

## HOUSING, HOMELESSNESS, WELFARE AND INCOME SUPPORT

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of change?



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# Social Work Focus

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### SPRING EDITION

Contributions for the Summer 2018/2019 issue will be accepted until 12 October. The theme for articles will be **Social Work Futures**.

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

### EDITORS

Angela Yin

*Communications Lead*

Kerry Kustra

*Publications Officer*

### ACKNOWLEDGEMENT OF COUNTRY

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

## Join us on social media:





# SPEAK OUT AGAINST INACTION ON HOMELESSNESS AND INCOME INSECURITY

Welcome to the winter edition of *Social Work Focus*. It is particularly appropriate to have an edition on homelessness and income security in winter, a time when the reality of life without secure housing, or being unable to afford to heat a home, seems more cruel and distressing than at any other time.

Decent, affordable and suitable housing and a strong and liveable income support system should be a basic human right in this affluent country we live in. As social workers we know that homelessness is more than a lack of housing and that income security means more than staying out of poverty. Anyone living with these issues is affected at every level of their lives. These issues bring with them intersecting complexities, which lead to increased vulnerabilities and an increased chance of exploitation.

Housing issues, homelessness and income insecurity rob people of economic and social inclusion. We know as social workers that these systemic issues lead to issues with safety, employment, security and mental health – basically, the ingredients for life to fall apart.

The statistics confirm what we know from the work we do. Those who are the most vulnerable in our society are over-represented in housing insecurity, homelessness and income insecurity. We have an obligation to work beyond casework with these issues. Our own *Code of Ethics* tells us that we need to promote policies and practices that ensure a fair allocation of social resources and a reduction to these social barriers, inequality and injustice.

As an association, we have been active in this space and there is a constant call out from the social policy team through the *National e-Bulletin* for members to get involved in this work. In the past two years we have submitted to various parliamentary inquiries to do with social

services legislation, for example, calling for better targeting of student payments, improvement in the quality of care in residential aged care facilities, and better welfare income systems, and arguing against drug testing of those on income support. We have been very outspoken against the introduction and continuation of the cashless debit card.

We have released position statements on homelessness and housing; income management and support (available on our website), and submissions into housing affordability. We have joined with other organisations to protest against funding cuts to peak homelessness and housing bodies and conducted a national study of the income security issues of our own social work students.

We know that our students are doing it tough. While student placements are valuable and essential learning experiences for students, they put in many hours of unpaid placement time and usually have to negotiate time away from precarious casual jobs to be able to do this. There is much work to do in all these spaces.

Our work prior to and after the Federal budget has been very strong on homelessness and income support issues. We've argued against the expansion of the automated debt recovery scheme, the extension of the cashless debit card and automatic deduction of fines for people on income support. We've joined with many other community organisations and advocacy groups to argue against the fact that there were no measures to address the housing and homelessness



CHRISTINE CRAIK

AASW National President

crisis in this last budget – in fact Federal spending in this area has dropped to its lowest level in a decade.

When an organisation such as the Australian Business Council says the same things as we are – that those who rely on income support are being kept on rates so low that it actually prevents them from finding work – you know we are facing a tough challenge with a government hell-bent on blaming and punishing the victim.

It is time for social workers everywhere to do what we do best – advocate, agitate and work to make a difference. We will be facing a Federal election soon, which gives us a terrific opportunity to heed the call to action and become active and vocal for change around these issues.

Contact your Federal Member of Parliament to ask them what they are going to be doing about the shameful level of income assistance offered to those on Centrelink payments (check out the information on our website about how to prepare for a meeting with your parliamentary representative). Write letters to the editor about it.

For those of us with State elections coming up, do the same about housing issues. Join with others in the community who are doing the same thing. Get inspired by the articles and reports in this edition of *Social Work Focus*, and let's put the pressure on.

•



# AASW LAYS THE FOUNDATIONS FOR GROWTH STRATEGIC PLAN LAUNCH



CINDY SMITH  
Chief Executive Officer

We are now more than half way through the year with two key areas that are receiving our focus: acting on the findings of the Member Needs and Satisfaction Survey and the review of the AASW Constitution.

In the last edition of *Social Work Focus*, we advised of the preliminary outcomes of our Member Needs Survey, conducted in March. Further analysis has now been completed, focusing our attention for the coming year. A more detailed analysis of the survey will be published in our Annual Report.

In this edition of *SWF*, you will find further details from our Member Needs Survey. The survey provided a snapshot of member demographics, insights into how we are performing, and identified priorities for the coming 12 months. Your feedback has been incorporated into the Strategic Plan 2018-2021 ensuring we focus on improving our member services.

Work on the Strategic Plan 2018-2022 has moved along to the development of individual work plans enabling staff to work towards the achievement of our strategic objectives. Throughout 2018 our activities will be directly linked to the Strategic Plan. You will see a renewed focus on membership recruitment activities and providing high quality continuing professional development.

The Board has commenced the review of the AASW Constitution. Members are encouraged to participate in the process by reviewing the changes, providing feedback and taking part in your democratic process by voting at the 2018 AGM.

Together with the South Australian Branch, we have been busy campaigning for registration. The 2018 South Australian state election provided opportunities to further the campaign. We had positive meetings with both the Minister for Child Protection and the Greens party.

Ultimately, on 5 September a Bill that will make provision for the registration of social workers and establish a Social Workers Registration Board was tabled in the South Australian upper house by the Hon. Tammy Franks MLC, of the Greens party.

The first release under the Empowering Excellence SWOT series on the NDIS attracted a steady growth of registrations. Together with pre-recorded content, the first of three live webinars were scheduled in July, following an official launch of new content in our Queensland Branch in May. During June, new content was released that focused on Mental Health and/or Focused Psychological Strategies, consistent with AMHSW CPD requirements. Further new content was released in late July.

The election process began in August, with nominations being called for Branch Presidents in each state, and three Directorship positions on our National Board. You can [follow the election process via our webpage](#) where you will find details for nominees and the key dates for each stage of the election process.

This issue of *Social Work Focus* centres on Housing, Homelessness and Income Support. The AASW has been influential in the advocacy space on these issues. National President Christine Craik has spoken out on behalf of the AASW about the treatment of asylum seekers, including children, in indefinite mandatory offshore detention. As well as this internationally condemned detention policy, earlier this year the Australian Government also removed income support for asylum seekers on bridging visas. Changes to

financial support could see thousands of people seeking protection in Australia at risk of becoming destitute and homeless.

