definition of the American Medical Association (AMA). At the NSW Spinal Outreach Service, we see approximately 100 new cases of SCI a year. One year, four of these 100 were people seeking asylum. Although each case had differences in terms of country of origin, gender, age, educational background, level of injury, and how they sustained their injury, we identified common themes working with the four clients. These were:

1. systems education and expectation management
2. multiple losses and previous trauma
3. economic vulnerability
4. understanding of health and disability in context of culture.

To have four asylum seekers with SCI within a 12-month period required critical review of our provision of psychosocial support in an already complex area of health. Although each situation had many similarities with other SCI clients, they required drastically more resourcing and had a significant impact on case load complexity.

In many scenarios the client's medical history was unclear, with very limited documentation (if any) about previous surgery or treatment.

Systems education and expectation management

Systems education across all domains was crucial. Involvement with Centrelink, NDIS, housing, care providers, equipment providers and

NSW Health was all new for the person with SCI and their family. At every intervention, expectations needed to be set. Whether people before us had promised things, or the clients themselves made assumptions about Australia, each client needed absolute transparency about what could and could not be provided. Expectations often needed to be addressed multiple times, and all four clients were disappointed with our healthcare system.

One client who sustained his injury overseas came to Australia especially for medical treatment, and had an expectation of a cure for SCI. He was utterly disappointed upon learning there is no cure anywhere in the world, and it raised many questions within the family about 'why we had come to Australia'.

Another individual who became newly injured while in Australia was not eligible for any government funding for services, equipment and health care. Supporting the client and family, who were non-English speaking, to comprehend that this was the current reality despite their adversity was both challenging and disempowering for the team.

Specialist trauma services for asylum seekers knew little about SCI and the health services knew little about their complex trauma history and how best to support them. The two systems ran parallel to each other, and the clients were sometimes passed like a hot potato between the two. We walked alongside our clients, trying to help them navigate these essential systems,

neither of which understood significant elements of their story.

Multiple losses and previous trauma

The asylum seekers we worked with all faced multiple losses, including lack of family support, and previous traumas. Lack of family support was a significant issue. Some of our clients had lost family and did not know of their whereabouts or even if they were alive. The complex grief and loss associated with SCI adjustment compounded by limited family support created complex psychosocial issues.

Each of our clients had a significant trauma background, and the circumstances surrounding how they acquired their SCI were also traumatic. Their PTSD manifested in behaviours associated with their health, such as repeatedly calling for ambulance assistance or presenting to emergency departments for non-emergency issues. Anxiety contributed to the decision to seek emergency help, rather than having the self-managing skills required to manage chronic disability.

Economic vulnerability

Asylum seekers have no choice but to turn to the system to support their day-to-day living highlighting their economic vulnerability. There is no denying having a disability in Australia is poverty-inducing. Having limited English, psychological trauma and mental health challenges contributed to under-employment, system dependency and overall economic vulnerability. One client described being re-traumatised by the process of attempting to have disability needs met under the NDIS and felt he was fighting for his human rights 'all over again'.

The monitoring by our government systems, such as Centrelink and the NDIS, where extensive information must be provided by individuals, was a difficult process for our clients to 'trust'. Their lived experiences of systems in their home countries failing them and of corruption contributed to this. As clinicians, we were caused to reflect on how this may be additionally disabling.

Although at the surface level there might appear to be economic support available to asylum seekers, the reality is that stringent criteria and eligibility considerations create barriers at almost every turn. This was the experience for each of our clients and therefore the support thought to be available rapidly diminished and in some scenarios was nonexistent.

Perceptions of disability in context of culture

The experience of disability is seen through a cultural lens. This was highlighted by those who had acquired their injuries in their home countries. The management of SCI in a developing nation is significantly different to how we manage permanent disability in Australia.

For example, calipers, which create lower limb pressure and wounds and put an enormous load through upper limbs, are not used here. All wheelchairs would be prescribed with specialist seating equipment to prevent pressure injuries. Shoulder injury prevention strategies are used to maximise independence and maintain physical wellbeing.

When recommendations such as wheelchair use were made by the treating team for a client who used calipers, it was perceived as 'wanting to disable them'. The use of the wheelchair was seen as 'disabling' but because the client could walk in calipers the experience of disability had not been as confronting as during wheelchair use. The person with SCI could not grasp that wounds could potentially threaten his lower limbs, or even his life.

Clinical support is not about assimilating our clients to Australian practices, but recognising the value in our client's perspectives and narratives in challenging clinical approaches. Balancing disability-related needs and religious and cultural needs for asylum seeking clients was often challenging for the treating team.

For one client, it was an important part of their Islamic faith to transfer from their wheelchair to the ground to practice prayer five times a day which consequently contributed to skin trauma. Working with this client has

meant challenging ourselves to think of ways to negotiate health promotion that is sensitive to our client's cultural and spiritual needs.

The role of social work

In each scenario, the role of social work has been essential. Interventions with clients include providing education about systems, advocating for services and funding and providing psychosocial support. We provide support to the treating multidisciplinary team to better understand the client's cultural needs and trauma history. We assist in negotiating health expectations and a realistic treatment plan that is acceptable and achievable for both the client and our service.

What worked well was: offering team professional development sessions on trauma-informed care, arranging joint visits with our colleagues to facilitate holistic communication, helping our colleagues to find a negotiated discourse when it came to best practice in spinal health and an individual's cultural preferences/practices, and facilitating the use of skilled interpreting services.

From the lessons we have learnt, we recommend better education for established social workers in the healthcare setting, specifically in the area of SCI. Resources are needed in how best to address psychosocial issues for asylum seekers, such as PTSD, and how they impact on health issues. There is also a need for better integrated care models, where specialist trauma and asylum seeker services demonstrate flexibility and openness to working with complex health services.

Our experience highlights the challenges for asylum seekers and health staff when trying to manage the complexities of both asylum seeking and catastrophic injury. These challenges have an enormous impact on workload planning, and good training will assist social workers to better understand how to overcome them.

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Meeting refugees and people seeking asylum with compassion

JONATHAN NG

Jonathan Ng tells how his experience working with refugees and people seeking asylum, firstly on student placement and later as a volunteer, has informed his practice as a social worker. Here he shares 'some practice wisdom'.

