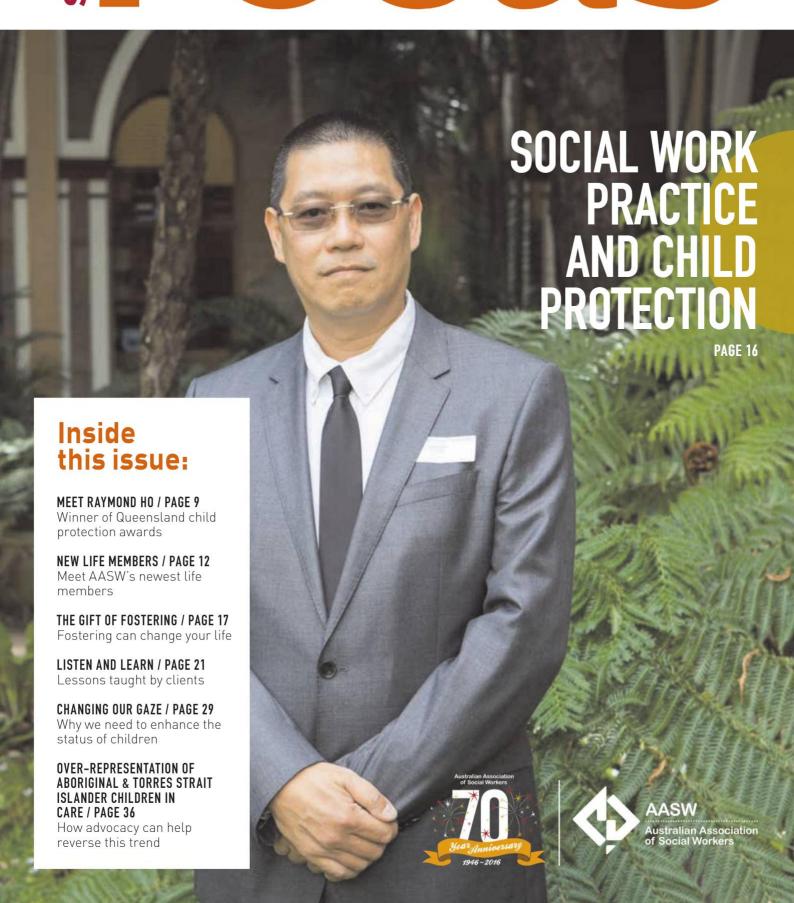
SUMMER 2016 - VOLUME 1, ISSUE 4





2017 Trauma Education

presented by Dr Leah Giarratano

Leah is a doctoral-level clinical psychologist with 22 years of clinical and teaching expertise in CBT and traumatology

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Two highly regarded CPD activities for all mental health professionals: **14 hours for each activity**These workshops are endorsed by the, AASW, ACA and ACMHN

Clinical skills for treating posttraumatic stress disorde (Treating PTSD)

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11 - 12 May 2017, Brisbane CBD

18 - 19 May 2017, Melbourne CBD

25 - 26 May 2017, Sydney CBD

8 - 9 June 2017, Adelaide CBD*

15 - 16 June 2017, Perth CBD*

22 - 23 June 2017, Wellington (NZ) CBD*

*\$600 Super early-bird rate applies when you pay more than six months prior

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13 - 14 July 2017, Brisbane CBD*

20 - 21 July 2017, Melbourne CBD*

27 - 28 July 2017, Sydney CBD*

3 - 4 August 2017, Wellington (NZ) CBD*

19 - 20 October 2017, Perth CBD*

26 - 27 October 2017, Adelaide CBD*

Program fee for each activity

Early Bird \$690 or \$600 each if you register for both (or with a colleague) more than three months prior using this form.

Normal Fee \$780 or \$690 each if you register for both (or with a colleague) less than three months prior using this form.

Program fee includes GST, program materials, lunches, morning and afternoon teas on both workshop days.

For more details about these offerings and books by Leah Giarratano refer to www.talominbooks.com

Please direct your enquiries to Joshua George, mail@talominbooks.com

2017 Trauma Education Registration Form for AASW Members

r lease circle trie workshop/s you wish to attend above and return a copy of this completed page via email		
Name:		
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Payment method (circle one): Visa	Mastercard	Electronic Funds Transfer. An invoice containing our banking details will be emailed to you
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NEXT EDITION

Contributions for the Autumn 2017 issue will be accepted until 3 February. The theme for articles will be social work practice and the National Disability Insurance Scheme (NDIS).

EDITORS

Emma Pegrum Media and Marketing Manager

Kerry Kustra Copyeditor

TRUMP'S TRIUMPH: WHAT DOES IT MEAN FOR SOCIAL WORK?

With the inauguration of the United States' President-elect, Donald Trump, just around the corner, the world waits with bated breath to see what it will mean. Many are tired of American politics and readers may even wonder why we would give space to this troublesome topic in our quarterly magazine. Trump's triumph may mean little for Australian domestic policies but it is perhaps what his victory represents that should give us pause for thought; even more so, given that his victory came hot on the heels of the Brexit vote in Britain and the re-emergence of One Nation as a political force in Australia.

Anti-globalisation sentiment runs deep across these three political areas. Analyses of voting patterns have indicated that the socio-economically disadvantaged were strongly represented among those who voted for Brexit, One Nation and Trump. What this suggests is those most disadvantaged by globalisation are voting for retreat. Yet globalisation is here to stay and is likely to intensify. What role can our profession play in ensuring that no-one is left behind?

We need to advocate for all members of our society to have opportunities to participate in a globalised world. This includes, for example, advocating for education and training opportunities to enable people to make the transition to the new economy. We need also to advocate for fairer economic policies and work alongside others for environmental sustainability. Of course, AASW cannot do this alone. Over the coming year, as the ongoing impact of recent political events become clearer, we will continue to participate as a part of national and international community of organisations committed to achieving a more humane and sustainable world.

In this issue of Social Work Focus we look at child protection. Many of the children and families who come to the attention of child protection systems in Australia are among the most disadvantaged in our community. We know our child protection systems have often failed these children, their families and entire cultures and communities. As a profession, we need to bring an

historical and political analysis to our work in this arena. Read the articles by our members who share insights about their work alongside families and communities to achieve safety, wellbeing and a brighter future for vulnerable children and their families.

In November, the AASW said goodbye to two senior staff members. Glenys Wilkinson, Chief Executive Officer (CEO), has left after more than four years at the helm as has Kym Daly, senior manager for professional standards, who worked with the AASW for nine years. Several months ago, Kym was seconded to take a position in health workforce regulation and she has now transitioned to a permanent position in this vital area of government policy and regulation. The Board wishes Glenys and Kym well in the next stages of their lives and thanks Bruce Hart for acting in the role of Senior Manager, Professional Standards in the interim. The Board would also like to thank Cindy Smith for her willingness to step up to the plate as Acting CEO. We have begun recruitment for both of these positions.

I want also to acknowledge our capable and committed staff group. While many of our senior managers are known to you as the public face of the AASW, we are fortunate to be supported by a range of professional staff who have expertise in a variety of disciplines including finance, media and communications, administration, social work and social policy, information technology and workforce regulation. So much good work happens behind the scenes and

KAREN HEALY AM AASW PRESIDENT

I take this opportunity to thank them for their commitment.

By now the outcome of the National Board and Branch elections is old news. Even so I would like to take this opportunity to congratulate those who were elected: Marie-Claire Cheron-Sauer who was elected as Vice President and Anita Phillips, Brenda Clare and Barbara Moerd, who were elected as Directors. We also welcome four new Branch Presidents: Michael Berry (WA), Russell McCashney (Tasmania), Michel Hansen (ACT) and Ross Murray (North Queensland). Thank you for your leadership - indeed, the Board would like to thank everyone who ran in the national and branch elections.

As the year begins to wrap up, I have been considering its highlights and our hopes for the future. For me, a major highlight has been the achievement of the AASW's goal of 10,000 members. Another has been the amazing 70th year anniversary events across the country. They have been another reminder of what we can achieve together. As I look to 2017, I hope that our Association will continue to grow not only in size but also in relevance to the social work profession and to our society. My aim for 2017 is for the AASW to be an even stronger voice for social justice and as a member of the national and international communities in the force for change. I wish you a relaxing festive season and look forward to seeing you in 2017.

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Every decision Mel had made in relation to the case was dissected and questioned; but she remained professional

DR MARY HOOD, PRESIDENT AASW SOUTH AUSTRALIAN BRANCH

SOUTH AUSTRALIA'S FIRST SOCIAL WORK PRACTITIONER OF THE YEAR

DR MARY HOOD

Mel Ford has been named Social Work Practitioner of the Year 2016 in South Australia's inaugural social work awards. Mel was nominated for her 'very professional and outstanding application of core social work standards' when acting as the lead in a legally complex and intensive child protection case.

Mel Ford's demonstration of sound social work values and ethics when acting as a key witness for the South Australian Department for Child Protection in a court case has earned her the award of South Australia's Social Work Practitioner of the year. Mel had acted as the lead in a child protection case where it was decided to re-allocate a child with new carers. However, the original carers disputed the decision, making complaints to every level of government and the media. It eventually resulted in a case before the Supreme Court.

Every decision Mel had made in relation to the case was dissected and questioned, but she remained professional and steadfast in her devotion to ensuring the best outcome for the child. The Senior Crown Counsel in the court case complimented Mel's social work practice, her clarity in thinking under cross-examination, her resilience, and her attention to accurate record keeping.

Mel extended her knowledge for the case, in the areas of child development and attachment, and her communication with other staff members through the process was appropriately transparent; she sought supervision where needed and incorporated feedback. She is an example of a positive case worker and a role model for current and aspiring social workers alike.

Mel Ford earned a Bachelor of Social Work in 2006 from Deakin University. She currently works with Families SA as a part of a ministerial children's quardianship team.



About the author

AASW SA President, Dr Mary Hood, completed her training in social work at Flinders University in the 1970s and has worked in a variety of government and non-government settings focusing on families, disability, alternative care and child protection. During the 1990s, her interest in advocacy that recognises and respects social workers' opinions in the legal system led Dr Hood to join the AASW SA Branch Management Committee. She first became President of the SA Branch in 1997 and then a member of the National Board.

CHILD PROTECTION PRACTICE GROUP

If you are a South Australian social worker with knowledge, skills and a passion for change in child protection, consider joining the AASW child protection practice group.

The group is exploring how the recommendations from the 2016 Nyland Royal Commission Report into Child Protection Systems can be embedded into practice to bring about sustained change. It is also looking at ways to incorporate best practice to social work and evidence-based methodology to meet the recommendations for children and families in the child protection system, as well as strategies for social workers to incorporate the practical implementation of the recommendations as they develop.

The meetings are held every three months in the AASW office at the Education Development Centre in Hindmarsh. Rural and regional participants can join via phone link. To express interest, email convenor Carrie Vince or phone 0416 188 327.

•

REMEMBERING A STALWART SOCIAL WORK ADVOCATE

Vera Raymer, Australian social work pioneer and Life Member of the Queensland branch of the AASW, has had a painting hung in her memory. Also named in her honour is the Vera Raymer Memorial fund, which aids work with older people.

The Caxton Legal Centre in Brisbane has recently hung a painting in its office to honour the memory of Vera Raymer (1919–2013) and her work. Vera was a stalwart advocate of social work and pioneer of the social work movement in Australia. With a passion and commitment to social justice and social welfare, she was involved in

establishing several services for the community including the Old People's Welfare Council (now the Council on the Ageing Queensland), Queensland Council of Social Service and the Catholic Family Welfare Bureau.

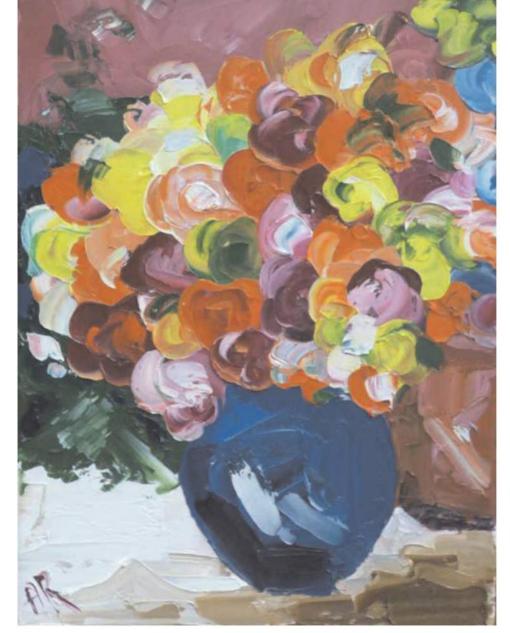
She was also significantly involved in establishing the Queensland Branch of the Australian Association of Social

Workers, of which she became a life member. Vera was awarded an Order of Australia in 2002 in recognition of her volunteer services to the community.

Although she died three years ago, Vera's work will be remembered through the beguest she made to the Legal Centre, which is to be used to assist older clients. Now a Vera Raymer Memorial Fund exists so that other donations and fundraising efforts can contribute to the work with older people. Social work is a vital part of the work of Caxton Legal Centre where they help clients to piece their lives back together after devastating hardships, help them to marshal the supports and resilience they need to pursue justice, or work out how to keep going when there is no apparent fairness or remedy on offer.

If you would like to support the <u>Vera</u>
<u>Raymer Memorial Fund</u>, phone 07 3214
6333 or buy a special Christmas Art
Union ticket online.

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The artwork by Abbey Richards that has been purchased by the Caxton Legal Centre in honour of social worker, Van Rayme

VALE DR ROBYN MASON (1951–2016)

DR DEBORAH WESTERN

The social work community and family and friends are mourning the death of Robyn Mason in October. Robyn was a feminist, activist, teacher, academic, researcher and social worker who demonstrated her commitment to social justice through her professional work and community activities. She was passionate about people's human rights and cared strongly about women's safety, rights and opportunities.