The AASW supports the work of the Refugee Council of Australia to maintain financial support, and particularly their *Roof Over My Head* campaign. We have also signed up as a partner to the *Everybody's Home* campaign to address homelessness, and have promoted our involvement through our social media.

Ahead of the Budget release the AASW called on the Government to overturn recent policies that would see a decent standard of living and participation in the life of the community out of reach for many people. We also support the Australian Council of Social Services' (ACOSS) campaign *Raise the Rate*, calling on the government to raise the single rate for Newstart, Youth Allowance and related payments.

In our Position Statement on Housing Affordability the AASW concluded that reduced housing affordability affects the individuals, families and communities that social workers work within almost every field of practice. It particularly disadvantages those attempting to leave situations of family violence. Though complex, there are available solutions to Australia's low rate of housing affordability. The AASW remains committed to working with others in the community to address this important equity and human rights issue.



# 50 YEARS A MEMBER

## A CAREER IN COMMUNITY DEVELOPMENT

**Diana Chessell has been an AASW member for 50 years, having first joined in 1968. Outlining her career as a social worker, Diana writes, 'I would say that my personal ethos and that of my 50 years of social work have been based on the principles of community development.'**



This practice started in 1968 when I started work at the Brotherhood of St Laurence after a three month student placement from the University of Melbourne at the Brotherhood, for which I had been selected by the famous educator, Connie Benn. I gathered that I was somewhat radical and that the Brotherhood of St Laurence with its innovative programs would suit me.

There were in fact three or four strata to each development program of the Brotherhood. The Family Service project provided daily relief with money and food to homeless or indigent people, in parallel several houses provided emergency housing. Another service gave counselling and education about resources and strategies for coping to other groups. The latter of these services gradually morphed into the Family Service Project, where people shared their skills and assisted one another to share money communally to buy household equipment.

Another initiative was the first Family Planning Clinic in Victoria, for which I was the research social worker. I was selected for the position as I was the only married

social worker on the staff and this was important at that time to our client group. I also had the requisite research skills having recently analysed the composition of our clients on intake.

The aged care team had a similar three levels of care with daily meals, specialised care services and the growth of a self-supporting village called Lara, near Geelong, south of Melbourne. Youth services focused on socialisation groups, job searching and sharing skills. Each of these tripartite programs aimed for people to become increasingly independent and to move away from dependence to develop individual power and responsibility within a supportive group - the heart of community development.

After moving to South Australia I spent five years running a community centre within a deprived area. For the next twenty-five or so years my career was then focused on teaching community development and Adult and Community Education at the University of South Australia and later research at the Australian National University.

This research at the ANU Centre for Cross Cultural Studies explored how Australian urban life has built on the interdependent mechanisms of the Italian community. This community, with its strong strata, has assisted in developing creative, cosmopolitan inner-urban Australian communities with 'Little Italys' at their core. Exploring these ethnic communities provided a wider ethnic-based example of community development.

I've enjoyed the variety of these challenges and still continue with Sudanese and South African students creating dramatic plays as an Adjunct Research Fellow in the School of Creative Industries at the University of South Australia.

In 2017 I assisted staff at the AASW SA office in cataloguing their Journal, Newsletter, reference collection and files. It did help the cataloguing having lived through 50 years as a Member of the AASW. The continuity provided by AASW publications and development activity have certainly helped keep me afloat.

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# ENDING HOMELESSNESS TOGETHER

## NATIONAL HOMELESSNESS WEEK 6–12 AUGUST

The theme of this year's National Homelessness Week, 6-12 August is 'Ending homelessness together'. The Australian Association of Social Workers (AASW) agrees that ending homelessness takes an all-of-community approach, which also factors strong links to family violence.

AASW National President Christine Craik said, 'Secure and safe housing is the base from which individuals and communities are able to fulfil their potential.

'When people lack access to affordable housing, or are forced to flee from violence, this directly affects their employment, health and educational opportunities.

'Homelessness disproportionately affects the [most vulnerable](#), including those who have arrived in Australia in the last five years who make up 15 per cent of homelessness and young people under 35 who make up 60 per cent.

'We are also concerned about the [increasing homelessness](#) in those aged 55 and over. The current system assumes home ownership among those in this age group, and often it's not the case. This is especially true for women who spent years of unpaid work raising families who don't have a partner later in life, for many reasons. These women can be particularly vulnerable to homelessness. Of course, these issues are exacerbated if there is family violence involved.'

AASW supports the [Everybody's Home campaign](#), which calls on the government to address

homelessness in a holistic way, including to devise a National Housing Strategy and a plan to end homelessness by 2030.

In keeping with this year's theme of ending homeless together, the AASW calls on the government to work with the community to:

- Reform tax treatment of housing to remove market distortions and improve affordability
- Promote public and private investment in new affordable housing to address the shortfall in affordable housing stock
- Increase the maximum rate and improve indexation of Commonwealth Rent Assistance to relieve rental stress
- Reform tenancy protections to provide more security for people who rent.

Ms Craik said, 'The last Federal Budget failed to allocate anything in 2018 to address the affordable housing crisis in Australia. There is no reason that in a prosperous country like ours homelessness should have increased in the last five years. Social workers urge the government to invest in this most basic of human rights. The social and economic return will undoubtedly be positive for all Australians.'

## SO MUCH MORE THAN A 'FREE' MEAL

**Chris Middendorp, Manager at Sacred Heart Central, discusses the unique role their engagement hubs play in ending homelessness.**

Our engagement hub at 87 Grey Street in St Kilda, Melbourne serves about 350 meals a day to people experiencing homelessness and social disadvantage, but it's so much more than a 'free' meal.

At our hub, a meal is only the beginning. We are like a 'one-stop-shop' where people can get as little or as much support as they require. We use our meals, and the welcoming environment we foster, to engage people in conversations about making positive change.

As a manager of this open-access service, I see first-hand the remarkable outcomes we achieve as a result of our staff and the engagement hub model in which they work.

We reach out to offer support to everyone who attends. In some cases, this consists of advice and advocacy. In other cases, it might involve providing people with case management - assisting them with a range of issues, from medication, to crisis accommodation and legal representation.

Many of the people who come to us do not generally seek help from services. Many struggle to access conventional 'shopfront' services. They are often wary of services and may have had negative experiences in the past. As a result, they can find making appointments challenging and have difficulty remembering to attend them.