I recently returned to volunteer at the Asylum Seekers Centre (ASC) in Newtown, New South Wales. It was here, on the Casework team, that I completed my first student placement. Coincidentally, my then-field educator had also previously completed her placement at ASC, and upon graduation returned to work there as a caseworker. It speaks volumes about the ASC when past students are attracted to and given the opportunity to return to a place where they dedicated 420 hours of social work practice and supervision; so, too, does the low turnover in staff. I jumped at the opportunity to return as a volunteer this year, and quickly recognised several familiar faces amongst the staff.

Quick conversations with staff in between client interviews and casework revealed that even though policies affecting asylum seekers had changed—for the worse—morale was still... well, as high as stoically possible. I recognised a few familiar faces amongst the clients as well, reinforcing the fact that most persons seeking asylum require long-term support, far past the expiration of government-provided financial assistance.

This also serves as a reminder that seeking asylum is a mentally exhausting process as the majority of clients can wait for years before receiving an outcome that may be either negative or positive. ASC is one of the few places remaining that people seeking asylum can go to for a range of psychosocial supports depending on their needs after having their Status Resolution

Support Service payments ceased by the Department of Home Affairs.

I would like to share some practice wisdom garnered from this work and close collaboration with clients, colleagues and friends that can be used to support persons seeking asylum and meet them with more compassion in a system that otherwise, at best, has been apathetic to their needs.

Challenging common terms

From shadowing and through formal and informal supervision with my supervisor and other caseworkers, I realised there were common terms used in practice today that can, either subtly or explicitly, oppress our clients. I was moved to apply a critical eye on language that subtly oppresses, even if it is unintentional. More importantly, I found that exploring the origins of the oppressive language surrounding persons seeking asylum (i.e. rather than 'asylum seekers') was particularly helpful in enabling me to explain to my colleagues outside this field why using certain words or phrases could do more harm than good.

Through conversations with colleagues as well as drawing on my social work education, I began to unearth oppressive language, deconstruct it, and overturn it in practice. For example, I continually try to embrace the term *person-centred* in place of *client-centred*, as *person-centred* reminds me to never forget the person I am working with and alongside. By replacing client with person, I am reminded by their name, their face, and their personal and physical



About the author

Jonathan Ng works in research on human services and their outcomes for children, families and communities.

He continually builds connections within his clinical practice, research and policy networks for greater information sharing and critical, anti-oppressive practice.

attributes, ensuring my approach is informed by their needs and acknowledges their role as active collaborators in the helping relationship.

I have gradually developed more effective ways of explaining oppression to others, in ways and words that they understood, which over time created more advocates for the use of anti-oppressive language. This creates a more accessible lens through which social injustice can be identified, and constructively channelled into better ways to inspire, educate, and build the capacity of colleagues and organisations as a whole.

Critical reflection

I am aware of my whiteness. I am aware of power in society, of my own power, and of my propensity for lateral violence. As a social worker, I can't hide behind my professional training or title to justify my actions in practice. If anything, our training and our social location are some of the most effective tools for oppression as they may obscure hidden assumptions in practice that may directly or indirectly oppress clients.

Having said that, this is no reason for inaction or fear in our practice. To overcome this, I turn to the toolbox I started to build during my education and which I continually add to everyday, such as critical reflection and networks consisting of non-judgmental colleagues and peers to unpack discomfort I encountered in the field or in the workplace.

This process can be explored formally or informally, and being critically reflective allows me to develop an anti-oppressive practice (AOP), and to sit with that discomfort. I remember how, as a casework student, I wondered how my being conversationally bilingual in Mandarin would benefit clients at

ASC. But bilingual caseworkers are often assumed to possess the linguistic proficiency to translate languages both ways, and the critical reflection to ensure their own perspectives, beliefs and value systems do not suppress or oppress those of the client's in the translation process. This is just a small example of the ease with which a worker's assumptions seeps into practice, and how having an awareness of this is the first step to truly critical and anti-oppressive practice.

In retrospect, I cannot confidently claim that I possessed the level of critical reflection for what could have been considered optimal non-oppressive practice, even with all the adrenaline and blazing intensity of a newly-awakened AOP practitioner; even today I continue to be humbled as I stumble, as I continue to identify oppression in my practice as I work alongside clients and colleagues.

Acknowledging the system and finding ways to navigate it creatively

As Josephine Lee comments in the [AASW webinar](#) on understanding the barriers to achieving anti-oppressive practice, clients don't need a *hopeless practitioner*. Maybe an 'angry' one, but there is great power in being able to systematically and rationally unpack the inequity, channel our energies into a constructive form, and proceed to strategising how best to tackle it.

Sometimes, a collaborative approach with colleagues or your peer networks helps to sustain this navigation of the system. Although there are limited resources for working in sectors such as this, there are ways to work within your means without losing your own sense of hope. For instance, knowing where to send a client for employment assistance

that will not require a higher level of English proficiency will help them secure employment with less delay; knowing the food bank closest to where they live or connecting them to a service that you know they would be eligible for, helps reduce the wait time before receiving the service. I found that keeping a list of warm referral pathways can be more helpful to the client, while building rapport between NGOs in a sector where help may be hard to find.

Seek solidarity among your peers

If the AOP temperature in your office isn't the warmest or most hospitable environment for peer supervision, perhaps consider reaching out to a trusted ex-colleague or someone you studied social work with. If you are a student, to supplement the supervision from field educators and external supervisors, your co-placement students are your information and resource network (training/workshops, potential referral pathways), and a great way for unpacking critical incidents. Aside from sharing lesser known information, swapping questions, jokes, and rants are all part of self-care and a great way of bouncing ideas and alternative perspectives off each other.

Broadly applied, the above is not limited to practice with refugees or persons seeking asylum. But it does begin with us, and it begins in small ways. We are our best resource, and it is important that we live our politics, remembering that we can start to be the change we'd like to see within our own organisations.

Acknowledgement: Jonathan thanks Caitlin McColl and Alyssa Medway for their generous feedback on this article.