Robyn's connection to rural communities and their health and development included advocating for rural issues to be included in the social work curriculum. These interests were brought together in Robyn's doctoral research, which explored the nature of women-specific services in rural Australia and their potential as sites for women's citizenship and representation.

Her career saw Robyn working in various organisations, including rural Aboriginal health and at Ballarat Centre Against Sexual Assault where she was a strong advocate for women survivors of sexual assault and violence

Robyn also participated in many community activities, was a member of the Australian Labor Party and the Australian Association of Social Workers (AASW) and sat on various organisational boards, including as national director on the AASW board, a member of Emily's List National Committee and as chairperson of the board of management for Women's Health in the South-East.

Robyn also taught at University of Melbourne, University of Ballarat and Charles Sturt University. In 2008, she



joined Monash University specifically to develop the new Master of Social Work (Qualifying) degree before retiring in 2014. The Department of Social Work at Monash recently opened The Robyn Mason Library in her honour after Robyn bequeathed her professional library to the university's staff and research students.

•



About the author

Dr Deborah Western is a lecturer and researcher in the Department of Social Work at Monash University. Deborah and Robyn Mason worked together at Monash University and were colleagues at different CASAs. They were also friends for many years.

RESEARCH: THE EXPERIENCES OF INDIGENOUS CHILD PROTECTION WORKERS

In early 2015, experienced social worker, child protection practitioner, consultant and trainer, Fiona Oates, began her PhD at James Cook University in Cairns. Her thesis is 'Working for the Welfare: Exploring the experiences of Indigenous child protection workers'.

Fiona is currently seeking interest from Aboriginal and Torres Strait Islander people who have worked in the child protection sector. For the purposes of the study, child protection refers to work undertaken with families where child protection issues have been identified within the family by statutory child protection services.

The research is an exploratory qualitative study underpinned by critical inquiry. It is exploring the experiences of Aboriginal and Torres Strait Islander people who work in the child protection field and the impact of historical trauma experienced by Indigenous Australians, and its symptomology within a child protection workplace. It is also exploring participant views of culturally responsive models of support

for Indigenous workers within the child protection system.

Early observations were presented at the international ISPCAN (International Society for the Prevention of Child Abuse and Neglect) conference in Calgary in August and generated much discussion and interest. Fiona will prepare a report for government from the findings, with recommendations, to help promote improved workforce outcomes for Aboriginal and Torres Strait Islander employees and therefore improved client service.

To find out more, visit the AASW's research opportunities page or email Fiona Oates by 31 December 2016.

•

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QUEENSLAND CHILD PROTECTION AWARDS

AASW member, Raymond Ho, was among the nine Queensland professionals, organisations and initiatives recognised at this year's Queensland Child Protection Awards for their outstanding contribution to preventing child harm and neglect.

Deputy Director of Child and Youth Academic Clinical Unit, Metro South Addiction and Mental Health Services in Metro South Health Queensland, Raymond has been a strong leader in establishing a more collaborative approach between Child Safety and Queensland Health in the Logan area, so that vulnerable children and young people have access to timely mental health services.

He was awarded the Professional (Government) award in recognition for his outstanding contribution to child protection practices, policy and service development within the public service.

The Queensland Child Protection Awards promote the value of children and focus

attention on issues of child abuse and neglect. Mr Ho said his approach had been characterised by his belief that the wellbeing of children, young people and families was paramount.

"Over 20 years, as a social worker, psychotherapist, and couples and family therapist, my work has always been focused on working with vulnerable children, young people and families," he said.

Queensland Child Protection Week Chair, Elisabeth Kobierski, said the Committee congratulated Mr Ho on his award win and for providing inspiration to others.

"The annual Queensland Child Protection Awards publicly acknowledge the efforts, commitment and unreserved energy of many people who make a significant contribution to our community to prevent child harm and neglect," she said.

Queensland Child Protection Week is co-ordinated by the Queensland Child Protection Week Committee and funded by the Department of Communities, Child Safety and Disability Services and Queensland Family and Child Commission.

Raymond Ho's fellow winners ranged from initiatives and organisations dedicated to generating awareness and delivering support, to individuals who had demonstrated a longstanding commitment to improving child welfare.

•



ANZSWWER AWARDS 2016

Eleven AASW members were recognised by the Australian and New Zealand Social Work and Welfare Education and Research (ANZSWWER) this year for their contributions and achievements. Each was presented with their award at a ceremony hosted by James Cook University in Townsville on 29 September. Here's a snapshot of their citations.

Field Placement Recognition Award

Social work academic, Sophie Diamandi, was recognised for working tirelessly to ensure professional and innovative placements for many hundreds of social work and



human services students over decades. Her inspiring and warm leadership has ensured students have flourished under her guidance, including students from overseas and refugees, and students from non-English speaking backgrounds. With her Flinders University colleagues, Sophie has also created an exciting new collaborative agreement with government health providers to enable new exciting field learning opportunities for students.

Dr Fotina Hardy has driven significant innovations to advance the work of the field education unit at Queensland University of Technology through the implementation



and evaluation of innovative models of field placement. She received a grant to use digital technology to create a whole of semester suite of learning resources that integrates four academic units while students are in the practice setting. She has been a champion of the profession and is currently president of the AASW Queensland branch. Dr Hardy has created significant opportunities for students to engage in learning, in addition to placement, such as Homeless Connect events, professional development forums, North Coast Health Check Day and rallies.

Melanie Hemy's optimism, creativity, capacity to negotiate, and ability to assist students to problem-solve workable placement options have ensured that

no student has been unable to complete a viable and valuable social work field placement. Melanie is a strong leader in field education. She is a trusted and reliable colleague, always willing to help others.

Therese
Jones-Mutton and
Wendy Bowles (with
Bruce Valentine and
Jenny McKinnon)
have been actively
reviewing the current
recognition for prior
learning (RPL) process
for social work field
education at Charles
Sturt University.
They are ensuring an
outstanding quality
learning experience for social work



students eligible for RPL.

Rogerson and Kalpana Goel) have designed a system for preparing students at the University of South Australia, placing them and assessing them in a wide diversity of placements, including special preparation for international students. Patricia has also been instrumental in driving the development of new placement opportunities for students, including placements in the health and school sectors.

Jenny Rose has contributed to field learning for more than seven years in every semester for Australian Catholic University students.



She has located innovative research and policy projects that will also benefit the workforce. Jenny is committed to helping students requiring learning support and always models high quality and excellence in expectations and implementation of practice.

While her work in the day-to-day running of field education is excellent, it is the innovative models for research that **Monica Short** has introduced that saw her nominated for this award. Monica has been championing the model, the outcomes of which are included in numerous publications and conference presentations, and recently contributed to a book chapter on the topic. In field education at Charles Sturt University, this has become an important strategy for contributing to social work knowledge and supporting colleagues out in the field.

Active Social Media Presence Award

When she was nominated in August, **Lynelle Watts** had 4551 tweets, was following more than a 1000 people and had nearly 700 followers.



Some of her tweets are quirky reminders that we are humans and have interests beyond social work, however, most are on topics relevant to social work and social work welfare, with social justice and human rights at the heart.

Editorial Services Award

The Editorial Services Award was given to Susan Gair (and Liz Beddoe) in recognition of their exemplary service in producing the Advances in Social



Work and Welfare Education journal. This has involved vision, skill, dedication, and attention to detail. Head of Social Work at James Cook University, Susan

NT SOCIAL WORKER OF THE YEAR

Suhaila Rizqallah, a social worker with over 20 years' experience across remote, rural and urban communities, is this year's recipient of the AASW Mary Moylan Northern Territory Social Worker of the Year award.

Named after dedicated NT social worker, Mary Moylan, the Northern Territory Social Worker of the Year Award seeks to commemorate and celebrate her life and work by recognising the dedication and achievement of other Northern

Born in Palestine, Suhaila Rizgallah

range of communities that often need help to strengthen their social fabric.

the tyranny of distance are regular themes that disrupt community cohesion in the Territory, said Suhaila. 'I'd like to think I've worked hard to achieve positive outcomes for many families directly and indirectly

protection, hospital social services, recovery around the Top End. In July, she presented a joint paper on teaching social work in the Territory at the international social work conference held in Seoul, South Korea.

The award was presented to Suhaila at a special function at Parliament House in Darwin in November by AASW acting Chief Executive Officer, Cindy Smith, who said competition for the award was strong. The runners-up were Denise Grieshaber and Susan Grant.

Territory social workers like Suhaila.

came to the Territory with her family when she was just three years old to escape war, and spent her formative years in communities such as Ngukurr before studying at Northern Territory University and James Cook University.

She says the Territory has a wide

Substance abuse, gambling and as a social worker over the years.'

Suhaila has worked in child

remote service delivery and disaster

AASW Acting CEO, Cindy Smith, with this year's recipient of the Mary Moylan Northern Territory Social Worker of the Year award, Suhaila Rizqallah.

is also an invited manuscript reviewer for the Journal of Indigenous Education,

Society, British Journal of Social Work,

on the Editorial Board of Advances in

Social Work and Welfare Education and

she was integral to the setting up of a reflective peer supervision program

involved today. Despite her senior role,

heavy workload and working part-time,

Lauren takes on this teaching role with

learning, language and use of self. She

Health program and supports her team

members and those she supervises to

enthusiasm and energy, and inspires

students to critically reflect on their

is a strong advocate for the Barwon

take on a field educator role.

for students and remains actively

and Qualitative Health Research. She is

Australian Social Work, Families in

Social Work Educator

Children Australia

Lauren Tyrrell is a

at the Community

in North Geelong.

Health in 2013,

Victoria. At Barwon

senior social worker

Rehabilitation Centre

Award

MEET OUR NEWEST LIFE MEMBERS

The AASW awards Life Membership to members who have made an outstanding contribution to the profession and the Association. Meet our four newest Life Members who were nominated by the branches and presented with a certificate by Professor Karen Healy AM at this year's Annual General Meeting in Queensland.



Robin Bowden, Tasmania

After graduating with an Honours degree in history, Robin Bowden spent a year as an Australian Volunteer Abroad in the Solomon Islands and on her return to Tasmania in 1965, was employed for four years as a probation and parole officer. It was there, as part of a program to raise professional standards within the state's public service, that she was awarded a scholarship to study social work at Flinders University in 1970.

For the next 12 years, she worked with the Probation Service and after marrying and having children, she became the sole social worker and manager of the Australian International Development Assistance Bureau (AIDAB) in Tasmania, working with international students and their families, some with complex psychological, legal and cultural difficulties, and with the community to widen the support available to them. Robin then took up a senior role in the settlement area of the Department of Immigration and subsequently a role in the Indigenous Coordination Centre within FACSIA, working on community projects. Before retiring in 2008, she was Deputy Manager & COAG Partnerships Officer with Indigenous Coordination Centre Tasmania.

Robin has been an AASW member for 44 years, since her student days, and was involved in the AASW National Conference in 1969 held in Hobart. She served as Honorary Treasurer of the Tasmanian Branch Committee for many years and held a variety of other positions on the Committee during this time. She was active in lobbying for the establishment in 1974 of a school of social work at the Tasmanian College of Advanced Education. Robin has continued to support the AASW since retiring, by participating in events and providing wise counsel to many social workers. In 2002, Robyn was the recipient of the Tasmanian Human Rights Award.



Sabina Leitmann, Western Australia

Sabina Leitmann graduated in social work from the University of Western Australia in 1975. For the next four years, she worked as a hospital social worker in rehabilitation at Royal Perth Hospital and psychiatry at Sir Charles Gardiner Hospital. In 1980 she accepted an academic appointment with the School of Social Work at Western Australian Institute of Technology (now Curtin University) and was Head of Department from 2002–2005. Working with other colleagues she received an award for teaching innovation and a social justice and equity prize. Sabina retired from Curtin University in 2011.

She has served on numerous community boards including Relationships Australia (WA), Family Planning and Sexual Health WA and Curtin University, Edith Cowan University and University of Western Australia social work advisory boards. For the past 37 years, Sabina has been an AASW member. In 2009 she was elected to the WA Branch Management Committee and in 2010 as Branch President, a position she held for six years. During this time, she led the Branch through a period of significant membership growth and restructured the office to better serve members, reach out to potential members, and to promote the value of social work to the wider community.

Sabina continues to be involved in social work related activities as a volunteer. She is an Australian Red Cross Humanitarian Observer and regularly visits Australian Immigration Detention Centres to monitor the conditions of the facilities and the treatment of detainees. She is also a volunteer with Australian Red Cross (WA) Emergency Services and has participated in number of disaster recovery events.



Madge Sceriha, North Queensland

Madge Sceriha's dream of a university education was realised after she had had her children, when the Whitlam government abolished fees. It was at university she learned much about social justice and structural inequalities, and developed a passion to be an activist for change – first while studying for a Bachelor of Arts and later, when her children became adults, a Bachelor of Social Work.

Along the way she became involved with the Feminist Collective and, as a woman with a disability, the disability movement, and was a founding member of the Independent Advocacy in the Tropics committee. Madge's career took her to Lifeline where she spent 10 years as a telephone counsellor and group facilitator and later served as a referral officer, and to North Queensland Women's Services (now known as the Women's Centre) where she was a counsellor and activist until she retired at 68. Over that time, she played her part in helping establish the North Queensland Domestic Violence Resource Service and the North Queensland Women's Legal Service. As well, she had an active role at regional, state and national levels with both the Women's Services Network and Women with Disability Australia.

Madge died on 5 December but at 81, her social work ethos was still well and truly active in her life. Retirement was an opportunity for her to study for a Masters in Women's Studies (Hons) degree and become a foundation member of Seniors Creating Change (SCC), an advocacy group in Townsville that raises awareness of elder abuse. She was also involved in the North Queensland Branch of the AASW and was part of the Action for Social Justice practice group.