Twenty per cent of the people who come to us are sleeping rough. They often have a range of complex issues - untreated mental illness, chronic ill health, histories of trauma and abuse, unemployment and problematic drug use. They may have difficulties with emotional regulation as a result of their trauma. This means they experience feelings of chronic emptiness and abandonment and frequently feel angry. Trauma rewires the brain and leaves people with constant anxiety and with difficulties trusting others.

Our engagement hub model allows our highly-skilled staff to gradually establish trust with people over time and work in an informal manner that is less threatening, builds connection, and supports recovery.

People come to us in large numbers because we provide an informal place where they feel safe and have a sense of belonging. They can meet others, have a shower, use the phone and get advice. Workers keep track of accommodation waiting lists and locate people in our engagement hub when vacancies arise.

Some people who come only need basic support. Others need a range of supports wrapped around them to assist them with substance use, a chronic illness, applying for accommodation and attending appointments. Case workers stick with the client until all issues are addressed. We call this commitment 'assertive engagement'.

Ending homelessness is a lot more than providing a roof over someone's head. It's about creating a sense of welcome,

building trust, and sticking with people along the way, to not only access housing but develop the skills to maintain their homes and feel socially included.

It can take a lot for a person to ask for help. Our engagement hub and skilled staff create a unique environment where people can take action and make important and lasting changes in their lives.

We have two engagement hubs, where people can access from Sacred Heart Mission, both located in St Kilda. Our Dining Hall, often referred to as the heart of the mission, is open every day of the year for breakfast and lunch for anyone seeking a meal. Our Women's House also provides breakfast and lunch on weekdays within a safe and welcoming space for women.

The work we do at our engagement hubs is just one way we at SHM are working to end homelessness.

We know ending homelessness takes collaboration so we are asking staff, volunteers, supporters and partners to support Everybody's Home, a national advocacy campaign in the lead up to the Federal Election calling for: a National Housing Strategy; Investment in affordable housing; increased rights for renters; and increased rental assistance for those who need it most.

Sign up here if you want to support the campaign and ['End Homelessness Together'](#).

•



### About the author

**Chris Middendorp**, Manager Sacred Heart Central, has worked in homelessness services for 30 years. He has written extensively for Australian newspapers and magazines on social justice and cultural matters. He has worked in case management and street outreach and coordinated and managed labour market programs, engagement hub service provision, including health and complementary health services. Chris holds qualifications in Community Development and Management.

## OSWA Conference 8-10 November 2018 Canberra ACT

The Things We Don't Talk About: Psychosocial Challenges in Oncology Social Work



Lake Burley Griffin, CANBERRA

Image courtesy of Paul Jurak - Kayakcameraman



Opening speaker: Dion Devow, ACT Australian of the Year; ACT NAIDOC Person of the Year

Keynote speaker: Professor Matthew J. Loscalzo, Licensed Clinical Social Worker, USA

This conference aims to explore the things we don't talk about within a safe space, where curiosity, honest conversation, reflection, and growth are encouraged. We invite presenters to explore topics in relation to the theme, such as those of ethics, power, social media, our profession, organisational imperatives, the contribution of culture, gender, sexuality, or age and development of relevant skills to meet these challenges.

For further information and to register:

<http://oswa.net.au/event/oswa-national-conference-2018/>



# 2018 AASW MEMBER NEEDS AND SATISFACTION SURVEY



Members are the foundation of the AASW. A vital and sustainable Association membership requires the provision of services and programs to meet member needs, opportunities for members and peers to connect, and the right mix of communications to ensure members are informed of what matters.

In March 2018, members were invited to participate in a Member Needs and Satisfaction Study – our first major member survey in two years. We asked members about their professional needs and expectations of the Association; we wanted to learn more about how we're performing in areas of communication, continuing professional development, advocacy and social policy, member services and programs. We also wanted to know from members, what should be the future focus of the AASW.

More than 1500 people participated in the online study – a strong result that provides the Association an excellent point of reference as we implement our strategic plan.

While there were some variances, consistently members said they belonged to the AASW for the following reasons:

- Being kept up to date with what's happening in the sector
- Professional status and recognition
- To access Continuing Professional Development (CPD).

In response to questions about what's professionally important members ranked:

- Access to CPD
- Being informed of issues impacting the profession
- Access to information that supports them in their work
- Accreditation status
- Demonstrating commitment to professional standards and ethics
- Networking and connecting with their peers
- Career development and mentoring

## Respondent Profile



More than two thirds of participants reported the Association has a good to very good understanding of their needs as social workers; 83 per cent of members indicated the AASW is relevant in fulfilling their professional needs; 84 per cent agreed AASW ethics and professional standards provide effective guidance; and 77 per cent of members believe the Association has an important role in providing a sense of belonging and connection to the social work profession.

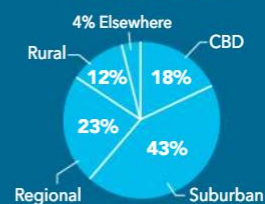
## Mean years member



## Accreditation status



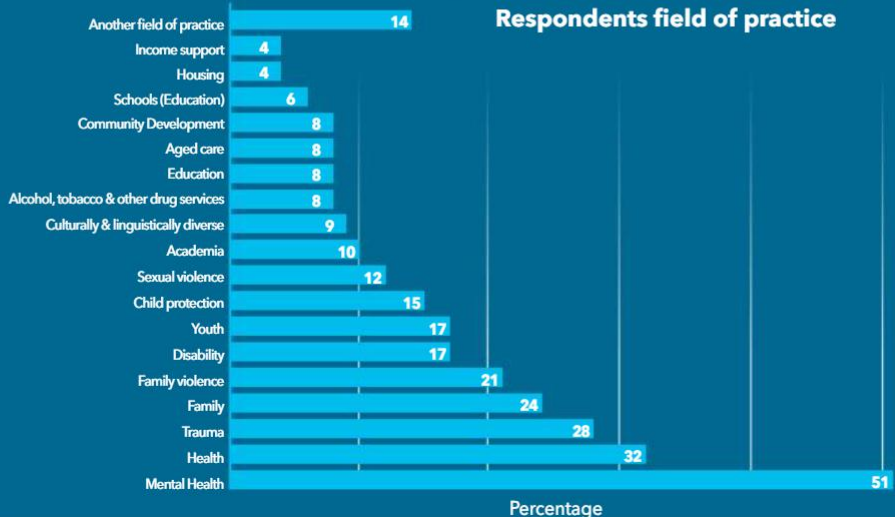
## Work location



## Main sectors of operation



## Location





We asked how the AASW could better meet member needs with responses summarised as:

- **Member Support** including careers support and networking, creating connections with members located in non-metropolitan areas, providing practical tools for contemporary practice and mapping trends across the sector
- **CPD** – improved content, scope, format and accessibility especially for members based in non-metropolitan areas,
- **Advocacy** on behalf of the profession, clients and community.