'We don't have our freedom'

Working with people from refugee and asylum seeker backgrounds with diverse genders, sexualities and bodies

KATHRYN CLARK



About the author

Kathryn Clark is the casework manager at the Asylum Seekers Centre. Kathryn has led rights-based support programs with people affected by migration and living in Australia since 2013. She has worked internationally both as a research intern for UNHCR's NGO Consultations in Geneva, Switzerland in 2014 and as a Community Development Officer through an Australian Youth Ambassador for Development post in Cambodia.

Kathryn holds a Bachelor of International Social Development and a Masters in Forced Migration and Displacement. This paper was written with input from Heather Grace Jones.

'When I applied, I was lost and I couldn't find any help, I didn't know where to go or what kind of services there were for LGBTIQ. Then when you go for the bridging visa application, you really need to go through that process yourself and search for all the resources. I was really hoping that there would be something... a link to show the kind of services LGBTIQ people can get. Some people don't know the services they can get.'
(Person seeking asylum, 2018)

The [Asylum Seekers Centre \(ASC\)](#) opened in 1993 and is now based in Newtown, Sydney as the largest independent agency working to support people seeking protection in New South Wales. It is first and foremost a safe space for people seeking asylum and provides practical, educational, social, and specialist medical, legal, employment and case management support while people wait for their protection visa outcome in the community. ASC tirelessly advocates for rights-based policy and service frameworks and builds the capacity of the broader community to welcome and learn from the many diverse people who attend the centre.

In Australia, people seeking protection differ from people with refugee status because they don't have official permission to stay. Publicly available statistics are limited but the numbers of people living in Australian communities who come by both boat and plane are in the tens of thousands. People seeking asylum come from a broad range of countries, faiths, ethnicities, gender identities and sexualities and they flee to Australia for many reasons.

This population is often excluded from the basic entitlements and support that are commonly available to residents and citizens, for example, the right to work, to study, to access Medicare, basic income support, government housing, and other schemes such

as the National Disability Insurance Scheme (NDIS). People experience this exclusion for years as they undergo delayed and often unfair, changing and complex visa determination processes.

This structural exclusion from basic social and political safety nets heightens the risks of negative social and health outcomes that many Australians grapple with everyday. These structural impacts also exacerbate broader social issues such as poverty, homelessness, family and domestic violence, exploitation, racism and discrimination, meaningful employment and access to education.

When seeking support, people seeking asylum are often caught between invisibility in service provision and hyper-visibility in the media and social realm caused by corrosive debates. On the front lines, it is crucial for organisations and critical social workers to look beyond labels by being conscious to the diverse and intersectional lived experiences of individuals as well as the unique biases and barriers commonly faced for people who are rebuilding their lives with an uncertain status.

One factor that may add an additional layer to the experience of seeking asylum is sexual orientation and or gender identity. People seeking asylum with diverse genders, sexualities and bodies experience discrimination, exclusion and

inequality in Australia and across the globe. In up to 76 countries being LGBTIQ++ is criminalised and people also face the death penalty in seven of those countries. This is a cause of displacement and consequent trauma.

Although there is a lack of data available on the number of people seeking protection on the basis of their gender and sexuality in Australia, some facts are clear. The combination of racial, heteronormative, cultural and nationalistic biases tend to blind both multicultural and LGBTIQ services to the specific needs of this diverse group and results in 'double, triple and even quadruple oppression'. One member of ASC/STARTTS community meetings puts it like this:

You come from a place where people don't like gay people. And you're told people like gay people here. And it's like, 'yeah, but not your type of gay people'. And you're like, oh my god where am I going to go now?

In early 2017, the ASC responded to this need. We conducted individual, community and sectoral consultations and began what would continue to be a solid collaboration with a group of very diverse group of people seeking asylum. Initially the service asked individuals whether they would want to meet other LGBTIQ++ people. The responses were telling. One member said, 'I never thought there were other people in this situation that were like me.' Another said, 'I want to come to meet people who are in a minority within a minority...' The overwhelming feedback was we want to be together to build belonging and understanding and we can only do this if we trust that the group will be truly anonymous.

This learning propelled ASC to partner with STARTTS (Service for

the Treatment and Rehabilitation of Torture and Trauma Survivors) as an expert in working with healing and trauma-informed interventions, and together we supported the first peer-led anonymous LGBTIQ++ project of its kind. Named by the members themselves, this is where the 'LGBTIQ community meetings' were born.

Members worked with staff to create the anonymous referral pathway, which included posters, word-of-mouth and staff referrals. This after-hours meeting is time for people to reclaim a space of their own. Members provide social, practical and political support, and companionship, advice and laughter for one another. This group has mixed genders, sexual orientations, faiths and ethnicities. The members sometimes eat pizza, they sometimes invite expert speakers, they solve problems and they go to events. In a way, what they do doesn't matter. The group is bound together by shared desire for belonging and the hope for better outcomes for one another. It is a place to belong. During our review in June 2018, the group described it for themselves:

This group is a support group for all who come. To deal with the daily stress of life, the stress of seeking asylum and the stress of identifying as a member of the LGBTIQ community culturally. It is about the reality of the layers of stress each person faces. Hence the reality that this group is a support group for each other.

The collaboration between organisations and group members has not always been easy. As service providers, we have had to adapt and learn from participants to ensure the group remains true to its core

principles. Together, participants and both organisations bring different skills and resources to both make problems visible and to solve them. Eighteen months on and the group chooses to keep coming back. That tells us that it is necessary and that there is a lot more work to be done.

One innovation out of this response is the incorporation of group members as facilitators for a new group to be set up in Western Sydney. Their expert involvement in the STARTTS co-design group for the Rainbow Refugee Project will provide support and raise awareness about issues facing those from refugee and asylum seeker backgrounds with diverse genders, sexualities and bodies. In the words of one member of that group:

In different countries, they have different laws, and in some countries - it's illegal to be who we are. Not only do they treat us badly, beat us, throwing stones on us, sentence us to death for being a lesbian, transgender, gay person... but even when it's legal at your home there is also a combination of culture and belief that makes it hard... LGBT people seek to go outside of the country ... to seek their freedom and their own life. (Person seeking asylum, 2018)

For more information about the LGBTIQ++ community meetings and the work of the ASC contact Kathryn Clark at kathryn.clark@asylumseekerscentre.org.au or go to [ASC's website](https://www.asylumseekerscentre.org.au).