Sheila Sim, New South Wales

Sheila Sim worked for 25 years as a highly skilled counsellor in the Department of Reproductive Medicine at Sydney's Royal Hospital for Women and published numerous articles on issues facing women and their families in the areas of loss, child protection and living with cancer. While at the hospital, Sheila facilitated the development of the social work department into the team it is today and created skilled and sensitive ways to respond to loss in the perinatal period.

A member of the AASW since 1978, Sheila has also served as NSW Branch Secretary/ President (1993–1996) and was instrumental in the establishment and coordination of the Obstetric Social Work Special Interest Group which she ran from 1990–2014. In addition, Sheila co-convened the Evidence Based Practice Special Interest Group from 1993–1996. Sheila also served as the Chair of the Directors of Social Work Services in Principal Referral Hospitals and was a social work representative in the vocational sub-branch of the NSW public service, where she tirelessly advocated for social work, especially in the development of the current NSW Health Professionals Award.

During her career, Sheila was also very committed to the ongoing education and field education of social work students. She welcomed social work visitors to the hospital and taught multiple allied health, medical and nursing staff. A very skilled presenter, she actively promoted social work while presenting on topics within her area of expertise. She also helped to develop the first Social Work Educator role in the South-Eastern Sydney Local Health District. Sheila retired in October 2014.

AN UNAPOLOGETIC DEMAND: END OFFSHORE AND MANDATORY DETENTION

CLAUDIA BIDSTRUP



About the author

Claudia Bidstrup is an Honours student from Monash University. She is writing a minor thesis on the relationship between social work and community development and is passionate about professional identity, social work history and theory, and macro change. Claudia is completing her qualifying placement in social policy and advocacy at the Victorian Branch of the AASW.

In Australia, although diverse, the social work profession has been united in collective, direct action by the offshore and mandatory detention of refugees and asylum seekers. Our social justice values, informed by theories of human development and human rights, are so sharply attuned to trajectories of human potential and dignity that the current treatment of refugees and asylum seekers by this country has alarmed the profession and the AASW into action.

The AASW's advocacy for refugees and asylum seekers has come with a direct and unapologetic demand: the Australian government must end offshore and mandatory detention. We have not minced message nor mission in our submissions to government inquiries, policy papers, and media releases, which describe offshore and mandatory detention as oppressive by design, inhumane, abusive, and a national shame. As well, the AASW's call has been for government to show progressive and compassionate leadership and fidelity to human rights obligations and values, and to provide unbiased guardianship of vulnerable children, timely processing and community settlement.

Direct action by the AASW lifted advocacy from paper to pavement when we marched in the *Close the Camps* rally for a second time. We raised the association's banner in Melbourne and moved with staff, members and students, and other allied health professionals, through the city, chanting and advocating for the closure of the detention centres. By marching, we were publicly attaching our professional name and force to this human rights issue and influencing policy change and public opinion.

Learn more about <u>AASW social policy</u> and advocacy at <u>www.aasw.asn.au</u>

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SUPPORTING FAMILIES THROUGH PREGNANCY

MALI NEWMAN-PLANT

Social workers working in obstetrics within hospitals have a dual focus: to support women through pregnancy and to focus on the welfare and wellbeing of the unborn child.

This dual focus can create tensions especially when child protection concerns arise, as the social worker is required to focus on the wellbeing and welfare of the mother and her unborn child and balance this with their statutory responsibility to the unborn child.

Women in pregnancy may be referred to a social worker if concerns arise regarding drug and alcohol use, housing, finances, social isolation, mental health issues and domestic violence. Pregnancy can be a window of opportunity for soon-to-be parents to make needed changes in their lives and often motivates them to make changes. This is a critical time for social workers to support women through the transition to parenthood and address issues prior to the birth of the child.

Social workers working in health may be better positioned than statutory child protection case workers to build a therapeutic relationship with soon-to-be parents as the relationship



About the author

Mali Newman-Plant is a social worker with three years' experience in obstetrics and now in rehabilitation, both in major teaching hospitals. Her particular areas of interest are child protection, domestic violence and research. is voluntary and social workers in health don't have the mandate to remove a child. However, hospital social workers rely mostly on information disclosed voluntarily by families. Child protection caseworkers have available to them a family's child protection history so they are often better positioned to make a more comprehensive child protection assessment. These challenges and constraints are evident in Rachel's case example:

Rachel* is a 19-year-old pregnant woman. Two years earlier her daughter was removed due to concerns of neglect and was permanently placed in the care of the state at four months of age. When Rachel presented to the hospital for her second pregnancy with the same partner a 'risk of significant harm' report was completed in accordance with child protection guidelines, on the basis she had previously had a child removed.

Rachel was understandably scared that this child would also be removed by statutory authorities. Despite having a mild intellectual disability, a history of child protection during her own childhood and no family to support her, Rachel had attended every parenting program available to her and all her antenatal appointments. This was truly a great achievement for a young woman in her situation and she was assessed as doing everything she could to ensure that this child would remain in her custody.

After the child was born the statutory authority case workers came to the hospital to interview Rachel and her partner. This was the first time the caseworkers had contacted the parents in relation to this pregnancy. The hospital social worker stayed for the duration of the interview to provide emotional support to Rachel and her partner. Multiple concerns that had never been disclosed to the social worker were brought up in the interview by the child protection case workers.

To the surprise of the hospital social worker, the child protection case workers assessed that this child was not safe in the care of her parents and would be assumed into the custody of the state. They served official paperwork that legally made the child a ward of the state. What unfolded after this happened can only be described as tragic. The parents' behaviour escalated, the safety of staff and the newborn were at risk and police were called.

All the hard work these parents had put in to ensure they could retain custody of their child unravelled. Their behaviour would be used against them in court and there was a significant risk that they would pursue a path of self-destructive behaviour in the coming weeks and months to deal with their grief.

Child protection interventions in pregnancy have improved somewhat since Rachel's pregnancy. The local child protection agency has employed two dedicated prenatal case workers whose role is to respond to 'risk of significant harm' reports in pregnancy and to begin actively assessing and case managing these families. The Local Health District introduced perinatal family conferencing, an interagency conference facilitated by an independent professional between the expecting parents at risk, the statutory authority case worker and the health social worker. Three meetings are held during the pregnancy that focus

THE GIFT OF FOSTERING

JULES ALLEN

As well as changing her life, Jules Allen says she has received far more than she has given as a foster carer.



We so often hear about the negative experiences that people have with foster care. That is not to say that there aren't difficulties when you take on the raising of someone else's child but what of the positive, heart-warming experiences many of us have had?

I started fostering as a single mum when I was just 23 years old. Naturally I had no idea what I was doing. Making things even more entertaining is the fact that my first foster child was 16 which made her a whole seven years younger than me. Talk about a steep learning curve for both of us! She is now 35, living a wonderful life with a 9-year-old daughter.

I went on to foster around 30 children in the 15 years that followed and I can honestly say that it has added a richness to the fabric of my life, for which I am truly grateful. I am guite often asked harrowing questions by people contemplating foster care, like these: 'How did you go when they were taken from you?', 'Weren't they really damaged?', 'Did it have a negative effect on your own children?'. Never has anyone asked me if it was the most wonderful thing I have ever done.

Not unlike our journey with our own children, there are always going to be difficult times. Yes, handing them back is hard. Yes, they can come with issues that require a certain skill set, and yes, your children will be affected but in my experience this has been in a positive way. When they are taken away you have to hope that you have made a difference in the time that you have had them.

When it comes to nurturing foster children back to health and providing a sense of security, much of this can be done by providing good food, made with love; an experience many of them have never had.

I have learnt humility as a carer. I learnt not to judge and more than anything to be guided by each individual child as to what it is they need. I have been blessed in creating a patchwork guilt of a family that bring me joy daily. We are as close, if not closer than a normal family, for we have walked a path together that has relied on the commitment and support of one another.

I am aware that every foster carer has a different story. There have been tough times but a huge part of my growth has been found in navigating my way through these. I just wanted to share my story in which I have loved and I been deeply loved and continue to learn. I have received far more than I have given; something I never expected.

I would not change my fostering experience for the world. It's not for everyone but you won't know until you try. There are 50,000 kids out there hoping that you give it a go. It is without a doubt life-changing and, in my case, in a truly glorious way.



About the author

Jules Allen is a qualified youth worker, foster carer, and ambassador for children's services provider, Key Assets. She is also a public speaker who is passionate about the care and protection of children and young people.

on the family's vulnerabilities and strengths. All parties have a responsibility to ensure the newborn will be safe.

These proactive child protection interventions in pregnancy can ensure that parents have the opportunity to make necessary changes in their lives so that their child can remain in their care. Such interventions help to facilitate transparent and respectful communication with parents and strengthen channels of interagency communication. In cases where a child will not be safe in their parents' care, planning during the pregnancy can investigate if there are any suitable family members willing to care for the child. This avoids the newborn being placed in out-of-home care.

In Rachel's case example, had perinatal family conferencing processes been in place during her pregnancy, there would have been a more thorough assessment of the family and transparent communication of the expectations of the parents, and more trust built between community service case workers and the family. The outcome for Rachel and her family may have been different.

*Names and case study details have been changed to protect privacy.

THE MADNESS OF BLAMING SOCIAL **WORKERS FOR ALL THE PROBLEMS OF CHILD PROTECTION SYSTEMS**

PHILIP MENDES

In this article Philip Mendes critically examines the arguments put forward in a recent book by Jeremy Sammut that blames social workers for all the problems of child protection.

There is a long history of ill-informed public attacks on social workers.

Social workers in the child protection system have often been targets for criticism. They are criticised both for acting too promptly to remove children, and alternatively for not removing them quickly enough. This perspective is prevalent in the recent book, The madness of Australian child protection: Why adoption will rescue Australia's underclass children, by Centre for Independent Studies researcher, Jeremy Sammut, which blames social workers for the ills of child protection systems. Attention is also drawn to similar comments by the late academic John Hirst and News Limited journalist Angela Shanahan.

Until recently, Australian neoliberal think tanks have rarely entered debates concerning child welfare. However, the growing cost of child protection - estimated by the Productivity Commission to be \$4.3 billion per year has provoked the Centre for Independent Studies (CIS) to take a stand as part of its battle to shrink the welfare state. The CIS has also recognised that many young people who experience child abuse and associated trauma may end up reliant on welfare payments. Consequently, over the past decade, Jeremy Sammut, a researcher for CIS, has produced a few lengthy reports and a book that critiques Australian state and territory child protection systems.

Sammut's policy argument states that the dominant public health approach - which incorporates a statutory child protection service, a formal out-of-home care system, and less formal prevention and early intervention policies and practices intended to reduce the risk of abuse and neglect and associated crisis intervention – is not meeting the needs of abused and neglected children. He

also states that social workers and other welfare professionals have created a radical 'family preservation' system that seeks to preserve dysfunctional families at the expense of the rights of children.

As a policy solution, Sammut also argues that child protection should return to traditional child rescue practices based on prompt and permanent removal of abused and neglected children from their parents. Specifically, he proposes the mass adoption of children of underclass parents and recommends an increase from the current level of only 210 local adoptions annually to about 5000. He insists that Indigenous children in out-of-home care be included in this proposal irrespective of cultural concerns. This policy would arguably provide an ideal free market privatised solution to child abuse in that governments would save huge sums of money by transferring the cost of caring for children to adoptive parents.

There are other critiques of Sammut's arguments regarding child protection practice. What is of interest is his specific prejudice towards social workers. According to Sammut, the attempt by statutory child protection systems to balance the rights of families to parent their children as they see fit with the rights of children to be protected from abuse or neglect does not reflect consensual community standards. Rather, he claims that the legislative tension between parental rights and children's rights can be attributed to a dogmatic leftist ideology that has dominated social work practice and academia since the 1960s or alternatively the 1970s.

According to Sammut, this 'radical school of social work' is critical of mainstream middle-class institutions



About the author

Associate Professor Philip Mendes teaches social policy and community development, and is the Director of the Social Inclusion and Social Policy Research Unit (SISPRU) in the Department of Social Work at Monash University. He is the author or co-author of 10 books including Young people transitioning from out-of-home care: International research, policy and practice, co-edited with Pamela Snow (Palgrave Macmillan), and a third edition of Australia's Welfare Wars, both published in 2016.

such as the nuclear family, and strongly opposed to adoption. Consequently, social workers trained in universities have shifted their focus from addressing and judging individual behaviour to identifying structural inequities as the basis of all social problems. Hence, they construct child abuse and neglect as the result of social disadvantage rather than individual pathology and specifically refuse to condemn parental drug abuse. Sammut suggests that any social work academic who rejected this alleged ideological orthodoxy would experience professional and social exclusion. But he manages to identify a few brave dissenting social workers. based in the Australian Childhood Foundation and its (now defunct) research arm, Monash University Child Abuse Prevention Research Australia, who reject this family-centred approach and instead focus solely on what he calls 'children's rights'.

Why does any of this matter? According to Sammut, powerful left-wing social workers acting alongside a range of bureaucrats, professionals in government departments, academics, NGOs and politicians, dominate child protection policy making.

John Hirst, who had displayed a long history of prejudice towards social workers, launched Sammut's book in November 2015. He made several bizarre allegations against social workers: that they always return children to substance abusing parents who will only commit further abuse and neglect; that they prefer to return children to families rather than remove them permanently so that there will be more funding and jobs for social workers to support those families; and again, that social workers are the powerbrokers who guide child protection policy.

Sammut's work is also praised by journalist, Angela Shanahan, who accuses social work of being 'infected' by feminist hostility to adoption. However, she warns that she cannot possibly be prejudiced against social work because both her mother and sister are social workers; it was her mother who taught her the 'difference between hands-on-to-the-case social work and people who thought big - too big - and wanted to change the world. She told me they were dangerous and saw themselves as messiahs of the poor zealots, in other words'.