Priorities members want the AASW to progress include:

- Representation and building on the reputation of the profession
- Introduction of further credentials
- Continued advocacy and policy in mental health practice and to focus on in the future aligned
- Professional development in leadership and management for members in senior and managerial positions
- Careers support and guidance for students and new graduates.

Thank you to all members for their participation in this important research – supporting our members and continuing to improve on our performance is important to us all and will underpin the future success of our organisation.

## ABORIGINAL AND TORRES STRAIT ISLANDER ACTIONS - RECONCILIATION ACTION WEEK, NAIDOC WEEK AND THE INTERNATIONAL DAY OF THE WORLD'S INDIGENOUS PEOPLES

# DON'T KEEP HISTORY A MYSTERY NATIONAL RECONCILIATION WEEK 2018

National Reconciliation Week this year started off on Sunday, 27 May with the theme of 'Don't keep history a mystery'. The AASW recognised the week as an important opportunity to learn more about Aboriginal Torres and Strait Islander cultures and histories, while renewing our commitments to work with Indigenous peoples to collectively address the injustices they continue to face.

AASW National President Christine Craik said that the theme 'emphasises the role that all Australians must have in learning more about the rich knowledge and traditions of Australia's First Peoples.

'Reconciliation is about building meaningful relationships and working together for a more just Australia, and this begins with learning more about the resilience and achievements of Indigenous Australians. In the face of such great adversity, Aboriginal and Torres Strait Islander people have preserved, and remain the oldest continuing culture in the world.'

Christine highlighted that the dates of National Reconciliation Week themselves are a reminder of two significant milestones that highlight Australia's reconciliation history. The week begins on the anniversary of the 1967 referendum

and concludes with the anniversary of the High Court Mabo decision.

She said, 'For social workers, National Reconciliation Week is also about learning from the past and working with Indigenous Australians to address the structural disadvantage and discrimination they face in all facets of their lives. This includes advocating for Australian governments to listen to Indigenous voices.

'On National Reconciliation Week, we celebrate the cultures, histories, skills and knowledges of Australia's First Peoples, and call on the government to do the same and commit to meaningful and lasting change.'

[AASW National Reconciliation Week 2018](#)

You can read the [AASW Reconciliation Action Plan 2017-2019](#)

## STRATEGIC PLAN 2018–2021

The Australian Association of Social Workers published its Strategic Plan 2018–2021 for the next four years.

The latest Strategic Plan sets out seven main goals, which are to:

1. Promote and advocate for the profession of social work and AASW members
2. Be a strong voice for social justice
3. Build the professional capacity of members
4. Uphold responsibilities for regulation of the profession
5. Advance Aboriginal and Torres Strait Islander social work

6. Collaborate with international colleagues
7. Provide responsible governance and management

The AASW will measure its success by:

- Sustained membership growth
- Being the voice for social justice in Australia
- Being leaders in professional excellence in the social work sector
- Being a best practice Association

Commenting on the Strategic Plan 2018–2021, AASW National President Christine Craik said, 'My vision is to transform the future of social work and

the Association through innovation, progress and increased

visibility. After consulting extensively for twelve months with members, the community, people who access social work services, government and the sector, I am pleased to announce the publication of the Strategic Plan. It is now a living document in which we outline how we will strengthen our representation of social workers, regulate the profession and make sure that social justice is always at the forefront of the public agenda.'





# BECAUSE OF HER, WE CAN!

## NAIDOC WEEK 8–15 JULY 2018

**Aboriginal women bring valuable knowledge and experience to social work practice, especially when working with Indigenous clients and communities, says AASW Director and Aboriginal and Torres Strait Islander representative Linda Ford.**

'Aboriginal women have played a significant role in protecting our culture and passing it on to our children and this is what we are celebrating this NAIDOC. Being Aboriginal and/or Torres Strait Islander is challenging; being an Aboriginal and/or Torres Strait Islander woman means that you are one of the strongest peoples in the world because of what you have had to overcome to achieve anything worthwhile, as this group is one of the most discriminated against', Ms Ford said in an interview to mark NAIDOC week.

'I embrace that I have more skills and knowledge to impart when working with Aboriginal and Torres Strait Islander communities because I am Aboriginal and a woman. I often see the challenges in practice that others do not see because I am Aboriginal and I can add a cultural lens to all the projects and practice I am engaged in.'

Ms Ford said there are ways for non-Indigenous Australians to positively interact with Aboriginal and Torres Strait Islander people.

She said, 'Something so simple as wearing a shirt with an Aboriginal print is a sign of acceptance which encourages Aboriginal and Torres Strait Islander people to engage with you. The little things are what have the biggest impact and I often promote this in my practice. Treating people with respect, taking the time to talk and get to know someone. My favourite time is yarning with someone (even though I have to consciously give myself time to do this in my busy schedule), being helpful by taking the time to explain things rather than giving pamphlets. Showing a genuine interest in other people and their story

are all positive things we can all do to engage with Aboriginal and Torres Strait Islander peoples.'

Ms Ford chairs the AASW's committee to advance the Reconciliation Action Plan (RAP), which aims to embed Aboriginal and Torres Strait Islander knowledge into every aspect of the Association and to promote Aboriginal and Torres Strait Islander social work practice.

'The RAP allows people space to remember and think about how we engage with Aboriginal and Torres Strait Islander culture and people and to fold this into our everyday lives both personally and professionally. Further to this, it also gives us focus on what are the areas which will have the most impact and how we can include all Australians as one people.'

'I have always participated in some type of empowerment movement and RAP is a good fit as it empowers Aboriginal and Torres Strait Islander people whilst bringing all Australians along on the journey which also describes cultural practice perfectly.'

Ms Ford said social workers have an important role to play in addressing the continuing inequality and structural discrimination faced by Aboriginal and Torres Strait Islanders peoples.