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The Refugee Access Service

LUCY ANGWIN

Lucy Angwin writes about the Refugee Access Service, a specialist mental health service for refugee children and young people. The service partners with a number of agencies to provide 'timely, culturally safe and trauma-informed care planning and assessment' to Syrian and Iraqi refugee families in the northern and western suburbs of Melbourne.

Since becoming a social worker, I have worked in mental health, both in Australia and the UK. I had not expected to work in clinical services, and was surprised that I felt comfortable in working in the medico-legal context. Yet it is my firm belief that a critical social worker placed in the middle of the system can find ways to broker care and promote the rights of our clients, and that this can be achieved through collaboration and advocacy.

Having spent recent years in social work education at RMIT, I have a more explicit, critical approach to practice than I previously felt comfortable signalling in clinical settings, underpinned by core social work values – anti-oppressive practice, rights-based practice and a structuralist-feminist approach. I have rejoined the mental health workforce in a new role that has challenged and extended my practice, working with refugees and asylum seekers to facilitate their access to mental health care.

Mental health services and systems vary in models of care, but the reach and accessibility of services is an expression of priorities and values of the funding bodies. Understanding the pathway to services, and the way in which a family, person or service provider makes sense of a situation, is of great relevance to any complex situation. Whether or not services are accessible, be that to consumers and their families, or responsive to workers advocating on their behalf, gives us information not only about demand and resourcing, but of attitudes and competencies.

Barriers to accessing services can be identified when certain groups are underrepresented in the consumer

populations. Trauma and forced migration are known risk factors for mental disorders. Despite being disproportionately exposed to risk factors for developing mental ill-health, studies have found that refugees and their families use mental health services at a lower rate than their peers.

I'm currently working in a role at Orygen Youth Health in a project called the Refugee Access Service. This is a specialist mental health triage, assessment and referral service for refugee children and young people (aged 0–24 years) with, or at risk of, mental disorders. This innovative Service, funded by the Victorian Government Department of Health and Human Services (DHHS) aims to cater to the needs of the Syrian and Iraqi refugee community in the settlement area of northern and western metropolitan Melbourne. Our team works closely with specialist refugee and settlement services to develop and deliver the model, working in partnership to provide timely, culturally safe and trauma-informed care planning and assessment for children, young people and their families.

In the initial years after arrival in Australia, refugees are engaged in supporting processes with agencies that hold tremendous responsibility for, and nuanced understanding of, their clients. Agencies administering the Humanitarian Settlement Program, supported by refugee health nurses, GPs and the Immigrant Health Service at the Royal Children's Hospital, Foundation House, schools and Australian Migrant Education Program (AMEP) providers, are the sustaining care and advocacy a newly arrived person needs in order



About the author

Lucy Angwin is a mental health social worker, working in the Refugee Access Service at Orygen Youth Health. She has worked in public mental health services, both in Victoria and the UK, but in recent years has focused on adolescent mental health. Lucy also works as a sessional teacher in the Bachelor of Social Work (Hons) at RMIT.

to find their way. Settlement services and trauma and torture agencies work with high case loads and complex presentations and, therefore, require a pragmatic and assertive response from tertiary mental health services, recognising that current referral pathways are neither timely nor responsive for this client group.

In this role, I am embedded in the agencies we partner with, regrouping for clinical meeting with my own team on a weekly basis and reflective practice supervision with Victorian Transcultural Mental Health (VTMH) each month. Being on-site encourages genuine partnership and sharing of skills and knowledge. Rather than always taking a leading, risk management and crisis resolution role, we work together in a mutual exchange of insight and ways of seeing, fashioning a process that incorporates best interest and representational advocacy.

We share and make available our mental health skills, knowledge of systems and procedures, and support the skill development of workers to identify and respond to mental ill health and distress. We are realistic in our approach, recognising that all services follow their own expertise and internal logic, which can engender a culture of gatekeeping and lack of openness when a person presents in a different or more complex way.

In our role, we act as advocates and clinicians, navigating the rugged pathways into services on behalf of the agencies we partner with. However, it is only through the opportunity to learn from our partners in the trauma and settlement sector that we can achieve outcomes for our clients. Their cultural knowledge and brokerage, the sharing of a nuanced understanding of the settlement experience, and providing us with a contact point to seek out information about refugee issues has demonstrated that partnerships like these create approaches to care that are more sustainable and attuned. Furthermore, it is the tenacity and dedication of the staff in this sector that compels me to match their pace and make the most of the opportunity this project offers.

As mental health workers, we represent systems of power and labelling that, for many, are frightening and stigmatised. Cultural factors are at play as to whether a person seeks mental health care, and the collective consequences and meaning of doing so. To enhance understanding, we must first learn how cultural perceptions of the problem, attitudes towards help-seeking, and explanatory models figure for the client's perceived needs and expectations.

Collaborating with the trusted and ongoing case manager in order to plan care and assessments together has proven to be the best way to extend our reach and make services available to refugee clients, and is consistent with trauma-informed practice. Acknowledging the impact of trauma on engagement with services through allowing time to build rapport and educate about rights and the mental health system, we conduct assessments over multiple appointments, often discussing the family unit as well as the individual within it. In our project, we use the opportunity of new funding and a new service model to critically examine the experience of being referred to, and being assessed by, a mental health service.

Cultural formulation and trauma-informed assessment should become standard practice in mental health care. Throughout this project, we have learned to listen for the stories of devastation in a person's country of origin, experiences in countries of transit, journeys to safety, and time spent in refugee camps, which illuminate the resilience of refugees. We are aware that missing family members keep a person in a state of trauma and grief, and that many people arrive not knowing if their loved ones are still alive. Disrupted schooling, being orphaned, and experiencing sexual violence are common stories of unimaginable trauma; we need to be better at considering the pre-arrival lives our clients have lived, and acknowledge that settlement is an additional stressor.

And yet, as a mental health worker, I am struck by how few of these stories of survival I am familiar with, and I reflect on our clinical assessment process as being overly symptom- and risk-focused.

I recall working with much higher numbers of refugees in community mental health in the UK, and wonder whether this may have been due to the use of a Needs Assessment intake tool, rather than a clinical measure.