The work of Sammut (and indeed his supporters Hirst and Shanahan) does,

however, reflect prejudice rather than any serious dispassionate analysis. Firstly, social work is an ideologically diverse profession. An earlier historical overview in Critical social work: An introduction to theories and practices of radical or critical practice in Australian social work concluded that most social workers favour conventional rather than critical approaches to social work practice. Only a minority (and probably even a smaller minority in child protection work) would remotely fit into Sammut's left-wing stereotype.

Secondly, Sammut ignores the fact that social work is a numerically small profession in the child protection field. As noted by academic, Phillip Gillingham, in his journal article, Social work and child protection in Australia: Whose job is it anyway?, most child protection workers are not social workers, and indeed only a minority of social workers work in child protection. It appears that the contemporary social work profession has only a limited impact on child protection practice, policy and legislation despite the best efforts of the Australian Association of Social Workers (AASW) and some social work researchers and academics who specialise in this area. Strangely, Sammut ignores the dominant role of the legal profession in child protection systems and does not make a single reference to the key role played by Children's Court magistrates and associated lawyers – who represent children, families and child protection workers - in applying legislation, and determining outcomes for individual children and families.

So, what is to be done? The AASW has certainly been more active in recent times at both a national and state and territory branch level in various child welfare policy and practice debates. But perhaps both the Association and individual social workers need to be more vigorous in educating the community about the complex nature and challenges of child protection work, and in refuting the type of misinformation and prejudice that appears in Sammut's text.

IT'S EITHER SINK OR SWIM — SO MAKE SURE TO HAVE A LIFE VEST READY

AMY SPEERS-DLUGOSZ AND CORINA MODDERMAN

About the authors



Amy Speers-Dlugosz is a 23-year-old social work student at La Trobe University in Albury-Wodonga. She completed a double diploma in Community Services and Case Management in 2013 and then enrolled in the double degree, Bachelor of Human Services/Master of Social Work, at La Trobe University in 2014 from which she will graduate this year. For her professional career, Amy has decided she would like to work with young children and their families.



Corina Modderman is Social Work and Social Policy lecturer at the La Trobe Rural Health School. Corina has over 18 years' experience in child protection having worked in a variety of roles and management functions across the world, and is now studying for her PhD in transnational social work practice and experience. A social work student and a university lecturer reflect on their eight weeks and 18+ years respectively of working in child protection.

Corina Modderman's final placement before she graduated in social work was with the Dutch statutory child protection system in 1997. It was the beginning of an international career in the sector that took her from the Netherlands to the UK and then rural Victoria. While 20 years ago she would not have dreamt of becoming a lecturer in social work or of undertaking a PhD that considers the experiences of transnational social workers practicing in child protection, Corina now enjoys sharing her knowledge of and enthusiasm for child protection with students at La Trobe University.

Child protection social work, which involves working closely with children and families who have experienced trauma, is both intimate and raw and Corina often felt challenged by the oppressive, and at times, punitive environment within the sector that included battling the problems created by the silos between agencies and the shame and blame of the public. The exposure to abuse continues to hurt and does not get easier over the years. There are simply no winners - but, occasionally, there are small successes, little victories that contribute to changing lives, generating a sense of belonging and quality connections. Can you truly prepare students for child protection social work? How can you teach them hope, compassion and ways to develop their strengths, where most people only see failure?

One of Corina's final year students, Amy Speers-Dlugosz, is currently completing a placement within child protection. Amy says the heavy and heartbreaking child protection subject in which Corina shared experiences from her own career and the ongoing academic support she provides, has in part helped her prepare for the placement. And ultimately the subject did inspire her to want to explore this area for her professional career.

Every day, Amy learns new things during her placement, including applying theory in the practice setting. However, she does wonder if she will ever be able to make sense of children being abused and if she could have ever been prepared enough. Having Corina as a liaison contact, someone who knows exactly what child protection practice can be like, including the impact of being exposed to trauma and the need for self-care, has helped to keep her focus on track. She wants to ensure children and young people are safe and connected to their families, where possible.

Now half way through her placement, Amy feels that nothing could have prepared her. It's new. It's challenging. It's fast-paced and at times conflicts with her values. For example, court ordered counselling, how does that sit with self-determination? Child protection is at times oppressive and punitive. Theoretical approaches that she thought would work when confronted with abuse and trauma, such as strength-based practice, have not been straightforward. Amy struggled with finding strength when a baby needed to be removed from parents who were using crystal methamphetamine. She tries to make meaning through supervision, reflecting on her own values and ethics, which are being tested.

Practitioners either sink or swim but either way they need a life vest made with self-care, quality supervision and opportunities to reflect alone and with others and the occasional time out. Amy's self-care includes playing sport and regularly exercising or meeting up with friends. She also meets with her field educator on a weekly basis to debrief, reflect and learn how to see the grey between the black and white. By using this life vest Amy is now considering child protection as her career after she graduates this year.

Both Corina and Amy have discovered that child protection social work is challenging. Practitioners either love it or hate it, possibly a bit of both most of the time!

LISTEN AND LEARN: WHAT MY CLIENTS HAVE TAUGHT ME

JULIA BUTLER

Working with children and families gradually led social worker, Julia Butler, to child protection. Here she highlights some of the people she has learnt from along the way - her clients.

I had started seeing Troy* about six years ago when he was eight. He'd been accused of inappropriate sexual behaviour towards a young cousin. He and his mother attended for about six months, travelling some distance to see me. I formed an opinion that Troy had not behaved in this way, and wrote a report to support him and his family. Every year the family would re-engage for a few appointments, usually because Troy had been suspended from school. At these appointments he would often sit with his head down, asking his mum to do the talking. My role was to support Troy's mum and just be present. Over time the relationship developed and he would often paint with me. Gradually Troy spent more time in the session without his mum.

Along the way, Troy saw a number of other health professionals and collected various diagnoses - Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder, among others. Somehow I stayed in their lives in this small way, until there was a break of about 18 months. Early this year, Troy's sister and young cousin disclosed extensive sexual abuse by Troy's ex-stepfather. Even though Child Protection had always treated the family with suspicion, the family knew that they needed to report this and I was privileged that they contacted me to help them navigate through the legal process. In all likelihood it was this man who had been the perpetrator all those years prior and not Troy.

Working with this particular family taught me that I always needed to be respectful of, and sensitive with, vulnerable families who often experience judgment and labelling from government authorities. It was with respect, care and consistency that I had built enough trust for the family to approach me to assist them with contacting Child Protection.

I received a referral from Family and Community Services for Tegan*, a 13-year-old girl whose caseworker was convinced was being abused by

her mother's current partner. Tegan believed that this man truly cared for her and that she was experiencing true love, but did not share any details. As she had two abusive parents, it was no wonder that Tegan felt drawn to this man who showered her with attention. Over five months, I provided Tegan with counselling and found she liked the idea of making an Angel Blanket. Her design was simple - a soft white blanket that would be covered in hearts cut out of various materials.

One counselling appointment was spent cutting out shapes until she settled on the right shape for her. The next few weeks were filled with cutting out hearts of different colour materials while we discussed what the hearts represented. She talked about the difficulties and injustices in her family life, why Child Protection had become involved. and of her hopes and dreams for the future. We finished the blanket, but she then ran away and was rehoused by Child Protection.

A couple of months later I received an update from her FACS caseworker. She thanked me for my work with Tegan who had opened up about exactly what had been occurring with her mother's partner and this had provided enough evidence for charges to be laid. Tegan's case taught me that even when you feel you can't conclude your work on your own terms, or that you haven't had enough time to do what you want, it is important to go at the client's pace. The blanket and our conversations around it helped Tegan focus on her future.

Another important lesson came early in my career from one of my adult clients, a young mother, while I was working in a team that used narrative therapy practices. During her first appointment, I explained that my approach was based on the premise that she was the expert of her own life and that I was there to support her. She responded, 'But I want you to tell me what to do!' In this

narrative therapy context, I learnt that it's more important to spend time asking and listening to clients than telling them about my role. I still love using narrative therapy in my practice.

Early in my child protection counselling career I regularly heard colleagues talk about moving on to non-trauma fields. I've felt differently - that, in fact, it is child protection and trauma work that I am passionate about. This passion has been kept alive by listening to and learning from my clients.

* Names have been changed to protect privacy.



About the author

Julia Butler is a clinical social worker who has worked with families affected by trauma since 2003. Prior to this, she worked with people with disabilities for 10 years. After qualifying, Julia was employed as a specialist counsellor within the NSW health system, firstly within a sexual assault team and later in a child protection counselling team. When she moved into private practice, Julia started working in a creative, child-focused counselling service in Sydney's inner west. In 2010 she successfully established a branch of this service in western Sydney and ran it for five years.



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WHAT'S CHANGED AND WHAT SHOULD STAY THE SAME: FORTY-FIVE YEARS OF CHILD PROTECTION PRACTICE IN NSW

JOHN GAVAGHAN

Much has changed in statutory child protection in New South Wales, says John Gavaghan, but the ability for social workers to establish relationships that foster connections is still key to successful practice.

When Family and Community Services, or, as it was known then, the Department of Child Welfare and Social Welfare, offered service to the people of New South Wales in the late 60s and early 70s, the agency was only just beginning to transform from a largely administratively focused organisation to one reliant on sound professional practice evidenced by a solid research base.

Training was key. Practitioners who sought opportunities as district officers in the department initially underwent a two-year orientation period, during which time they were mentored and supervised by supposedly more experienced officers to fully equip them for the role they were to undertake with families and communities, until their graduation as trainee district officers.

Even in those early days, emphasis was placed on the notion that children and families needed to establish a relationship with significant people in service-driven organisations in order to be able to deal with the exigencies of everyday life. The establishment of districts was paramount: officers were allocated a physical territory and their job was to know exactly what was happening in that territory. Their brief was to make connections with resources relevant to the needs of the children and families who came to their attention and to prevent family dysfunction and ultimate fragmentation.

But the agency was slow to embrace developing knowledge and tardy in appreciating the experience of other jurisdictions that were exploring the impact of abuse and neglect in more rigorous, realistic and ultimately more challenging ways. Even in the early 70s, at the highest levels of the organisation, the suggestion of physical abuse of children was dismissed as a phenomenon occurring south of the New South Wales border. Scant attention was paid to deliberately inflicted trauma.

The impetus for change came through the ground breaking work of Ruth and Henry Kempe in the USA and paediatricians in this country, largely in NSW and Victoria. The pace quickened significantly when practitioners such as Betty Vaughn, a social worker at the very heart of the training regime in NSW, began raising the bar on what was needed for competence in the field. Input to training courses was upgraded to embrace evidenced-based practice. Eventually tertiary qualified practitioners were recruited. Some were even offered scholarships at the University of Sydney and the University of NSW. And what attractive offerings they were: all fees paid, a book allowance, a living allowance, guaranteed employment during university breaks and at course completion, all well before the ascendancy of Prime Minister, Gough Whitlam.

Since those early days, the Department has undergone several name changes, reflecting the changing priorities of differently disposed state governments and their respective ministers.

But the problems of neglect and abuse in all its forms have not diminished. The rate of children entering the care system has increased extraordinarily, not decreased; the numbers of Indigenous children coming into the care system is way beyond their representation in the community. Indigenous children are also staying longer in care and leaving care more slowly than non-Indigenous children. The obvious comparison with earlier generations is frightening. There is so much more to be done.

Reconnecting children with family, and family with community is a must. Recent initiatives in family group conferencing

and family finding are fundamental. These are established practices that work. When organisations know what is happening in their territory it is because their workers have established relationships that foster connections - between children, their families and their communities. This is the nub of child protection.

About the author

John Gavaghan graduated as a social worker from the University of New South Wales in 1971 and began his career with what is now the Department of Family and Community Services. Since 1971, he has worked almost entirely in the child protection arena, leading the first child abuse team in NSW in association with the then Royal Alexandra Hospital for Children at Camperdown in 1974, prior to the passage of the 1977 amendment to the Child Welfare Act, 1939, and its associated mandatory reporting requirements.

TRAUMA-INFORMED PRACTICE WITH CHILDREN WHO HAVE EXPERIENCED **HUMAN RIGHTS ABUSES IN CAMBODIA**

ZOE WYATT

Much has been written about 'trauma-informed care' that is relevant to social workers, who are often at the front line of trauma, including in child protection and schools. However, although trauma models exist, information that explores the implementation and practice of them is scarce. Here Zoe Wyatt discusses her research that explored trauma-informed classroom practice at Hagar International Cambodia's school, the Community Learning Centre, in Phnom Penh.





About the author

Zoe Wyatt is a recent Deakin University Bachelor of Social Work (Hons) graduate, with PhD aspirations for 2017. Having worked in the field of education and training for over a decade, she became interested in social work while teaching in Vanuatu as part of an Australian Government project. Zoe currently works as an addictions therapist in Chiang Mai, Thailand.

Hagar International Cambodia (Hagar) has implemented a Western trauma-informed model in its 'catch up' school in Phnom Penh. A non-government organisation, Hagar has been operating in Cambodia for over 20 years, long enough to see some of its children successfully complete their education and go on to university. This is a significant achievement for Hagar and, importantly, the children many of whom have experienced considerable trauma in their young lives.

Hagar works with victims of human trafficking; many of the children who attend the Community Learning Centre (CLC) have been trafficked. Social workers can be found across all levels of the organisation, from senior management to clinical settings, and Hagar's child protection arm that works in Cambodia's rural and urban communities. The trauma-informed classroom strategies currently being used at Hagar's catch up school, CLC,

was developed by an expatriate social worker, putting the organisation in a unique position to demonstrate how social work can inform educational practices and highlight the nexus between the two disciplines.