She said, 'Social work is pivotal in changing the landscape of how we engage and more importantly empower Aboriginal and Torres Strait Islander people. Social work and the AASW have the opportunity to be a vehicle to effect thinking on a national and global level in how we create space for Aboriginal and Torres Strait Islander people to be the drivers of change and equality.'

'More than that, is the ability for social work to encourage Aboriginal and Torres Strait Islander people to choose what is best for them rather than believing the only options are the ones presented to them. The most powerful change only occurs when Aboriginal and Torres Strait Islander people are the decision makers. The outcome is always going to be successful - even if it fails.'

'NAIDOC is about celebrating Aboriginal and Torres Strait Islander culture and our nation's heritage. That we can all participate and that it is seen in a positive light is extraordinary given our history.'

Ms Ford explained just how far Aboriginal women have come with her own family experience, 'My grandmother Thelma Bird applied twice for an exemption from the Aboriginal Protection Act so that she could have rights to make decisions about her life. Now less than sixty years later I, her granddaughter, can live where I want, have a tertiary education, own my own home, travel overseas, have married someone of my choosing, because the world has changed so significantly. My granddaughter is two. I wonder what her world will look like in another sixty years?'



[Listen to Linda Ford talk about NAIDOC 2018](#)



# INTERNATIONAL DAY OF THE WORLD'S INDIGENOUS PEOPLES

## 9 AUGUST 2018

Australian social workers commemorated the International Day of the World's Indigenous Peoples. This year's theme is Indigenous peoples' migration and movement.

AASW Aboriginal and Torres Strait Islander director Linda Ford said, 'As social workers, we are acutely aware that the world's Indigenous peoples are often one of the most vulnerable, disempowered and marginalised groups in society.'

'This means that as social workers we have a responsibility to empower our First Nations people to attain equality, through assisting them to access services and supports, to value their ability to survive and overcome some of the most horrific treatment and history and to promote and preserve two of the world's oldest cultural heritages. This is an opportunity to celebrate how far we have come as First Nations people and how far as a country we still have to go in addressing the challenges that we are still facing and overcoming.'

This year's theme of migration and movement of Indigenous peoples is a poignant one as it relates to the Australian experience, Ms Ford explained, 'Many First Nations people were dispossessed from their traditional lands, their country and forced onto reserves and missions which still exist today. In some cases, these forced removals were punishments for speaking out against conditions or treatment of Indigenous people.'

'People were forced away from their families and country and sent to live with other kinship groups which may have been culturally inappropriate to live with. The most significant example of this was the Stolen Generation in

which many Aboriginal and Torres Strait Islander children were removed and placed away from their families. This caused significant fracturing within the Aboriginal and Torres Strait Islander cultures as many aspects of culture were lost such as language, stories and relationships as well as the decimating impact of separation on children and families.'

'The effects of these experiences are still felt today throughout the whole Australian community as discussed in the Apology speech of the then Australian Prime Minister Kevin Rudd in 2008.'

Ms Ford has used her position as an experienced Aboriginal social worker to harness global power and solidarity to advance justice for Aboriginal and Torres Strait Islander peoples in Australia.

She said, 'One of the opportunities I've had is becoming a member of the International Federation of Social Workers International Indigenous Committee which represents all Indigenous social workers across the globe. This enables the AASW to have an international voice in relation to the status of Aboriginal and Torres Strait Islander peoples in Australia.'

'Further to this, it gives me the opportunity to contribute to media campaigns about Aboriginal and Torres Strait Islander people and encourage members to speak at the national and international level about key Aboriginal and Torres Strait Islander challenges, social status and achievements.'

Social workers have an important role to play in addressing the continued injustice towards Aboriginal and Torres Strait Islander peoples.

Ms Ford said, 'Social work is the lead profession which is at the forefront of any social justice and equality discussion or debate and the AASW is the voice for Australian social workers. Social work also provides the opportunities for research and public discussion, opinion, debates and media commentary to highlight the plight of our vulnerable Australians including Aboriginal and Torres Strait Islander Australians.'

The United Nations declared that 2019 will be the International Year of Indigenous Languages.

Ms Ford said, 'Aboriginal and Torres Strait Islanders have recognised the importance of language when it was proclaimed the NAIDOC theme in 2017. Aboriginal and Torres Strait Islander Australians celebrated "Our Languages Matter", 2-9 July 2017, which aimed to emphasise and celebrate the unique and essential role that Indigenous languages play in both cultural identity, linking people to their land and water, and in the transmission of Aboriginal and Torres Strait Islander history, spirituality and rites, through story and song...'

'Next year, it would be useful to revisit some of the learnings from this year and how we as a nation celebrated languages in 2017 and develop these further to celebrate with the UN in 2019.'

Listen to our Mary Moylan Award winner Josephine Lee talk about International Day of the World's Indigenous Peoples





# THE FEDERAL BUDGET: A MISSED OPPORTUNITY

## SPENDING ON HOMELESSNESS TO DROP TO ITS LOWEST LEVEL IN A DECADE

The Federal Budget, handed down in May, was a missed opportunity to provide a decent standard of living for Australia's most disadvantaged and for schools to be provided with highly trained mental health professionals, the AASW's National President Christine Craik said.

'With \$62.2 million for sovereign borders, but only \$18.2 million for family violence, it is easy to see that when the Government says it wants to keep Australians safe, they don't mean women and children at risk of family violence,' said Ms Craik.

'In this budget, the Government has ignored an opportunity to overturn the punitive and harsh approach to the most vulnerable in our community.'

The AASW was disappointed to see that this budget contains an expansion of the automated debt recovery scheme, the extension of the cashless debit card, a lengthening of the period before migrants can receive some welfare benefits and automatic deduction of fines for people on income support. These are all issues that the AASW has advocated against, highlighting the detrimental effect on people who are often the least able to bear them. There was also very little to address climate change, which will lead to more suffering for those most vulnerable.

The AASW joins with many other community organisations and advocacy groups who are dismayed that there were no measures to address the housing and homelessness crisis, with federal spending in this area to drop to its lowest level in a decade.

Ms Craik said, 'People who are experiencing, or at risk of, homelessness, and struggling to maintain secure and appropriate housing, will continue to face ill health, stress and mental illness, and fall back on already stretched services, where social workers work and deal with people who just want a home.'

'The Government's decision to ignore widespread community concern that people relying on income support are being kept in poverty, is a further indication of where the Government's values lie. The Newstart rates are so low that they prevent people from finding work: even the Business Council of Australia agrees with what our members see every day,' she said.