There is an ethical imperative to evaluate new models of care that aim to address gaps in the existing system of care. We are in the middle of our project but moving towards the evaluation phase much more quickly than I am ready for. I feel that we could expand ten-fold and have gained such crucial insight into the gaps, barriers and need for advocacy, in combination with greater sensitivity and awareness of the effects of trauma and the refugee and settlement experience. Enhanced intake and access can only succeed with primary, tertiary, school-based and trauma services that are resourced to meet the demand, and supported to work with clients of different backgrounds.

Bringing this approach to the existing mental health sector has been challenging as the barriers to care are carved into the system through under-resourcing. The opportunity to innovate and advocate for greater access to mental health care is one that my team and I recognise is unique and important, and hope that this translates to a better experience of care for our clients and partners.

Our partners in this project are The Austin Hospital, Foundation House, Headspace, NorthWest Area Mental Health Service, NorthWestern Melbourne Primary Mental Health Network, The Royal Children's Hospital, and Orygen Youth Health.

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Working therapeutically with refugee families

RUTH CROWLEY BROWN

Ruth Crowley Brown shares her experience of working with refugee families at different times in her career, in both Australia and the United Kingdom. She tells of the lessons she learned about families who were fleeing violence and coming to terms with a new culture, and how best to help them.

I started working with refugee families over 25 years ago as senior social worker in the Child and Adolescent Mental Health Service (CAMHS) of a London hospital. Our multidisciplinary team was fortunate to have professional supervision from the Medical Foundation for the Care of Victims of Trauma and Torture.

One of our first lessons in CAMHS was to include interpreters as part of the 'therapeutic team', by means of a short introductory meeting followed by brief pre- and post-session catch-ups. This had a number of benefits. First, it established a working relationship that enhanced professional practice and provided consistency. Second, it created the opportunity to clarify expectations, such as reinforcing the need for exact translation rather than summarising.

Third, it offered interpreters a 'professional boundary', as the challenges of the work not only affected their emotions as fellow human beings, but also had the potential to touch personal experience. This was affirmed when we were occasionally asked by interpreters for treatment, for which we gently referred them on. And finally, we learned from their cultural knowledge. Religious identity, for example, cannot always be ascertained from just accent or dress. This 'masking' of cultural difference could not only make social contact with community groups challenging, especially for new arrivals, but it could also be hard to explain to referring professionals.

Some years later, a similar issue arose when I worked with a Kurdish refugee family at a clinic in Brisbane. As per agency practice, a Kurdish interpreter

was booked, and although I met with him beforehand, during the session I sensed that all was not well.

I approached the family afterwards, in simple words and sign language, and this paid dividends as it transpired that he wasn't suitable, not because of his translation skills, but for cultural and linguistic reasons.

Kurdish culture stretches across multiple Middle-Eastern countries and incorporates a wide variety of religious practices, languages and dialects, and the two main Kurdish dialects, Kurmanji and Sorani, are apparently almost separate languages. This family stated that, as they were from Iran, they preferred a Farsi interpreter.

The early part of the work was dominated by the family's dissatisfaction with their current circumstances in Australia. They reported feeling uncomfortable with the inadequate housing, ongoing racism, and insufficient social and medical support – and this also included Queensland's humidity and venomous snakes and spiders. With the exception of their eight-year-old daughter's school, where she had recently settled down and made friends, their unhappiness seemed to be pervasive.

I saw them as a family, and also the parents separately and together. The mother was energetic and thoughtful, and we developed a routine of comparing metaphors, for example, in relation to her stoicism, the counterpart of 'play the hand you're dealt' was 'grind [with the pestle] what's in the mortar'. She talked about how much she missed her mother and sisters, one of whom was on Nauru.



About the author

Ruth Crowley Brown is a social worker, psychotherapist and writer. She has worked in London, UK, and Brisbane in the fields of child and adolescent mental health, children with disabilities, domestic and family violence, foster care, and with minority groups, including refugees and Aboriginal and Torres Strait Islander people.

The father suffered from a physically debilitating spinal condition, and actually found it too painful to sit on a chair in the sessions, but quickly settled on a mat on the floor, sitting cross-legged, as it was obvious he had done all his life. Back in Tehran he had received help from a Kurdish doctor, but with an unorthodox treatment that unfortunately wasn't available in Brisbane.

Intertwined with this family's important medical and social needs, I noticed something that I had encountered before when working with refugees: an emotional tendency to idealise the positive elements of the past, and denigrate the present, which seemed to hinder their overall progress. The function of such polarised 'psychological defences' is to keep at bay the emotional pain of grief. For them, the trauma and loss had been 'catastrophic' (the mother's word), as they fled from persecution and lost their home, extended family and community.

Back in London, another lesson from the Medical Foundation had been to re-configure our assessment protocols to make them less bureaucratic, and furthermore, during treatment, to curtail excessive questioning, and set limits on the normally positive therapeutic attribute of 'curiosity'. For people who may have had to repeat their story many times, to umpteen officials, allowing therapeutic silence can enable them to psychologically 'spread out' into the therapeutic space, at their own pace. When integrated with a therapeutic alliance, this combination of space and containment can support people

to tolerate lowering their defences, connect with painful feelings, and crucially, find the words to express their suffering. Such a 'talking cure' can be a catalyst for healing, and lead to a gradual yet sustained improvement in quality of life.

Selective mutism, a complex childhood anxiety disorder, was the presenting issue that had generated the referral of an Afghan family to the CAMHS clinic in London. At the initial family session, we decided to 'go it alone', since their English was reasonable and Pashto interpreters were scarce, and we agreed on family sessions interspersed with parental sessions.

The father's direct blue eyes were as striking as the mother's emotional openness. Their six-year-old son settled surprisingly well, enthusiastically playing with the toys and drawing pictures, including occasionally jumping up to show us his latest masterpiece - and his drawings came to reflect the family's gradual process of coming to terms with their incredible experience. They told me they initially thought their son wasn't speaking at school because he was struggling with learning a new language, but when he started speaking English at home, they realised something else was going on.

Some time later, in a parental session, the father made an oblique comment about his 'fears coming true', and then proceeded to explain that back in Kabul they had found themselves in a very dangerous situation indeed. Because he had been part of a military faction, he was an 'identified target' and they had had to go into hiding. The only way he felt safe enough to venture

out for basic family provisions was to use his young son, in his own words, as a human shield.