The model used by Hagar helps teachers see students through the trauma lens to understand their student's feelings, thoughts and behaviours which are symptoms of their trauma history. Hagar's model was informed by the trauma work of American psychiatrists, Perry and Siegel, but also drew from the practical classroom models developed by Australian social worker Laurel Downey from Berry Street in Victoria and the Australian Childhood Institute model. However, the overarching framework of Hagar's trauma-informed approach was largely based on the work of Scottish social workers, Happer, McCredie and Aldgate and their understanding of what enables children in the child protection system to succeed in their

studies. This highlights the nexus between social work and trauma-informed education and how social workers across the globe are informing classroom models and practice with traumatised children.

The research conducted at Hagar explored the experiences of teachers, school staff, social workers and counsellors working with traumatised children in Hagar's CLC through interviews and a focus group discussion. The researcher applied an anti-oppressive lens and, as a member of the AASW, was bound by the code of ethics for culturally sensitive practice.

The major findings of the study indicated a convergence of trauma-informed themes and sub-themes. The five key themes were encouragement and empowerment; behaviour management strategies; collaboration and relationship with others; internal and external challenges, and healing from trauma. The research demonstrated how teachers applied these themes in their practice and classroom management and how they responded to some of the challenges flagged by Hagar staff and the development of a 'trauma-lens'.

Further findings indicated a religious and spiritual approach to self-care among Hagar staff and the importance of strong relationships as a key resilience factor, not only for the children but also for professionals working with trauma. Several teachers discussed how sometimes a child would confide in them and this could cause personal distress. An unexpected sub-context of spirituality began to emerge in the interviews, with many participants talking openly about their religious practice as a self-care measure. Social workers and teachers can feel distressed when hearing about the maltreatment of a child, which in the long-term can put them at risk of vicarious trauma and compassion fatique. As well as religious or spiritual practices, self-care strategies used by Hagar staff also included their social connections, supportive colleagues, debriefing and maintaining a sense of humour.

Overall, the Hagar research demonstrated that teachers at the school had found trauma-informed training very beneficial to their teaching practices, classroom management and understanding of both themselves and their students. Teachers continually described their motivation and their practice using words such as 'love' and 'encouragement'. It may be that the most effective trauma-informed practice is partly reliant on the use of self which creates relationships that are truly safe, welcoming and supportive.

MY PROFESSIONAL **SOCIAL WORK JOURNEY**

AMANDA LINNEMAN

Amanda Linneman's social work journey began in 2004 as a case worker with Indigenous young people in far north Queensland. The experience continues to inform her social work practice.

In 2004, after graduating from James Cook University, I was a young, naïve student employed by Youth Justice Services as a case worker in the far north Queensland region. I was directed to manage a case load of approximately 20 young people in Aurukun, Mapoon, Weipa and Napranum. I would travel up to these remote communities fortnightly and engage with these young people who had court orders or who had been given community directives.

Much of the role included home visiting, service liaison and court support. While it took me to remote and beautiful places and enabled me to meet some amazing people. the role also had its challenges. Some of these included staying in unclean sleeping facilities and being caught up in community violence and disorganisation. The latter was often the result of political decision making and lack of consultation. Mostly, my time spent in these locations was positive and fulfilling in a personal and professional way.

I am currently working as an intake worker with Family and Child Connect at Uniting Care in Queensland. This work involves liaising with other service providers about the child protection concerns they may have and engaging with members of the community on child protection matters. My social work background has assisted me to engage and work with Aboriginal people, specifically young people, and to maintain an open mind around the difficulties they face in education, domestic and family violence and employment. Although the ways and resilience of people varies, I have learned that Indigenous Australians contend with numerous issues every day.

Since my studies, I have learned to practice the social work principles of respect, integrity and valuing people and their many different circumstances and the importance of alerting others to engage with those who may be experiencing the adverse effects of circumstances that are out of their control. Sometimes, a simple bit of advice or support provides encouragement, assurance and direction where none existed.



LOOKING THROUGH THE FISHBOWL

Tina Martin shares her journey as a child protection practitioner and the importance she has placed on authentically reflecting on this practice.

A few years ago, the city council of Monza, Italy, barred pet owners from keeping goldfish in curved bowls... saying that it is cruel to keep a fish in a bowl with curved sides because, gazing out, the fish would have a distorted view of reality. But how do we know we have the true, undistorted picture of reality? Stephen Hawking, 2010

In September, this year I attended a launch for the book A Sanctioned Evil by Dian Wellfare. This is a book about forced adoptions in Australia and around the world, a confronting subject by any standards but one I was not ready for. I had been resting happily in a state of denial, justifying that this was in another life for me so I did not have to deal with it.

I have a long child protection work history. I have been involved in a significant number of removals of children from their homes. When I say 'significant' the removal of one child is significant, and always has been. What is important is not the number but that these are children and the parents I removed them from are human beings. They were mothers who carried these children for nine months, laboured, birthed and attempted to attach and parent as best they could.

Some of these parents started out with the best intentions but for whatever reason came to the attention of the statutory authority which began a process of intervention that led to the removal of the child. Most times the process was protracted through the court system and all the while the children separated from their birth parents. The process was all based on the then current legislation, regulations, and policies, and at times the whim of the caseworker or casework manager. Some children were placed in out-of-home care with intent to eventually adopt the child. Most of this was based on research at the time that indicated that for children who had a case or care plan indicating a need for long-term care, adoption or sole guardianship should be seriously considered.

Now, while these case and care plans had the best intentions, it was not until I moved over to the out-of-home care sector that I reflected on my practice as a child protection practitioner and thought about the long-term impact of those decisions. It wasn't until I went to the book launch where I heard some of the stories and research about having a child taken away to be adopted, and listened to adoptees tell their story, that I had to sit with the 'uncomfortable' and the subsequent tension.

I must reflect on the past practices supported by policy and legislation and their impact, and continue to consider these along the way in any organisation in which I work. What I have learned is that there will come a time when I will sit and listen to these mothers and fathers talk about what losing their child to adoption has meant for them, and their healing process. One of the speakers at the book launch stated 'Who are they to tell us how much it should cost to do our own healing?' To me, this implies that whatever it takes to move through this is personal. Hopefully, in my career I will be privileged enough to meet one of these parents and sit with them through this uncomfortable journey.

On my journey, I will also no doubt meet one of the children who have been removed either by me or someone I worked with and get their view of what it was like for them; I will no doubt again be 'uncomfortable'. I have learned that when practicing in the field of child protection. (or, one could argue, any statutory authority) the view from the goldfish bowl can be and is one that needs to be tested. defended and, in some cases, emptied out to challenge the view completely while never forgetting that perception is key. Either way, it is a difficult place to be.

About the author

Tina Martin, a psychology graduate, has now just completed her Masters in Social Work at the University of New England and works as a team leader in the NSW Health Child Wellbeing Unit - Southern Region. She worked for NSW Family and Community Services for 16 years as a child protection caseworker, specialist, and manager for the Joint Investigation Response (JIRT) and out-of-home care (OOHC) teams, then in the non-government sector as Care Team Manager in an OOHC program. Tina has also worked in the NSW Department of Health.

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WELL SUPERVISED CONTACT: AN OVERLOOKED PART OF THE RESTORATION PUZZLE

CAROLYN COUSINS

Restoration is far from simply returning a child to the situation they left. It is fraught with new issues and hurts, new rules to negotiate and these interactions, when undertaken by a professional with the right skills, can enrich the quality of children's emotional bonds with their parents, writes Carolyn Cousins.

The maintenance of relationships between children and their birth parents while in care is important for parental rights and a sense of connection and identity for the children. With a push toward restoration, contact between parents and children takes on new meaning.

Successful restoration is a complex process. It is not simply seeing the return of a child to the environment they left. Hopefully the parent has grown and changed, however they have also usually experienced guilt, shame and deep grief, along with a sense of judgement. They have had to protect their heart, getting on with living while their children were being cared for by someone else. Each contact session, although a chance to see their loved child, has also been a likely source of grief and despair, a minefield of managing their own emotional reactions, often while also being observed in a fairly artificial environment.

The children have also changed. They have experienced the hurt, rejection, fear and confusion of removal – even if it was to keep them safe. They have had to learn to live in another family home with different rules, levels of care (physical and emotional) and maybe financial circumstances. The children may have experienced more or less emotional warmth and a different style of care. They are likely to now have attachment issues or concerns about future removal and may have also been separated from siblings. Confusion about past roles in the family dynamics and how their sibling relationships might look now are also likely to be in the background of any restoration. Add to this that the family members or composition may have also changed in their absence.

The starting point for many restorations is an increase in contact, usually supervised. The interactions this regular,

supervised contact can afford are therapeutically rich for both parents and children. Yet, so often, supervised contact is undertaken on weekends, with lowly paid and often poorly trained staff (often students) who may have minimal briefing and even less ability to comment on the interactions in a way that informs the restoration process. Supervised contact offers the trained observer a wealth of information about the new bonds that are forming, the hurts that are still present (on both sides) and the areas of work for successful reintegration of children into a family. Too often therapeutic repair work in the relationships, if undertaken at all, sits separately from the contact and all that it offers.

Contact represents an opportunity to re-build connections and to enhance, heal and transform parent-child interactions through coaching, counselling and pro-social role modelling. Well-supervised contact opportunities should be viewed by social work practitioners as invaluable for reparative work on attachment relationships. When undertaken by a professional with the right skill set, these interactions can immensely enrich the quality of children's emotional interactions and bonds with their parents.



About the author

Carolyn Cousins is a social worker and adult educator. Founder of Tuned In Consulting and Tuned In Contact, she has gained some of her views around contact from working at the Tavistock and Portman Clinic in North London, the home of attachment theory and infant observation. She has been struck by significant differences in the way contact is viewed and valued in the United Kingdom since returning to Australia to practice.



CHANGING OUR GAZE: WHY WE NEED TO ENHANCE THE STATUS OF CHILDREN

CARMELA BASTIAN

Tragedy and 20 years in the child protection sector have not dimmed Carmela Bastian's commitment and drive to enhance the status of children. Now, after too many child deaths in South Australia, she says it is time to re-position the humanity of children so that their needs, interests and wellbeing come first.

In 1996, as a newly qualified and energetic social worker in the child protection sector, I was confronted with a tragedy which has been the driving force of my professional career. I worked alongside a young man who had been subjected to many years of emotional abuse. He struggled with the impacts of the trauma and desired change and hope for his future life. Two weeks after my involvement ended with him, he could no longer endure the suffering and suicided.

Through reflection and healing, I found strength and reinvigorated commitment to ensure that his death was not in vain and he was not forgotten. He came to represent for me all children and young people who suffer in silence and are invisible within a system that is noisy, overloaded and constantly changing.

My commitment and drive to enhance the status of children has not waned. Although I now practice in an educational and academic setting, I continue to raise the profile of children through research and teaching at Flinders University in South Australia. As a PhD candidate, I have recently completed a study that argues the case for engaging in an alternative discourse about children who experience abuse and neglect. It is time for us, as professionals, to avert our gaze from system-focused narratives and re-position the humanity of children so that their needs, interests and wellbeing are truly up front and centre.

How can we change our gaze? I argue that 'childism' can enable an alternative focused narrative to change the gaze. On the one hand, childism as described by Elizabeth Young-Bruehl in her book, Childism: Confronting prejudice against children, is about the discrimination and oppression that exists in our society as experienced by young people simply because they are children. Childism occurs in statutory child protection. The

oppression and domination experienced by children who have been harmed or are at risk of harm is exacerbated, in some cases, by a system charged with their safety and protection. The in-depth analysis of four child death reviews in South Australia has enabled the exposure of childism, highlighting the gap between rhetoric and practice reality.

Complex and interacting factors contribute to practices within statutory child protection jurisdictions. The evidence indicates that, in these children's narratives, there was a lack of attentiveness to, and recognition of, their adversity and suffering. Child protection processes and responses illustrated speedy casework that excluded children and their families. These processes have obscured the human aspect of statutory child protection work and diminished opportunities to form working alliances and eroded workers' confidence and competence.

On the other hand, childism provides an agenda for transformation. It permits us to look beyond an agenda of what victimises children. The best interests and voice of the child must find its way from legislation to frontline practice, although this is unlikely to occur until we name and confront the trauma, oppression and dehumanisation that children suffer. Rights-based practice enables the recognition of the unique needs of children and opportunities that they deserve. Within this dialogue and practice philosophy, it provides an understanding of what prevents parents and governments from fulfilling their acknowledged obligations to children, fostering childism.

Enhancing the status and humanity of children and eroding childism is dependent on investment in the professional child protection workforce. Child protection practice that is morally just, ethical and child-focused is reliant

on confident, competent and authoritative social workers. If we want our children and young people to be cherished, protected and safe, we must also cherish, nurture and acknowledge the needs of our professional social workers. We need to invest in and nurture the human element of child protection. It is only then that we can truly put children first.



About the author

Carmela Bastian has worked as a social worker in the field of child protection for 20 years. She is currently a lecturer and researcher in the School of Social Work at Flinders University, South Australia.

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WORKING WITH CULTURALLY AND LINGUISTICALLY DIVERSE FAMILIES

BILJANA MILOSEVIC

Jannawi Family Centre is a specialist non-government therapeutic child protection service located in a culturally, religiously and linguistically diverse area in the south-west of Sydney. Jannawi is a word from the Indigenous Dharuq language that means 'with me' and works within a philosophy of walking alongside families and using power with them to create change and promote safety for children. The centre is funded by the NSW Family and Community Services and has developed a social work practice framework with families from a range of diverse backgrounds who are currently in contact with the statutory child protection system.

Working to develop approaches to engage families from significantly diverse backgrounds on issues that are sensitive, and not making assumptions about the beliefs of and about families and children, are important aspects of the social work practice framework that has been developed by Jannawi Family Centre.