While a provision in the budget for the extension of the School Chaplaincy program goes some way to support students, people appointed to these positions are not adequately qualified to replace the lost programs to address bullying, and address other complex issues young people are dealing with. Social workers are well placed to meet these needs.

Ms Craik said, 'Every school needs social workers. The earlier we work with children and families on issues resulting from family violence, child sexual abuse and systemic discrimination, the earlier we turn the tide on the increasing rates of youth mental health.'

The AASW welcomed some measures contained in the Federal Budget.

Ms Craik said, 'We welcome funding allocations to mental health and aged care, in particular, the initiatives that address the mental health of people in residential aged care, the Aged Care Quality and Safety Commission and the support for people who are at risk of suicide. However, we can't ignore the fact that the harshest and most punitive changes are directed squarely at the most vulnerable; they trap people in poverty and lock them out of work.'

'The AASW is keen to learn more about how these initiatives will be implemented, and to working with the Government to ensure that they achieve the best possible outcomes for people. But we will continue to advocate for the human rights and social justice for the most disadvantaged and vulnerable in our community.'

'It is easy to see that this was a populist budget for re-election, rather than a proactive chance to address Australia's social problems.'





# 'MAKING A DIFFERENCE' AT CHOGM

Representing the Commonwealth Organisation of Social Work (COSW) at the Commonwealth Heads of Government Meeting in London 'was a great privilege', writes Naomi Spencer.

The 2018 Commonwealth Heads of Government Meeting (CHOGM) was held in London, United Kingdom, in April. The meeting began with the four forums – the People's, Business, Women's, and Youth forums – at which representatives from across the Commonwealth's 53 countries and various intergovernmental, civil society, cultural and professional organisations gathered. With member states from each of the five inhabited continents, the Commonwealth has 2.4 billion people who live within it, of whom 60% are under the age of 30.

I was one of the more than 350 delegates who attended the People's (Civil Society) program over the three days. The program combined panel discussions, in-depth conversations, case studies and creative expression. It provided a platform for voices from across the globe and concluded with a call to action for a contemporary Commonwealth in the context of inclusive, just and accountable governance.

On the first day UK Prime Minister, Theresa May, welcomed the delegates, telling us that the Commonwealth's unity 'gives us fantastic opportunities and means we can face our shared challenges together'. Bill Gates, who was on the welcoming panel, spoke of his work with the Commonwealth and in particular, Rotary Clubs across the Commonwealth. His foundation has contributed to funding; organising and seeing the eradication of polio in the Commonwealth.

Other speakers were Andrew Holness, Prime Minister of Jamaica, who told us that the countries that suffer most from climate change are the least involved with decisions which impact it, and Malala Yousafzai, the young Pakistani Nobel laureate and activist for female education, urged us to enable all girls to attend school. Prince William welcomed and thanked us for our commitment on behalf of Her Majesty the Queen, who, he said, continues to hold the Commonwealth close to her heart.



Nobel laureate Malala Yousafzai addresses the People's Forum

Photo: Commonwealth Heads of Government Meeting

The theme for the first day was 'Leave no one behind': Exploring Exclusion in the Commonwealth. The day concluded with an array of music, dance, technology and innovation from across the Commonwealth. It was wonderful. I was proud to be a social worker from this wonderful country of Australia.

Politics of Hope: Taking on Injustice in the Commonwealth was the theme for the next day. We examined Sustainable Development Goal (SDG) 16, which commits the global community to 'Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels.'

The Peoples' Forum described the environments that perpetuate injustice and asked what it takes to challenge them. We described what a fairer future might look like when applied to some of the major issues facing the contemporary Commonwealth and highlighted the role of civic voices in achieving justice for all.

On day three, which had the theme Accountable Governance: Understanding the Imperatives for a Renewed Commonwealth, delegates called on all development stakeholders to reflect on the responsibility of accountability, at all levels of governance. The Forum concluded with a call on the Commonwealth to respond to the vision set out by Commonwealth People's Forum 2018 in visualising what renewed contemporary institutions look like.

It was a great privilege to attend as an Australian delegate representing the Commonwealth Organisation of Social Work (COSW). What a privilege it is to be a social worker, knowing that we can make a difference; wherever we are.

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# AUSTRALIAN SOCIAL WORKERS ENDORSE INTERNATIONAL DAY AGAINST HOMOPHOBIA, BIPHOBIA, INTERSEXISM AND TRANSPHOBIA

Thursday, 17 May was International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT) and is an incredibly important date to support and advocate for the rights of same sex attracted, intersex and gender diverse people across Australia, and all over the world.

AASW National President Christine Craik said, 'IDAHOBIT is an international day aimed at raising awareness of the violence and discrimination faced by same sex attracted, intersex and gender diverse people and also an important celebration of sexual and gender diversity.'

This year's theme was ALLIANCES for SOLIDARITY, emphasising how collective action can play an important

role in creating a more inclusive, safe and supportive society. The theme also highlights the role everyone plays in challenging discriminatory behaviour in all aspects of our lives.

Ms Craik highlighted the importance of addressing homophobia at an early stage and said social workers endorse the Safe Schools program as essential to the Government's national mental health



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strategy. Alongside other credible mental health professionals, social workers decry any form of conversion therapy.

Last year, the Council to Homeless Persons published the [LGBTQ Homelessness Project](#), which found that:

- LBG people are at least twice as likely as heterosexuals to experience homelessness
- People who identify as bisexual are much more likely to have at least five repeated experiences of homelessness
- LGBTQ people are more likely to experience homelessness at a younger age and this is driven by family rejection
- LGBTQ people experience misgendering, harassment, violence and discrimination in shared accommodation facilities, rooming houses and services, and discrimination in private rental
- Fears of, or actual negative experiences suffered in homelessness services are creating barriers to help-seeking

The LGBTQ Homelessness Project recommended that all homelessness and housing services should be LGBTIQ inclusive, that there be mandatory ongoing LGBTIQ training for staff at all homelessness and housing services and that family violence interventions recognise the impact of trauma and abuse towards LGBTIQ young people that puts them at risk of homelessness.

[More information on IDAHOBIT Safe Schools Coalition](#)

# COUNCIL HONOURS SOCIAL WORKER

Port Phillip Council, in Melbourne, has honoured the memory and contribution of Edythe McCallum, by naming a small park in inner-city South Melbourne after her to honour her contribution to the area.