He said he wasn't sure whether his son would even remember this, but described a hauntingly desolate urban landscape, where most of the schools and civil buildings were rubble, and where the city's Sports Centre had been turned into a place of public execution. He expressed deep anguish at feeling responsible for his son's problem, and hopelessness about not being able to help him. And as the parents told me their story, and worked through some of their pain, finding words to express their emotions remarkably paralleled their son finding his voice at school.

Yet the family also painted a different and wonderfully evocative picture of another Afghanistan: high snow-capped mountains, golden eagles, red and orange wild flowers, markets that sold anything and everything, and their beautiful white-painted house and garden, and goats and dogs, and extended family. And they also critically compared this 'lost paradise' to their challenges in London, such as inadequate housing and social isolation.

The exception, however, even at their lowest point, was the school. They couldn't believe the quantity and quality of resources there, including the friendly and supportive staff. They said they had literally not seen anything like it before, explaining that it brought home to them the extent to which their own school years had been limited by the deprivations of being raised in a long-term war zone.

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The challenge of access, understanding and advocacy

Working with newly arrived refugees living with a disability

NATASHA REID

Combining her experience in the disability field with her current role working with refugee families, Natasha Reid discusses the difficulties of accessing disability supports for families resettling in the Western Sydney area and who have a family member living with disability.



About the author

Natasha Reid is the social worker at NSW Refugee Health Service. Her studies included psychology, disability studies, international and community development, and a Master of Social Work. Natasha has worked within the disability field for many years, which now supports her current role working with refugee families.

In 2012, a welcome and significant policy change was made to allow refugees living with a significant disability to be accepted into Australia on the Humanitarian Program. Soon after, the National Disability Insurance Scheme (NDIS) created the new gateway to disability services. Finally, in 2015, Australia agreed to take an additional 12,000 refugees fleeing conflict in Iraq and Syria, which substantially increased the numbers of cases.

These three changes combined have created a new clinical need in working within refugee resettlement, with an increase in arrivals who need access to disability supports such as equipment and specialised care, appropriate housing, therapy support, and opportunities for supported education and work. In addition to learning about life in Australia, and learning English, these families are set the task of learning the disability support culture and new NDIS processes.

The client group supported by the [NSW Refugee Health Service's](#) Disability Support Team, developed in response to this new influx, has been varied in terms of experiences in their home country of disability acceptance and participation in society. Social stigma around disability, and the historic visa ineligibility, has seen some families mask their family member's disability, until initial arrival health screening in Australia.

Many of the Syrian and Iraqi families, from a range of cultural groups, have

never had access to specific disability support in their home country. Most adults with intellectual disability have attended school for less than a year, having been discouraged to attend when they fell behind their peers. For many refugees with disability, the possibility of learning independence skills, and accessing the community, is a new, daunting yet exciting prospect for them and their carers.

As the social worker on the team, my role has centred on family education around service needs, and advocacy with the NDIS to support families to gain services. Working directly with families, and with two Bilingual Community Educators with refugee backgrounds themselves, we explore the goals of the person with a disability, many of whom have never been asked about their wants and needs before.

Developing a preplanning list of services opens a world of possibility to people who have long had an invisible role in the family dynamic, discussing social and community participation, therapy needs to improve function, and their dreams for their future. Supporting the family through the planning meeting, and ensuring that service provision begins once their NDIS plan has arrived, we are seeing refugees with disabilities starting to participate in the community with an NDIS-funded support worker, enabling them to integrate into a more comfortable and stable life in Australia, which they otherwise would never have had.

Two worlds and in between

From Bosnian refugee to Australian social worker

NEVENA SIMIC

Nevena Simic tells her story of how she came to Australia in 1998 from war-torn Sarajevo as a refugee who spoke no English to later become an Accredited Mental Health Social Worker, with a Masters degree from the University of Adelaide.

However, there continues to be no such support access for people seeking asylum, leaving a whole cohort of people with disabilities, including young children with developmental delays, without supports and crucial early intervention services. Access to the NDIS requires a permanent visa, thus those on a bridging visa do not qualify for supports. The block for this group will impact on their health and development, mental health, and meaningful participation in society for decades.

The challenge of access, understanding and linking to disability services once here in Australia, for refugees with a disability has created a new area of clinical focus within the resettlement process. Broadening knowledge and capacity of service providers around disability access has been an additional task, alongside the work with families to allow them to explore the possibilities via the NDIS-funded supports and Australian health services.

Here we are part of the incredible life-changing experiences for individual refugees with a disability, and their family, to have the chance at last to experience a full life – of safety, permanence, access and opportunity.

Here, I narrate a personal lived experience of becoming a refugee, challenged mentally and physically, but a resilient social worker now.

I'll start the story from the immediate past. Then, I'll tell you about the history that helped me arrive at the present moment and to be that who I am today.

I am an Accredited Mental Health Social Worker (AMHSW). I have a Bachelor of Social Work and a Master's Degree in Grief and Palliative Care Counselling from the University of Adelaide. I have worked in a variety of paid and volunteer positions but am now placing my focus on further development as a private practitioner, and a mental health clinician.

I find real value and inspiration when working with people. In an innovative and flexible manner, being aware of cultural considerations and influences, I enthusiastically embrace tasks to care and support humankind to make sure their needs are met, potential is developed, and their control of their life is fostered. I respond with compassion, integrity and competence to make sure people achieve successful outcomes.

However, it wasn't too long ago, that I was homeless and broke, not only financially but in body and mind also. That was over twenty years ago – but it feels like yesterday. I will never forget the experience of becoming a refugee.

I was living in Sarajevo, the capital of Bosnia and Herzegovina, a

mountainous region that slopes down to the Sarajevo plain. Life was good, giving an abundance of health and wealth. Then, April 1992, war came to Sarajevo and I was forced to leave my home.

I found myself taken away from my comfortable home, and thrown into the middle of nowhere. There was a huge void. But, as the mother of three children aged four, eight and 10, I was not alone. Shivering in angst, mostly we were confused.

However, as fast as the change came to our life I learned my first lesson 'don't panic', and then second lesson 'be observant', and the third 'be alert'. Those three lessons, I believe, helped me enter a world where real understanding and acceptance of change exist. But at the beginning, I must admit, these were completely new, for me. These concepts, feelings and behaviours were another burden that drained my energy.