A clear social work practice framework like that developed by Jannawi Family Centre in Sydney embeds practice within a human rights, trauma-informed framework. This type of framework views child protection as an issue that crosses all cultures and aspects of diversity. In practice this is a model that works with the rights of children that connect families and communities; that is, the right for children to live in homes free from violence, fear and abuse.

At Jannawi Family Centre, the model works with similarities rather than differences and ensures staff can engage families from significantly diverse backgrounds on issues that are sensitive and not make assumptions about them or the beliefs they hold. However, perhaps the most challenging aspect of practice at the Jannawi Family Centre is the need to acknowledge the inherent cultural bias within child protection and social work as a profession; these professions primarily teach a Western approach to families and children, developed in and transported from Britain. How do these theories and approaches relate to working with individuals from linguistically, religiously, culturally and ethnically diverse countries and societies? How does social work in Australia develop and promote practices that are truly sensitive and honour diversity?

Perhaps the first step is to acknowledge the biases that currently exist. Practicing from a critically reflective position recognises that many constructs that form part of Australian systems are cultural. They may not exist in most places around the globe. Katz in Transcultural counselling in action articulates many Western concepts that are taken for granted, such as historicity, the focus on the individual

and strict time boundaries. In practice, this means that concepts that may seem simple require a discussion about their meaning and purpose. It also requires ongoing conversations and a process that challenges any assumptions with curiosity. Many families may hear the words 'domestic violence' but how many practitioners spend time clearly describing and articulating the meaning, actions and words that constitute violence? Is the purpose and role of child protection explained? For many social workers, these questions may seem straightforward but time constraints and pressures can sometimes prevent meaningful conversations from taking place.

As the Director of Jannawi, much time was spent unlearning the language learned at university to speak to the families attending the Centre. The use of simpler language to explain complex concepts is a skill. Describing and explaining the child protection system in the simplest terms possible is crucial and can be difficult for professionals familiar with its processes. Social workers are trained to possess the skills of communication and active listening. which are paramount. However, a child protection social worker should be guided by the position that parents want the best for their children, for them to grow up and be good, safe adults. Skills in building meaningful relationships are essential because without relationship, it is impossible to do the work that keeps children and families safe. There also needs to be a belief that all interactions, brief or long-term, will be therapeutic and meaningful.

For bi-cultural social workers, there seems to be limited space to discuss the challenges and benefits of working

with diverse communities. Many may be pigeonholed to work with their 'own' and there is a strong sense of a need to take a 'side'. While working for a socially just society in Australia, workers themselves experience ethnic violence, discrimination and disrespect. At times, it can be challenging to promote non-violence, respect and a sense of safety while facing similar negative experiences. In addition, the assumptions made within the profession about families from diverse communities may also be applied to bi-cultural social workers by their peers.

There are many theories taught at university that perhaps do not connect with personal experiences and so begins a process where a developing social worker must attempt to mesh and mould the best of two worlds. This involves not discounting one theory over the other or believing one better than another, as both personal and professional experiences are important. Both have a significant contribution to make to the field of child protection and help with the making of difficult decisions about how to respectfully and ethically challenge and intervene with families to keep children safe. In the academic and practice worlds this core belief remains consistent: safety, stability, nurturing and cultural identity are basic human rights of all children.

Authors and social workers have articulated these concepts before. However, it is important to make sure they are part of a regular conversation within the Australian social work profession – more so when it comes to child protection and some of the most marginalised members of our society. There are growing numbers of children from culturally and linguistically diverse (CALD) communities being removed from their families and growing up in out-of-home care in this country. It is the role of social work to shine the light on this problem and ask the difficult questions of current child protection practice, which continues to engage in

the cultural dislocation of Aboriginal and Torres Strait Islander children and young people, and children from CALD communities. Australia has a history of invasion, colonisation and racism that underlies society. Social workers can play an important role in bringing attention to these matters, which may sit outside awareness, and in acknowledging and challenging the deeply held, sometimes automatic, cultural views.

In their book, Culture and child protection Reflexive responses, Connolly, Crichton-Hill and Ward highlight our own familiar view or ways of seeing as 'simply human'; that we view others as 'different, ethnic, or culturally peculiar'. Social workers need to understand their own cultural identity and attitude; develop awareness of both conscious and below conscious thought, and an understanding of a sense of self and relationship to the world. For bi-cultural social workers, this is perhaps an unavoidable lifelong process. For a bi-cultural social worker to be effective, they must regularly reflect on the experience and consequences of oppression, racism and discrimination. However, as Connolly et al. highlight, it is impossible for workers to know about all client cultures. This is particularly the case when working in a diverse community. What is crucial is taking that first step of developing cultural self-knowledge.



About the author

Biljana Milosevic is the Director of Jannawi Family Centre – a NSW Family and Community Services funded specialist provider and non-government child protection service in Sydney. She has over 16 years' experience working directly with children and families who are at significant risk, experiencing violence, abuse and neglect. As a social worker, she believes that ethical practice promotes social justice and that working holistically with individuals increases understanding about the way violence impacts their lives, and therefore their safety. Biljana believes strongly in the rights of children to live in homes that are safe and for them to know about decisions being made about and for them.

WHY WE NEED TO HELP STUDENT INTERNS MANAGE THE CULTURE OF CHILD PROTECTION AGENCIES

DR JODIE PARK

Completing your social work field placement is not a choice. To be able to qualify for a Bachelor of Social Work or a Masters of Social Work Qualifying Degree, students need to demonstrate 1000 field practice hours that are generally completed over two separate placement experiences.

The purpose of a field placement is to facilitate a situation where the student can be enmeshed in a practice environment to promote their professional learning. The placement allows students to test their skills and knowledge in a practice setting, which enables them to transfer their understanding of the theory to practice. There are various personal and professional considerations that can affect a student's experience of placement - including the culture of the agency where the student is placed.

An agency culture can be defined in many ways, including as the workplace dynamic that describes how workers identify and support each other within its context. Some workplaces have positive cultures that permeate each level of the organisation and allow for the workers to feel supported and respected. Others do not. The underlying reasons for negative cultures have been widely discussed in social work literature.

How does the workplace culture in statutory child protection offices in regional New South Wales relate to the final field placement experiences of social work students? Firstly, if they are placed with a worker who is not able to provide clinical social work supervision, the student will need to receive external supervision during their placement and this can be at odds with the informal supervision provided in the workplace.

The following extract is an example of a conversation that has occurred between an external supervisor (the author) and a student.

Student: The father is a danger

to his child and he lies

all the time

Supervisor: How do you know this?

Student: What do you mean?

His child was removed because he is a liar

Supervisor: But what have you seen,

read, observed that would make you label the man as a liar?

Nothing. That's what Student:

everyone calls him. He can't be trusted to keep

his child safe.

When this conversation was explored further and with support, the student began to reflect on how the workplace had informed her view about the man. The reflection process was confronting and challenging for her as the student was trusting the general view of the man that had been formed by the child protection team with whom she was working.

As a future practitioner, the different messages she receives from the workplace and then from her external supervisor must be confusing and difficult for the student to internally mediate at times. For the external supervisor, the supervision becomes more about challenging the practice that is emerging rather than complementing it to extend the student's practice framework. It is also, of course, the role of the external supervisor to challenge and encourage reflection of

the learning experiences but it must be asked why the student was exposed to deficit-based practice in the first place. If this practice example was unique, the level of concern would be minimised. Unfortunately, the above example could be transferred to other students working in different statutory child protection offices in another region. The deficit-based language in the conversation and the impression it gave of a compromised holistic workplace framework appears to be a universal problem, so social work teachers and external supervisors need to be thinking about what this means for students when they become qualified practitioners and how it will inform or impact their practice and the vulnerable people they might work with.

In addition to the deficit-based practice framework, some external supervisors may have observed that students have been adversely affected by the office culture. They have reported feeling devalued by staff in the office, believe they are the topic of staff conversation because they have refused to complete a task or feel personally compromised because they have questioned intervention strategies. Students who have been impacted by an adverse culture question their commitment and capacity to practice social work in general. The external supervision becomes focused on building their practice confidence and personal self-esteem so they can manage the environment in a positive way.

The purpose of highlighting the external supervision experience is not to cast a negative light on statutory child protection agencies but, as a profession, to demonstrate the importance of being proactive about supporting students in these placements. Child protection practice is hard, complex and professionally consuming and workplace culture cannot be fixed quickly. Instead, work needs to be done to help students understand that they will be personally and professionally challenged by this environment and that this is a good thing.

Being challenged will help them reflect on their experience and develop practice skills that will assist their professional development and resilience.

The idea of completing a field placement in a statutory agency is attractive for social work students. The work is often viewed as exciting and fast paced. Child protection field placements offer a unique opportunity to experience social work practice in an environment characterised by high risk situations and where practice is very much underpinned by discourses of law and accountability. Generally, these constructs are viewed as negative aspects of our work, however, if practiced in a positive way, students can learn a great deal about risk assessment, working within legislative requirements and how to manage workload amid resource constraints. On the flip side, academics, external supervisors and practitioners also need to be honest about potential negative cultural factors to help students make an informed decision about whether they would like to pursue this type of placement experience.

The child protection environment is hard and students can learn a great deal from its workers in terms of managing competing priorities and conflict, identifying safety and risk issues, and working within tight timeframes. Therefore, field placements in statutory organisations are important but should only be undertaken if the student has access to an external means of support to assist them to manage the environment and experience.





About the author

Dr Jodie Park is an Accredited Mental Health Social Worker and has been working in the child protection/ out-of-home care field for 16 years. She has worked with government and non-government agencies and is currently in private practice that provides therapeutic intervention for individuals and families who have a history of trauma. Jodie also provides individual and group external supervision to practitioners and social work students, and teaches at the University of Western Sydney and the University of Wollongong.

INFANTS IN OUT-OF-HOME CARE

ROBYN KEMBLE



About the author

Robyn Kemble is currently a social worker with Evolve Therapeutic Services, within the Child and Youth Mental Health unit of Queensland Health. Her professional career has included working in child and youth mental health, child protection, women's health, family violence, eating issues, private practice, supervision and education. Since graduating from James Cook University in 1995, Robyn's career has focused particularly on children 0-18 years and her passion for perinatal and infant mental health. This informed her Master's degree in 2015 and is now being expanded with her study into social work research in the field of infants in out-of-home care. Robyn Kemble explores the mental-health assessment needs of infants - pre-schoolers - entering out-of-home care through the child protection system and how this can be supported.

The Department of Communities' statistics for Queensland in 2016 show that over 20 per cent of children entering out-of-home care (OOHC) are aged 0-4 years. Yet, this group of infants and children continue to be under-represented in intensive therapeutic services for child protection as well as mainstream mental health services. Infants are highly sensitive to the emotional tone of their surroundings, and they require specialist attention in OOHC for the very fact that they have been in high-risk situations. Therefore, it is important to create pathways toward evidence-based assessment and intervention, both externally and internally for child protection services to meet the needs of this most vulnerable cohort.

The most severe pathology experienced by foster children can be clearly linked to unmet emotional needs in the earliest years. Financial and humanitarian cost of a failure to meet unmet needs is far outside what would be required to intervene early with cost effective, evidence-based programs and services. Once taken into OOHC, younger children are more likely to spend a larger proportion of their life in the foster care system, have multiple placement moves and less likely to be restored to their birth families than older children.

The abuse and neglect that these infants have experienced disrupts healthy attachment, which is further interfered with when going into OOHC and this most developmentally vulnerable time continues to be interrupted with every subsequent move. These infants are at high-risk of developmental psychopathology through disorganised attachment relationships if their relational experiences are not held prominent in their care planning. Given that in early childhood there is

rapid development of neurological, social and emotional domains, the importance of this time for developing crucial attachment relationships presents a primary opportunity for providing targeted early intervention for these high-risk infants within therapeutic services.

The rights of birth parents have historically driven child protection systems, where high-risk was defined as the child's risk of harm and risk from being removed from his or her birth family. An attachment perspective would arque that high-risk can be defined as not being removed from a parent who cannot meet their safety needs as well as nurturing their attachment needs, which may be better met outside of that family. There is a significant amount of evidence that supports the neurological imperative of the developing infant; it states biology cannot be considered above the need for a meaningful, organised care-giving relationship. Hence research in the attachment field has provided a conceptual framework that enhances assessment and supplies tools for understanding the complex parent-child relationship and care-giving capacity. Typically, assessments around reunification of high-risk infants in OOHC can be undertaken with a focus that has little to do with the transgenerational impact of the malfunction in the caregiver's protective state of mind.

Within infants in high-risk relationships, evidence suggests that diagnostic and prognostic outcomes will be shown within the parental representations of the child. C.H Zeanah and D. Benoit's 'Working Model of Child Interview' (WMCI) is one such example that allows a deeper understanding of how the parent holds their child in mind, however parental assessment of child representation is not typically

considered. What is absent then, according to J.E McIntosh, in many current high-risk infant assessments is the evidence-based research supporting multilayered approaches to consider the intricate systems of the infant-caregiver relationship and the importance of observing this as well as the assessed parental representations.

Assessment is an opportunity to contemplate the infant and caregiver within their relationship and should be more than a question of safety, according to J.E McIntosh. However, physical safety remains the primary focus within the child protection system. Within the routine comprehensive mental health assessment for infants in OOHC a new perspective is needed in the decision-making processes to ensure sufficient reflection on the infant's developmental needs that will impact on their future. These evidence-based perspectives allow a thorough appreciation of the traumatised attachment relationship, its chronological impacts and potential trajectories for the psychological presentation of parent and child. Through assessments such as these, it will be of great importance to deliberate about the ability of the attachment and care-giving relationship to adequately improve within a developmentally useful timeframe for the young child. In the case of challenging child protection decisions, consulting infant mental health practitioners may involve evaluation of these young children and their families on behalf of the child protection system, or for the courts, to provide an expert opinion regarding the optimum outcome for a child who is currently in OOHC. However, there is limited evidence-based research or literature to steer practitioners in comprehensive evaluations or to assist them with decision-making in the child protection context.