Edythe McCallum, who died in 2011, was the senior social worker for the then City of South Melbourne from 1962 to 1981. She was an advocate for the role of social workers in local government and was active in the development of a social work department at the council.

Edythe's contribution to the provision of social housing was another area for which she was honoured. Working with the Housing Commission and later the Ministry of Housing, and also the Council, Edythe participated in the planning processes to ensure that the needs of the community were addressed and that local residents were given priority for social housing built in the area.

Heather McKee, who succeeded Edythe as the senior social worker at the City of South Melbourne, unveiled the plaque at the newly named Edythe McCallum Reserve. She spoke of the way that Edythe worked, 'managing a busy department, working with colleagues to develop community services that met identified needs and working with community leaders prepared to engage with council in the delivery of much needed services to the local community.'

Heather's own work in social housing was acknowledged in June when she was awarded the Medal of the Order of Australia (OAM) in this year's Queen's Birthday Honours for services to social welfare organisations.

Present at the dedication of the park were Professor Marie Connolly, Head of the School of Social Work at the University



Heather McKee OAM and Beris Campbell flank the plaque dedicated to Edythe McCallum

of Melbourne and Jane Miller, President of the Social Work Alumni, in recognition of Edythe's relationship with the university in curriculum development and her support of social work students in their placements. Edythe's two sons were also present for the dedication.

Messages were also read out from Beris Campbell and Nancy Hogan, who were unable to attend. Beris, who worked as a social worker at the council with Edythe and was mentored by her, and Nancy, from Caulfield Hospital, recalled initiatives of Edythe's, such as South Port Community Nursing Home, which provided aged care beds for the local community.



# 'ELDERING': A BETTER WAY OF AGEING

DOROTHEA TROPP-BOAS BSW



## About the author

### Dorothea Tropp-Boas

is a 96-year-old retired social worker who has been a resident at a private aged accommodation facility in Melbourne for about two years.

Each week she holds a one hour focused discussion group for up to six people who are residents at the facility.

The purpose of the discussion group is to get participants to think about a particular topic, focusing on their experiences and feelings.

The membership of the group is voluntary. Some people come for one session then leave, and others who attend have said it is the only intellectual stimulation they get during the week and they are determined to keep coming. Dorothea can be contacted at [dorotheatroppboas@gmail.com](mailto:dorotheatroppboas@gmail.com)

The word 'old' for most people conjures up a negative image, a mindset imposed by our society. We picture an old person with diminishing physical, social, emotional and mental abilities. This image has been propagated by literature, films, advertising and the social milieu where youth culture is idolised.

The word 'old' for most people conjures up a negative image, a mindset imposed by our society. We picture an old person with diminishing physical, social, emotional and mental abilities. This image has been propagated by literature, films, advertising and the social milieu where youth culture is idolised.

As the years pass, the decline of vigour, for many people, is largely the result of their expectation that they will decline. It is a self-fulfilling prophecy. Therefore, I prefer to use the word 'Elder'. I think this conjures up a different image for most people, an image that embraces the positive aspects of ageing.

In research the term 'aged care' is used, which is a medical view of ageing. Although it is necessary for there to be evidence-based research on the best way to assist problems that specifically concern Elders, I believe this also gives the wrong impression of what this stage of life can be. I propose this should also be changed to 'elder care'.

There is also a problem with the translation of research into practice. Research results, by necessity, indicate the needs of the majority and so do not cater for unique individual differences. But we are all unique - nobody actually fits the statistically defined average profile. For example, are people over 90 years old included in aged care research? I somehow doubt it.

Gerontologists have coined the phrase 'successful ageing' and yet it seems to me little attempt is actually made to appreciate the sunset of life. The focus of research appears to be on assisting Elders with the problems of ageing, rather than the positive aspects of ageing, of which there are many.

Living by the ebb and flow of our nature, we can cultivate a contemplative attitude, harvest a lifetime of achievement through a well-earned period of retreat and reflection, and then decide on a new curriculum for the last season of our lives.

Negative images about ageing and a focus on the problems of ageing have probably contributed to the lack of respect towards Elders often evident in our Western society. In some other cultures this is very different. The expectations and roles of Elders vary between cultures. Being an Elder can be considered an object of value. In many Asian cultures we often see three generations living together and the younger generations depend on the assistance and advice of the Elders.

The Aboriginal and Torres Strait Islander peoples also include many of their related Elders as part of their family, regardless of how distant that relationship may seem to us. New Zealand Maoris have a similar custom. I remember when on a holiday in New Zealand eating in a café and seeing a Maori woman go over to another Maori woman who was also alone and many years her senior. As I observed, they appeared to be strangers. Then I noticed she introduced herself, and before long she was calling her Aunty.

Let me tell you another personal story about respect and care for an Elder. It was during winter and I was waiting for a tram when it started to rain. I had no umbrella. A Chinese schoolgirl was nearby also waiting, and she had an umbrella. She approached me and offered shelter from the rain. This was a courtesy that I will always remember. This respect for me as an Elder made me feel valued.

The Western nuclear family has moved far from intergenerational living and has brought with it the situation where



caring has become commercialised, and a married son or daughter is left to find suitable accommodation and to organise the transition of a parent to be moved from independent living to dependent accommodation. This can be very difficult for all concerned.

So how does an Elder differ from an old person? An Elder is a person who is still growing, still a learner, still with joy and leisure, and whose birthright to these remains intact.

Moreover, an Elder is a person who has been given respect and honour because of the way they have lived their lives. This is not given because of their age. Finally, an Elder has worked at synthesising their wisdom from long life experience and formulated this into a legacy for future generations.

So where do we start? We can begin with the afternoon of life as an adventure. By using positive images of the aged in advertising, television programs and films that promote lifelong learning and higher values.

We can look at the word Elder as a verb and not a noun. We are all Eldering. It is a word in action where the Elder is both the researcher and the subject to be researched and in doing so create a new role in society. There are no models to emulate if we wish to develop a social model. The medical model has been uppermost for a long time and this is very important, but in my opinion, it is imperative to develop a new social model.

What's involved? It incorporates our life choices. We begin with dependency in infancy and childhood, which is part of the human condition. Then comes independency in adulthood, which we have been taught to prize in Western

society, and a condition most of us have been encouraged to hold. But do we ever really achieve this on our own. In most relationships, there has to be a balance – a give and take. Even the rebellious teenager who wants to leave home still needs parents to help out when bills can't be paid. Being too independent may scare off friendships.