The bare existence of ours pushed the level of adrenalin onto high, thus I embraced any prospect to move from where we were at that particular moment. So we were moving from one place into another, and again another, but all intentions and efforts were taking us into the same nowhere, the space of emptiness.

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Often I asked myself about where my extended family were, where were my friends, opportunities to get a job, have money, put food on a table, or have decent clothing. Once I lost my sandal while catching a bus in Beograd, and my kids shouted from the back of the overcrowded bus for the driver to stop. The driver stopped and I got the shoe back. It was so precious to me even though it was given to me and didn't even fit me properly - it was from the only pair of shoes I had.

The behaviour of taking anything donated to me was something I would never have done before the war, but having so few options, I just had to take whatever was on offer, even if it wasn't quite right. On the other hand, my 'almost-lost sandal' experience made me understand something that I had learned many years ago in class, Newton's Third Law of Motion, for every action, there is an equal and opposite reaction. Correspondingly, this helped me to become aware of the law of cause and effect and I learned my fourth lesson, 'planning and evaluation'.

Despite my vigilant mind, feelings of hopelessness and despair were destroying my whole being. The amount of stress was becoming only bigger and bigger. My bucket of tolerance wanted to explode. I knew I had to have the strength to be proactive. It was too risky to just wait for what would happen next without having the real plan. Where to start?

Back in my old life in Sarajevo, I never needed to fight for anything or for myself. I had been immersed in subjects of science and mathematics, which helped me to enter the world of progress and money. Everything was taken for granted then over there. It is the opposite of being a refugee where one has to fight for naked life. Stripped and unprotected, I stepped out of my comfort zone to fight for a better life and not being sure what might help.

But again, where to start? I made a plan. Yet for the act of evaluating my situation, more information and above all, experience is required. I knew I had

to have to speak up for myself urgently but didn't know how to do that. I had been taught not to ask too much. It must be for the fact that I was a girl and an only child.

The continuum of my journey of being a refugee was grounded in the quality of being free from doubt yet not knowing where to go. Along the way, I learned many lessons but I had in mind the importance of *staying focused*.

In August 1998, my children, already teenagers, and I arrived in Australia. Adelaide was the city of our choice. We decided the boys would pursue a good education, while I might retire.

Australia was an open door for us. We embraced the opportunity. We learned the language and engaged in life and a new society. Feelings of belonging emerged. Australia became our homeland. For the peace given to us, I give back. So I didn't retire completely - I became a social worker.

Nowadays when millions of people around the world have no choice but to flee their homeland to escape war, genocide, torture and persecution, I, who once was recognised as a genuine refugee and was given 'a fair go', as the Australian saying goes, I am proudly in a position to follow the principles of social justice, human rights, collective responsibility and respect for diversities.

The month of the year when I was born was the hottest month with a high temperature of 33 °C, Elvis Presley recorded 'My happiness' with 'That's when your heartaches begin', and the Korean War ended in an armistice, with neither side able to claim outright victory.

I have come a long way - from refugee in Bosnia to social worker in Australia. If only others can be given the same opportunity.

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About the author

Nevena Simic is an active member of the AASW South Australian Branch.

She gives her knowledge, experience and time to provide a lived-experience voice at the national level too. Nevena is committed to helping others and building stronger families and communities. Her primary areas of focus are mental health, wellbeing and diversity.

Unaccompanied children seeking asylum

KIM ROBINSON

Kim Robinson writes about the extreme plight of unaccompanied minors seeking asylum in Australia, who arrived by boat, and who can expect never to be issued with permanent protection in this country. This has been driven by a policy of deterrence and the politics of fear in the Australian community. Social workers play a vital role in countering these ideas.

Writing about children in Australia facing indefinite detention is harrowing. After a number of key reports and enquiries that have highlighted the detrimental effects on children, as social workers we are well aware of the damage done. Under current policy, unaccompanied minors who arrived by boat, including those who are now over the age of 18, are likely never to be issued permanent protection visas and feel lost.

My colleague Professor Sandra Gifford and I were struck by the challenges facing us in obtaining accurate information when recently writing a chapter for a book, *Unaccompanied Young Migrants: Identity, Care and Justice* (Eds. Clayton, Gupta & Willis, Policy Press, 2019).

With virtually no chance of permanent status in Australia, we found that these children are not able to participate in higher education beyond secondary schooling unless they pay very high overseas student fees. They are denied the right to be reunited with their family. They also have extremely limited work rights. In addition, they face a number of health issues, including a deterioration of their mental health.

Australian policy towards unauthorised asylum seekers arriving by boat remains one of deterrence and a politics of fear. There has been considerable criticism of this policy, both within Australia and internationally. However, it continues to have bipartisan support from the two major political parties and is unlikely to change in the near future.

We argue that a number of care and support arrangements need to be in place for children. The commitment to

the United Nations Convention of the Rights of the Child must be upheld so that we do not create further damage.

Social workers have a particular role to play. As a social work educator, I believe we have a responsibility to ensure that social workers are prepared to work in this ethically fraught political and legislative area. Social workers can play a vital role in supporting children in education, health, housing, and tackling broader issues such as bullying and discrimination.

We are well placed to work collaboratively across sectors, and to educate other disciplines who may not have the skill set of anti-oppressive practice. Being informed of the trauma and loss that can accompany forced migration, and particularly exposure to war and violence is vital to working in partnership with communities, families and children.

Challenging the fear-inducing media reports and notions of radical extremism, and focusing instead on respectful and supportive relationships, which value settlement and inclusion, are key roles social workers can play.

Social workers can take a trauma-informed approach to practice when working with young people that balances an understanding of the complexity of trauma with the exposure to disadvantage and structural inequality that is present for many with refugee backgrounds.

Let's step up to this challenge!

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About the author

Dr Kim Robinson has worked in community health and refugee services, and as an educator for nearly 30 years in Australia and the UK. Her PhD in Migration Studies was on the topic of frontline health and social workers in NGOs and the voluntary sector in Australia and the UK working with refugees and asylum seekers. Kim is a lecturer in social work and Course Director for the Masters in Social Work at Deakin University in Geelong, Victoria.