The intervention to address complex families involved with child protection that was developed by J. Larrieu and

C.H Zeanah requires comprehensive and multimodal interventions that include a wrap-around assessment and intervention that works across the child protection, public health, and court systems. Due to their statutory mandates, time limits are given to support the child's need for stability and attachment. The damaged parent-child relationship requires a relationship-based, individually adapted intervention to change it adequately to allow the child to be safe and to support a more adaptive path for its future.

The intensity of the need seen in these families must be met by an equally intense response to permit real change to occur and with a collaborative approach that integrates clinical services with legal and social systems, to offer the best possible path for these families (biological or adoptive) to succeed. The infant mental health clinician is primarily placed to understand the impact of the developmental history, the transgenerational situation leading to the infant being in care, the potential impact of multiple caregivers, and the importance of securing prompt permanency for the infant, which becomes the priority of an assessment. Furthermore, it is imperative that comprehensive assessments should include the involvement of child protection workers, agencies and other stakeholders working with the child, parent and potential long-term family (biological, kin, adoptive or foster).

It is perplexing when you hear stories of an infant taken into care at birth or at two years of age and then, when they are five or eight, the placement breaks down and the child is then labelled with any number of diagnoses that follow them into their next placement. What went wrong and why are mental health services or other services only hearing about it at this late stage? Why is the 13-year-old who has been taken

at birth into the care of grandparents continually exposed to a violent and drug affected father who visits, when child protection is involved, or why when this family placement breaks down at 5 years of age, was he placed with other concerning family members to be further exposed to harm? This is not a negative assessment of child protection services as they cannot address concerns that are not named. While child protection workers cannot work beyond their brief, it is time this brief was expanded and that the needs of this most vulnerable cohort are taken more seriously.

The issue of whether to offer infant mental-health assessments and interventions is no longer valid, the question that now remains is how and when these assessments take place. Many authors in the field have outlined the importance of considering timely attachment-based assessments that seek to inform court proceedings and to enhance the mental-health trajectory of young children. There are many guidelines that highlight the importance of systematic screening and connecting children in OOHC with mental-health services, however, the youngest and most vulnerable children continue to be under-represented. Attention must now turn to the needs of infants and preschoolers in the child protection system to obtain suitable mental health assessments. For this to occur there needs to be suitable training for child protection workers in mental-health screening and relationship assessment, as well as evidence-based interventions that respond to the needs of parent-infant relationships. This information must be shared in a timely manner with child protection services to inform the court system of a developmentally appropriate attachment window for the infant so the infant and their primary carer experience a healing trajectory.

USING ADVOCACY TO ADDRESS THE OVER-REPRESENTATION OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN IN OUT-OF-HOME CARE

SAMMI LILLIE



About the author

Sammi Lillie is a Master of Social Work student at the University of the Sunshine Coast. She worked as a community access worker in the mental health sector for two years facilitating several groups and providing individual support to clients with severe and persistent mental health challenges. She is married to a Wulbunga man from the La Perouse Aboriginal community in Sydney, and is passionate about Aboriginal rights and social and emotional wellbeing, as well as culturally safe theories and practice frameworks.

Despite numerous reports and recommendations, Aboriginal and Torres Strait Islander children continue to be over-represented in the child protection system. Advocacy can help address this, says Sammi Lillie.

Recently Royal Commissioner, Mick Gooda, stated that the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care is 'so serious we now think it is almost equivalent to another Stolen Generation'.

As a Master of Social Work student embarking on my first placement, I was keen to gain experience in an organisation that advocated for Indigenous rights. I contacted Australians for Native Title and Reconciliation (ANTaR) Queensland and was offered a placement to develop their advocacy position on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Queensland. I was to provide a report on the data that substantiated over-representation of Aboriginal and Torres Strait children in out-of-home care and then undertake research and consultation to understand the drivers of over-representation. Recommendations would be provided based on this information.

For the initial part of the brief I reviewed current and historical data from the Steering Committee for the Review of Government Service Provision Report on Government Services. This review utilised child protection data from state and territory departments, collated and analysed by the Australian Institute of Health and Welfare and the findings were alarming. In Queensland, Aboriginal and Torres Strait Islander children were 8.5 times more likely to be in out-of-home care than non-Indigenous children and as of 30 June 2015 numbers had reached 3,512. This was an increase of 168 per

cent since Prime Minister Kevin Rudd's apology in 2008 and 640 per cent since the Bringing Them Home Report was tabled in parliament in 1997.

Aboriginal and Torres Strait Islander children in Queensland were also remaining in out-of-home care longer. During 2005-2006, 8.8 per cent of Aboriginal and Torres Strait Islander children had been in out-of-home care for five or more continuous years but in 2014-2015 this had reached 41.5 per cent. It was evident that the situation in Queensland had proved Mick Gooda's concerns were well-founded and an advocacy response from ANTaR Qld was warranted.

The second part of my brief entailed reading through various legislative acts, policies and practices, submissions, inquiries and reports. I also met with numerous key stakeholders including peak bodies, Aboriginal and Torres Strait Islander organisations, government representatives, grassroots advocacy groups, such as Sovereign Women United, and other affected community members. Many issues were raised by the literature and discussions; these include biased decision-making tools within child safety, lack of availability and awareness of legal support for Indigenous families, funding directed to mainstream organisations rather than Aboriginal and Torres Strait Islander organisations, barriers to Aboriginal and Torres Strait Islander families providing care, continued racism and poor cultural understanding within the child protection system, and ineffective legislation such as the Child Placement Principle and Recognised Entity consultation.



The evident underlying issue is the need for Aboriginal and Torres Strait Islander people themselves to be making the decisions and finding the solutions to address the problem of over-representation. This right to self-determination is enshrined within the United Nations Declaration on the Rights of Indigenous Peoples, which was adopted by the Australian government in 2009, and yet child protection remains under the control of non-Indigenous laws and systems. Stakeholders have noted some promising consultation currently occurring in Queensland, however to prevent the necessity for another national apology, it is imperative there is strong advocacy for Aboriginal and Torres Strait Islander control of the delivery of child protection services.

My key recommendation is for ANTaR Qld to support the Family Matters: Kids safe in culture, not in care initiative led by the Secretariat of National Aboriginal and Islander Child Care. Supported by a strategic alliance of more than 120 Aboriginal and Torres Strait Islander and non-Indigenous organisations, this initiative has the capacity to increase self-determination within child protection and aims to stop the disproportionate numbers of Aboriginal and Torres Strait Islander children being removed.



THE UNIQUE POSITION OF SOCIAL **WORKERS: MY SOCIAL WORK AND CHILD PROTECTION JOURNEY**

SUE FOLEY

Sue Foley hopes that by sharing her story of more than 40 years as a social worker in child protection that others will be encouraged to undertake their own journey in this practice area and realise that social workers are in a unique position to change the way vulnerable children and families are treated by the social systems in which they live.

My journey in child protection began with my own experience as a neglected and multiply abused child in a relatively poor family. While I have never wished this experience on anyone else, in effect it has been an important contributor to my development as a person and a professional. I often say that one can't change the past but the future is a different story.

My journey began in 1952 when a young couple were unexpectedly pregnant with their first child. The parents were not a good match - there were conflicts about religion, politics and family, multiple childhood losses, low level of education and then isolation. Their housing was barely adequate - they lived in a garage while a house was being built. I was that first child, a bright and bubbly little girl who read early and despite mobility issues, ran around a lot. A second child arrived soon after. I was not the preferred child but I did have periodic access to extended family and community members who provided me with the resources I needed for resilience. The neglect, physical and sexual abuse I experienced, however, took its toll with childhood depression that lasted into early adulthood. Obesity and various other physical health symptoms were also the outcome of complex early trauma. Some of those effects continue. My respite was in learning, being with others, helping others and in their encouragement to be my outgoing self. In many ways, I have been a lucky survivor and resilient advocate.

Child abuse was poorly articulated in the 1950s and 60s. It was around me even when I began my social work degree

at Sydney University in 1971. My first individual client as a student in 1973 was a woman in a cardiac ward who told me of her daughter being recently sexually assaulted by her father. In 1974, during a placement in Sydney's eastern suburbs, I encountered many young teenagers and children whose families struggled with poverty and the capacity to meet their children's needs due to alcoholism and social circumstances. In 1975, during my last placement (we did our final one in fifth year back then), I met foster carers and was told of some of their struggles with young children whose development had been adversely affected by abuse and neglect. It seemed somehow unavoidable that I would begin my career in the care and protection field.

My first role was as a matron of a hostel for young women deemed to be 'uncontrollable' and in need of specialist care. I was a social worker, fund raiser, advocate and family supporter. I have fond memories of making denim jackets with the young women while listening to ABBA. The social work approach connected community members to the hostel, creating a new community for the young women, and promoted their resilience and confidence and helped them feel competent, respected and valued.

In 1978, my task was to establish the sexual assault unit at St George Hospital in southern Sydney. The child and adult service included multiple strategies: working with police, lawyers, doctors, and courageous children and adults as they told their story and braved the legal, medical and sometimes mental health systems. One of the early sexual assault groups was established as an important



About the author

Advocate, educator and clinician, Sue Foley, is currently working as the Director of NSW Children's Court Clinic. Since 1975, she has worked in health, child welfare organisations and non-government organisations. She has published and presented widely on topics within the field of child maltreatment. aspect of this service and its story was published. In 1984, after a time in a community health service, where most of the people who accessed counselling or family therapy had significant child abuse trauma to contend with, I headed to the state child protection services as a specialist in child abuse, one of the beginning points of professionalising child protection in frontline services. To be a specialist meant you needed to have a social work or psychology degree.

This adventure into statutory child protection was a significantly challenging one, requiring and developing many new skills and new knowledge and frameworks. I joined the new International Society for Prevention of Child Abuse and Neglect (ISPCAN), and contributed to a mid-80s conference in Sydney. Many AASW members were part of that conference; its significance was validated by some distressing media stories of neglect and abuse cases that were managed by police and the Department of Family and Community Services. As legislation was re-drafted and policies and education for staff swelled in quality and quantity, I felt I was contributing to very important social change.

Jan Fook's comments about radical social work, including interventions at multiple levels helped maintain my motivation and manage the personal and professional challenges of child protection. I also experienced some shocking denial of the significance of child abuse expressed by senior staff in government departments. I had to learn to help them think differently without getting too angry. I had developed some cognitive and academic frameworks

through a Master of Arts in Childhood Studies and Social Policy, and in 1990 took on a Master of Social Work course at Sydney University. I maintain to this day that ongoing learning is a way of empowering oneself as a social worker in this difficult field. For me this included attending ISPCAN and AASW conferences and the successful completion of postgraduate courses. The politics of child protection continues to create challenges for us in social work, and in 1990 a radical change in the government's approach saw a decrease in services and led me back to working in the non-government sector and to addressing child protection issues in the out-of-home care system. Many children and young people who enter care are vulnerable to further abuse or neglect by individuals and systems. The holistic approach of social work is a very important framework. Subsequently, I became interested in the way education can change the lives of individuals, families and professionals and completed a Master of Education; this course helped me to go in another direction.

Social workers in child protection need multiple skills - education, advocacy, therapy, groupwork, legal knowledge and more and so, after being in numerous management positions, I decided to move into a mental health service where trauma was powerful and multigenerational. With my social work lens, I began a multi-site trauma think tank using emerging videoconference technology. This was an example of radical interdisciplinary practice that spread throughout the state, creating a substantial community of learners.

In 2003, the Shaken Baby Prevention Project was established in western Sydney and continues to be maintained by social workers and other colleagues in more than 25 countries. Social work principles of shared knowledge partnership and social justice have seen this project used and developed in ways we never considered possible. In 2016, I was re-elected to ISPCAN council for a second six-year term during which I want to promote the voice of young people and children.

Child protection is everybody's business and social workers are in a unique position to change the way vulnerable children and families are treated by the predominant and imbalanced social systems in which they live. We need to keep children safe and respect their rights and to demonstrate our social work values at every opportunity.

WHAT CAN MINDFULNESS SKILLS BRING TO SOCIAL WORK?

RACHEL DAVEY

Interest in mindfulness has risen over recent years and its application has extended from clinical populations in the health and mental health areas to a range of professional fields in the health and human services sectors, as well as the enthusiastic adoption by so called 'high performance' organisations such as Google. Much of this interest is driven by an exponential increase in the level of scientific research in this field, and excitement at how these ancient practices might contribute positively to the social and emotional challenges we currently face.

Mindfulness can simply be understood as a capacity to bring a present moment awareness to what is happening both within us and around us. This seemingly simple quality has now been shown to confer a broad range of mental and health benefits, including a reduction in symptoms of depression and anxiety, decreased stress reactivity, enhanced emotional regulation and improved immune function and attentional control, among other things. However, the field of social work is only now starting to turn its attention to how the principles and practices underpinning mindfulness may be applied beyond direct work with clients, to the social work profession itself. Mindfulness skills have much to contribute to effective social work practice, particularly in the areas of self-care and enhanced resilience.

Evidence points to mindfulness being a skill that can be learned and developed, and it's also generally acknowledged that for professionals to effectively use it in their work, they must first develop their own personal practice. The teaching of mindfulness skills to others is informed by an understanding that can only be developed with immediate firsthand experience.

There are several examples of well-designed professional development programs for social workers modelled on reputable and evidence-based programs such as Mindfulness Based Stress Reduction (MBSR) or Mindfulness Based Cognitive Therapy (MBCT). Studies on the use of mindfulness within the social work profession have demonstrated improvements in several areas, including providing practical

skills for self-care, enhanced emotional regulation and resilience to stress, and facilitating greater critical reflection in the professional role.

In the field of child protection practice, mindfulness skills can enhance focus and develop resilience; the capacity to aim and sustain our attention is a fundamental and valuable skill. The ability to engage with clients, to listen deeply and with minimal judgement, to build constructive professional relationships, and to use these relationships as the basis of behavioural change are all at the heart of effective practice. These skills are entirely dependent upon the ability to manage one's attention and be genuinely present with the families we work with.

Self-care is regularly espoused in the education of social workers as a fundamental skill in the professional role. There is a growing awareness within the profession of the need to buffer social workers against the inherent occupational stressors of the role. Social work is a profession that is deeply embedded in trauma - both individual and institutional. Evidence from reputable researchers and clinicians, such as the eminent trauma researcher and child psychiatrist, Dr Bruce Perry, indicates that those professions that work with trauma are themselves more vulnerable to mood disorders and other stress-related conditions.

Many aspects of mindfulness – for example, the significance of compassion, for others and self – are closely aligned with the fundamentals of social work practice and are already being utilised in many fields of practice. But it is

important to recognise the value of viewing mindfulness, and the resilience that stems from it, as a skill that needs to be trained and developed. The value of integrating mindfulness more explicitly in the training and development of social workers is that mindfulness programs offer a well-trodden, structured path for the development of these skills.

As the interest in mindfulness continues to rise, and mindfulness-based interventions become more fully integrated into our hospitals and health system, schools and workplaces, the demand for practitioners who have an experiential understanding of mindfulness and who can bring these skills into their social work practice will only increase.

The problems social workers face in their professional lives are large, intractable problems – a widening inequality gap, increasing rates of child protection reports, increasing demands for responsive and accessible mental health services, and a health system straining under the demands of an ageing population and lifestyle diseases.

These challenges can only be met with clear hearts and clear minds. The capacity to train our attention, to focus on the important over the urgent, to hold our assumptions lightly, to begin anew with each family and situation we encounter, and to respond rather than react – all fundamental qualities of increased mindfulness – will equip the profession with the agility to face increasingly complex social problems into the future.



About the author

Rachel Davey is an accredited social worker and mindfulness trainer. She is trained in a range of mindfulness interventions, including Mindfulness Based Stress Reduction (MBSR) with the Center for Mindfulness at the University of Massachusetts Medical School. Rachel is currently employed in the Western Australian Department for Child Protection and Family Support, and has also developed and delivered mindfulness training privately to a variety of professionals, including social workers, teachers and lawyers.

CHILD PROTECTION: A MATTER FOR COMMUNITY

VERONIQUE MOSELEY AND LEE-ANNE HOLMES

Combining family and community development services under a single governing body led one organisation in NSW to develop a pilot program that focuses on community development in the continuum of child protection-related services.

The current NSW Family and Community Services Early Intervention and Placement Prevention Program (EIPP) is aimed at preventing children from entering or remaining in the child protection and out-of-home care systems. Currently EIPP is being reviewed by Targeted Earlier Intervention Program Reform (TEIPR), which has indicated a need for earlier intervention.

As a result, family services and community development staff at The Canopy, a family support service in the Lake Macquarie-Newcastle area, revisited the 2012 study Targeted Earlier Intervention Program Reform, a partnership between The Canopy and social work students from the University of Newcastle's School of Humanities and Social Sciences.

Family support practitioners from the Hunter, Central Coast and Lake Macquarie regions held several focus groups in which discussions centred on how practical life skills could assist families to get by and get ahead. Families who were engaging with services providing parenting interventions tended to have complex needs and other life challenges that were often a distraction from understanding and implementing effective parenting skills, such as unresolved issues around homelessness, financial issues, domestic violence and mental illness. Parenting programs have long been established as effective strategies in the family work and child protection realms of practice. These programs often presume a basic understanding of family life skills however this is not always the case.

These discussions supported the K. McAdams (2006) adaptation of Maslow's Hierarchy of Needs that lists needs in the context of service provision. In this model, the base need is survival (food vouchers and emergency accommodation) and the second level is

security and safety (safety from domestic violence and harm minimisation). The third level, belonging, is where parenting programs and social connections are listed before the next levels of need. self-esteem and self-actualisation. Further studies concluded that 'It is only when parents are able to meet the survival and safety and security needs of their family that they will be ready to attend any form of parenting intervention.

The Canopy staff looked at child protection from the perspective of a lateral continuum, starting with a broad, flexible community development approach at one end and a more focused casework approach for those with complex needs at the other. As a result, the target group became much broader than just those families already engaged with services, extending to any family with young children in the community. Significantly, many of the families they hoped to engage would not perceive themselves as in need of help.

In this broader prevention context, the Family KIT (Keeping It Together) program was conceived. With pilot funding from the Foundation for Rural and Regional Renewal's Innovation for Community Impact grant, the program was ready to deliver sessions to eight pilot groups by April 2016.

Families who have not engaged with services in the past are unlikely to know the diverse range of support options available to them. The program is intended to build a family's capacity for timely and appropriate help seeking behaviour and the presentation is also viewed as a precursor and a motivator to attend established parenting programs. Key topics are mental health, healthy and unhealthy relationships, basic budgeting tips and the value of parenting programs.



Sessions are deliberately structured to take a maximum of two hours, which includes time for discussion. While the program could easily be stretched out to multiple sessions, the intent is to engage, connect and inform, not to provide continued support or therapy. One-off information sessions are much more likely to attract families who are working and those who stigmatise support services as places for those in need of help or who have children at risk.

For practitioners working in a casework framework based on identified needs. the adoption of this session as part of a continuum of service is one that requires a conceptual shift. Generally, the client engages with the service based on a set of needs but with the Family KIT program there are not necessarily any identified needs. The move is from reactive to pro-active; rather than dealing with specific problems, the focus on strengthening protective factors and mitigating risk factors.

To shift the practitioner's perspective, it could be useful to think about current clients and reflect on the difference made by an earlier intervention. For example, was the client aware of your service and other supports available in their local community? Was the client able to differentiate between a healthy relationship and an unhealthy relationship and avoid a domestic violence cycle? Might the financial circumstances have been less complex if the client had been aware of ways to negotiate with debtors? Might stronger supports already be in place for recurring mental health issues?

It becomes vital then to view child protection from a practice perspective as happening on a continuum that may commence as early as during pregnancy. Connection with a family service before needs are identified will establish rapport prior to any crisis, reduce the stigma attached to seeking help with parenting, increase support networks at an earlier stage of the life cycle of the child, and better prepare families for life challenges such as mental ill health and unhealthy relationships.

Incorporating the Family KIT sessions into the current EIPP model presents challenges to practitioners across NSW as they grapple with a high demand for casework from families with complex needs. These challenges are inherent in the shift away from EIPP toward the more flexible approach advocated by the TEIPR.

The Family KIT sessions were offered at any place the group would usually meet, including community centres, sporting complexes, churches and even in people's homes. Groups of parents were also invited to create their own 'Family KIT gathering'.

Between April and June, eight sessions were delivered with 76 participants in total. The feedback was resoundingly positive in terms of knowledge gained about mental health, relationships, budgeting and support systems. Ninety-seven per cent of participants stated they had an increased awareness of the services available to them and, of particular interest, 80 per cent indicated they would be interested in attending a parenting program, demonstrating that the session is useful as a promotional tool for parenting programs.

An unexpected target group who benefited from the session were the grandparents as carers group, which had 10 participants, indicating the flexibility of the session to adapt to a number of family situations and a number of styles of groups, from play groups to support groups.

The Canopy is now continuing evaluations of the Family KIT program and is interested in hearing from practitioners in other community organisations in Australia who are interested in trialling it in their local communities. For more information. email choices@thecanopy.org.au

About the authors



Veronique Moseley has a Bachelor of Social Work and Diploma in Clinical Hypnotherapy. She has 25 years' experience as an AASW accredited social worker in the areas of community development and innovative program development.



Lee-Anne Holmes has a Bachelor of Social Science and Diploma of Business Management. With 25 years of experience in the family services and community sectors, her areas of expertise include organisational change, policy review and implementation and innovative strategic partnerships.

HOW WE CAN HELP INDIGENOUS AND NON-INDIGENOUS FOSTER CARERS CARE FOR INDIGENOUS CHILDREN

RACHEL DRYSDALE

Compared with non-Indigenous children, Aboriginal and Torres Strait Islander children are over-represented in out-of-home care. In 2014-2015, 40 in every 1000 Aboriginal and Torres Strait Islander children in Queensland resided in out-of-home care compared to 4.7 non-Indigenous Queensland children. Forty-five per cent of Indigenous children resided in kinship placements, an increase from 41 per cent in 2013-2014, and 54 per cent in foster care placements. According to the Australian Government, of the Indigenous children residing in out-of-home care placements, 13 per cent were with Indigenous foster carers and 36 per cent with non-Indigenous foster carers.

The recruitment and retention of Indigenous foster carers is a significant issue for fostering agencies. In 2007, an Australian study by L.M. Bromfield, J.R. Higgins, D.J. Higgins and N. Richardson into the lack of culturally appropriate foster carers identified that even Aboriginal and Torres Strait Islander fostering agencies struggle to recruit new carers, with one participant commenting that the agency had tried every avenue possible for recruiting Indigenous carers and got no responses and another two reporting that the number of Indigenous carers in their Aboriginal and Torres Strait Islander fostering agencies were in single digits. The study also found that Aboriginal and Torres Strait Islanders working in fostering agencies were more likely to become carers themselves compared to non-Indigenous staff. Interestingly, the participants in the research felt that the scarcity of Indigenous carers could be attributed to a lack of ability or capacity rather than lack of willingness - for example, not meeting the eligibility to become a foster carer.

The Australian Government's Aboriginal Child Placement Principle was developed in 1984 with the understanding that Aboriginal children are best cared for within their own communities and Aboriginal families. The foundations of the Principle are sanctioned by the United Nations Declaration on the Rights of Indigenous Peoples (2008) and the United Nations Conventions on the

Rights of the Child (1990). The Aboriginal Child Placement Principle sets out a hierarchy of preferred placement options for Aboriginal and Torres Strait Islander children as a member of the child or young person's family; a member of the child or young person's community or language group; another Aboriginal person or Torres Strait Islander who is familiar with the child or young person's community or language group, and another Aboriginal or Torres Strait Islander person.

In practice, the Principle is difficult to adhere to for numerous reasons. Firstly, the communities, language and skin groups of the children requiring placement in out-of-home care is often unknown, sometimes by the family themselves and often by the state departments caring for the children. Secondly, and perhaps most significantly, the availability of Indigenous foster carers is extremely limited and information about their communities and language groups is not often recorded by fostering agencies, so the carers' familiarity with the child's own community and language group is unable to be established.

In a fostering agency located in a regional Queensland city there are currently 12 Indigenous foster care households out of 91 households, which equates to just 13 per cent of culturally appropriate foster carers. This may, in part, be attributed to an understanding between



About the author

Rachel Drysdale has been working in the child protection field for the past seven years, in both Victoria and Queensland. She recently finished the final placement of her Master of Social Work degree, which she has completed at James Cook University.

the fostering agencies in this city that non-Indigenous fostering agencies will encourage Indigenous applicants to seek opportunities through the local Aboriginal community-controlled health service, however anecdotal evidence suggests that even this service is struggling to place children at the current time. Furthermore, discussions within this agency suggest that many Indigenous foster care applicants decline to be supported by the Aboriginal community-controlled health service due to concerns that the staffing group has a high proportion of local Indigenous leaders, and 'everyone knows your business'. Seventy per cent of children placed within the fostering agency are Indigenous and just 25 per cent placed with Indigenous carers.

The recruitment of Indigenous foster carers is clearly a significant issue. Some Australian fostering agencies report that utilising Indigenous people to recruit other Indigenous people has proven successful, along with appealing to the sense of community that is generally characteristic of Indigenous people. In 2007, Higgins and Butler suggested a variety of methods for recruiting Indigenous carers, including using Indigenous organisations as a point of recruitment, offer effective support and training programs, utilise community days, and engage an experienced Indigenous carer to speak at recruitment

events or information sessions. Another suggestion was that the most beneficial method of recruiting Indigenous foster carers would be to concentrate on younger members of the community and specifically target the extended family members of children requiring placements; this may increase the number of Indigenous kinship carers but would not address the problem of general foster carers.

Unfortunately, foster carers are not currently required to undertake any form of cultural awareness training, although this information can be accessed via the Queensland Department of Communities, Child Safety and Disability Services website. Given the over-representation of Indigenous children in out-of-home care, the lack of training in this area is both surprising and disappointing. One might question how the foster carers who do not complete training could provide culturally supportive and respectful care for Indigenous children and promote a healthy sense of cultural connection for those whose identity is already compromised by removal from their biological family.

There are a variety of ways that the cultural identity of Indigenous children can be met despite their placement in non-Indigenous households. If the child is having contact with their parents or extended family, learning

about their culture and traditions can occur during this time. Foster carers can enhance learning and cultural connectedness by accessing Aboriginal and Torres Strait Islander books, websites, television programs, YouTube clips, radio stations, music, and artwork for the children in their care. A variety of Indigenous games and toys can be purchased online, and there are a variety of sporting associations that promote Indigenous participation in sport. The National Aboriginal and Islander Day Observance Committee (NAIDOC) activities are well publicised within the community and foster carers of Indigenous children are encouraged to attend. Various local cultural centres also offer workshops, displays, performances and seminars. There are plenty of opportunities for foster carers of Indigenous children to promote cultural connection as well as further their own learning, however education regarding Aboriginal and Torres Strait Islander history and caring for Indigenous children should be a critical component of foster carer training.



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SUMMER 2016 - VOLUME 1, ISSUE 4