Torture and trauma support for people seeking asylum

STEPHANIE LONG AND KERRY NESBITT



About the authors

Stephanie Long (BSW, MSW) is currently Direct Services Manager at QPASTT and maintains operational oversight of the client work completed by the agency. She has a particular interest in supporting front-line workers who assist clients to have productive, dignified and healthy lives, and maintaining staff wellbeing.

Kerry Nesbitt (BPsych Hons, MSW) joined QPASTT in 2017, as the Coordinator of the Asylum Seeker Support Team. She has 10 years' experience in the social work field working with a range of client groups, with a focus on mental health and trauma recovery.

The Australian Government's punitive approach to refugees and asylum seekers reinforces their treacherous and traumatic experiences, and it stops them from being seen as people with the same hopes and dreams of fulfilling the normal stages of childhood and adult life. This article describes how both clients and staff deal with an incredibly hostile set of circumstances.

The Queensland Program of Assistance for Survivors of Torture and Trauma (QPASTT) has been the specialist refugee trauma recovery service in Queensland for over 20 years. QPASTT currently has about 150 clients who are asylum seekers – we work with people in held detention, community detention, people who are living in the community on bridging visas and those who have been exited out of any funded support programs. We have been providing counselling, individual advocacy and group work support for asylum seekers in Queensland for a number of years.

QPASTT's refugee trauma recovery service model is based on the tri-phasic trauma recovery model of Judith Herman (safety, remembrance/mourning, integration), with specific consideration of cultural factors and the refugee experience in this approach. The first stage of this model of building safety, a trusting therapeutic relationship, normalising trauma reaction and psycho-education of trauma symptom management is a common starting point for most robust trauma recovery approaches.

However, throughout our years of working with people who are seeking asylum, our experience is that we are constantly in the safety-building phase and are rarely able to progress further to trauma recovery stages. Generally, there is insufficient stability and security to consider delving into the trauma history of asylum seekers, or to move further into a trauma recovery approach.

Rather, for most people who are seeking asylum, their trauma continues as they

navigate the legal journey of applying for refugee status in Australia, for which, at best, the only prospect is to get a temporary visa. The uncertainty of not knowing whether a person on a temporary visa can really settle and restart their life is a significant barrier to mental wellness.

Additionally, one of the most significant impacts of the Australian Government's current immigration policy is that people who have arrived by boat and sought asylum in Australia are no longer eligible for family reunification. This means that if you have family waiting for you back in your country of origin – which has frequently been the case for those who feel they have no option but to risk their lives in the dangerous journey to come to Australia without a visa – you can provide no security for those family members. For young people living in limbo like this, it means that common adult ambitions of completing education, starting a career, falling in love, starting a family, and dreaming of the future are all put on hold. For parents, it frequently means not being able to provide security and safety for their children, or to fulfil adult roles as providers and engaged 'citizens' of a society.

The multiple pressures of having to navigate complex lengthy legal processes with limited support, policy measures based on portrayal of people seeking asylum as 'queue jumpers' and 'illegals', combined with failure to fulfil family and community expectations create a perfect storm of anguish for people who are seeking

asylum. We have observed our clients' trauma symptom presentation increasing in severity over time, with a high proportion of our work focused on safety planning and grounding. In therapeutic terms, it means that not only are we unable to progress beyond the safety-building phase of trauma recovery, but often the focus of therapeutic work is to minimise or slow the deterioration of mental health of people who are seeking asylum.

This work is in a context of increasing suicide attempts and suicide completion of people who are seeking asylum both within Australia and in the countries where offshore processing takes place, Nauru and Papua New Guinea.

Needless to say, this work can be very bleak for our staff, other services and the communities we collaborate with in an attempt to support people who are seeking asylum. The work is bearing witness to the ongoing trauma and distress clients experience as a result of the asylum-seeking process in Australia. The opportunity to see growth, hope and recovery is limited. Workers need to build their tolerance and ability to see and gently protect kernels of positivity

and resilience within a pervasively dark context of fear, anxiety and instability.

The impact on staff is twofold. First, continually confronting the suffering that people experience with little opportunity for change is emotionally heavy and exhausting work. While suffering is not the totality of the experience of people who are seeking asylum, it is a common and prominent theme within our work with clients. Second, Australia is purportedly a progressive, democratic nation that upholds human rights, freedoms and equality. Confronting the treatment of asylum seekers can disturb workers' sense of who they are as Australians and cause them to question whether or not there is a genuine sense of humanity in our nation.

We frequently have conversations about vicarious trauma within our staff team, within the network of community leaders and other service providers we collaborate with. We try to minimise the impact of the inevitable vicarious trauma through team building, group supervision, clinical supervision and line management. We intentionally recognise birthdays, welcomes, and

farewells in our staff team to make sure we are not replicating the client experience of abrupt endings, fleeing and forced separation.

We respect our clients, their right to choose to come to QPASTT or to not come when they want to stop. We acknowledge that talking about feelings, worries and needs will not give them their desire – a permanent visa and the opportunity to start living a full life. However, we continue to offer it all the same because it is important to bear witness and for people who seek asylum to be met with dignity and welcome.

As much as the work is difficult, it is a privilege to work with people who are seeking asylum. Despite all the challenges, our clients demonstrate incredible resilience and persistence in the face of extreme adversity. Clients frequently express their gratitude for support and their desire to contribute to a happy and healthy society. For many of us, we can leave our work at the end of the day acknowledging how lucky we are, and are inspired by these glimpses of human resilience.



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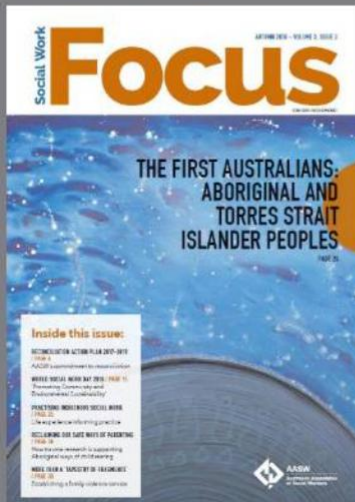
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Social Work **Focus**

SPRING/SUMMER 2018 – VOLUME 3, ISSUE 4

ISSN 2209-0053 (ONLINE) ISSN 2209-0045 (PRINT)