This brings me to a very important point, which is to consider shared decision making. For example, it involves the Elder and family both participating in the Elders future treatment plans.

It is a time when one has the power to say what they want and are careful not to have that power taken away. It is a matter of balanced rights. Just think, it describes a situation where both the elder and the family work as partners. At this stage a plan is set up for the time when the Elder needs help and realises they are becoming more dependent.

Although full of good intentions, professional carers often make decisions for Elders without considering that the Elder may want to partake and is capable of partaking in that decision. Elders are not children, but there is a tendency for professional carers to treat them this way if there is evidence of cognitive decline, hearing loss, physical restrictions, or some loss of vision. This is the medical model, which has its place and is important, but what about the social model?

Are they trained to look at the family culture and family relationships, the Elder's past position in society, and their psychological state when the Elder is feeling impoverished by their dependency. In some instances when placement occurs, it means selling the family home and all the memories that

go with it – a situation that had not been envisaged. Therefore, there needs to be consideration of the Elder's needs and desires, and where possible the Elder should be involved in the decision to move and how that move will occur. This makes the process and the end result a more pleasant experience for everyone.

I can see at times I have shown a too independent face. One episode in my life, when in hospital with only 10% of my lungs working it was my daughter who turned the situation around. I had had a bad night, she visited me the next morning, she took one look at me and held me in her arms. No words were spoken, and we both cried together. This was the turning point in my recovery. I needed to let go of my independence by realising I could not continue alone. It was the first time I understood I needed help.

I will conclude by telling you I share some of my ideas of what I think Elders want.

- their health, to continue learning, to participate and enjoy life and security.
- their own space
- time out to look within, dream a little, and forget about chasing the clock. Time for Elders has a different meaning; each night before I go to sleep I thank God for giving me another day
- to have their social, psychological and emotional wants heard and set the scene for positive ageing that considers the personal level, that translate into personal care and decision making that reflects the dignity of the individual.





## ELDERING CONTINUED

Some of the ideas I have used in my own life. These have come from my extensive reading on the subject.

- They say yesterday is history, tomorrow is a mystery and today is a gift.
- Elders have the opportunity to experience an era of unprecedented development without the responsibilities of younger people.
- Elders need to be valued for their non-economic contributions to society and should be models of successful Eldering.
- The growth in the numbers of elders can be used to influence politics, the economy, and cultural agendas for the future.
- Longevity can be enhanced by doing the things one loves, being mentally and physically active, independent, accepting loss and being resilient.
- Instead of lamenting the passing of years, Elders need to accept their limitations and celebrate the skills and capabilities they have.
- Elders need take responsibility to have a fulfilling life and this requires having a purpose that they are passionate about. This can be challenging, but they have a lifetime of experiences to draw on to overcome challenges.
- Elders are all unique individuals with different histories, different hopes and dreams and different priorities in life. Aged care policies need to account for this.
- Rabbi Zalman Schachter-Shalomi has proposed a profound new vision of growing older in his book *Ageing to Sageing*. The presence of death deepens our appreciation of life and everybody has something special and unique that they were born with. It is up to us to find the best way to live our lives and this includes the latter period of our life.
- Elders need to retain their intellectual curiosity, caring for others, live in the moment and retain a sense of humour.
- All life is a preparation for our elder years and its self-development. There are many paths that lead to Elderhood.
- The baby boomers are watching how we embrace this period in our lives - we are role models for them. It is our responsibility to leave them with positive images.

## THE NAKED FARMER: RAISING FUNDS FOR THE ROYAL FLYING DOCTOR MENTAL HEALTH SERVICE

**Ben Brooksby is the founder of The Naked Farmer. He is 24 and an eighth-generation farmer from St Helens Plains in western Victoria. And this winter, he is travelling around Australia to raise funds and awareness on rural mental health.**

The Naked Farmer was founded on 13 May 2017 while Ben was sowing lentils, the very seeds he had used as a 'cover up' while wearing nothing but his boots, socks and hat in the back of the grain truck, in a random photo the season prior. Emma Cross, the photographer who founded Emma Jane Industry, had been coming out to Ben's family farm for a few years, capturing the harvest on film but never like this.

Ben was sitting on the tractor on a nice autumn day, sowing lentils for the next harvest, while creating an Instagram account. He called it The Naked Farmer, posting his near naked photo, all for a bit of fun. The response went viral and within seven days he had 1000 followers and he knew he had struck a chord with the wider community. This idea quickly became the framework for a social media based business, highlighting agriculture through photos of 'naked farmers' with props strategically placed. It is also a great platform to educate consumers (around the world, as it turns out) about where their food and fibre comes from.

Having experienced anxiety as a teenager while living through 10 years of drought on the farm, Ben had to leave his issues behind quickly after his family home was burnt to the ground in 2015. Out of the ashes, his father handed him the job of managing the construction of a new home, at the age of 22.

This became a turning point in Ben's life and from that experience, he decided this concept of The Naked Farmer could support people in the agricultural industry who suffer from mental health issues. Statistics show that the suicide rate amongst farmers is almost double that of any other industry and he is passionate about changing these stats. From Ben's personal experience, he knows that the state of mental health can be turned around through positive intervention even when the worst happens.

The purpose of The Naked Farmer is to raise money and awareness around mental health in the agriculture industry.

Ben and Emma went on an Australia-wide tour in June to meet followers and farmers who were willing to have their photo taken, with just their boots and hat on and to talk to farmers about life in agriculture.

The Naked Farmer has already released and sold out of the 2018 calendar and Ben's next project is to take a selection of photos to create a 2019 male and female calendar. In March next year he will launch an underwear range. Funds raised will go the Royal Flying Doctor Service mental health service.





## Drought relief package

The Australian Association of Social Workers supports the government's relief measures in response to the drought.

Social workers work with community organisations and provide mental health services to those affected.

AASW National President Christine Craik said, 'Social workers can provide key supports for those in drought affected areas. As a profession, we work holistically with individuals, families and communities to deal with the devastating impacts of drought. These include mental health interventions and providing support and advocacy to those who need to access other services.'

'We support the removal of the requirement for those accessing mental health services via Skype to have their first appointment in person. This recognises the long distances and the cost of travel in money and time for rural people.'

## Mental Health Research - Royal Flying Doctor Service

In early 2017 the Royal Flying Doctor Service released a research paper entitled '[Mental health in rural and remote communities](#)'.

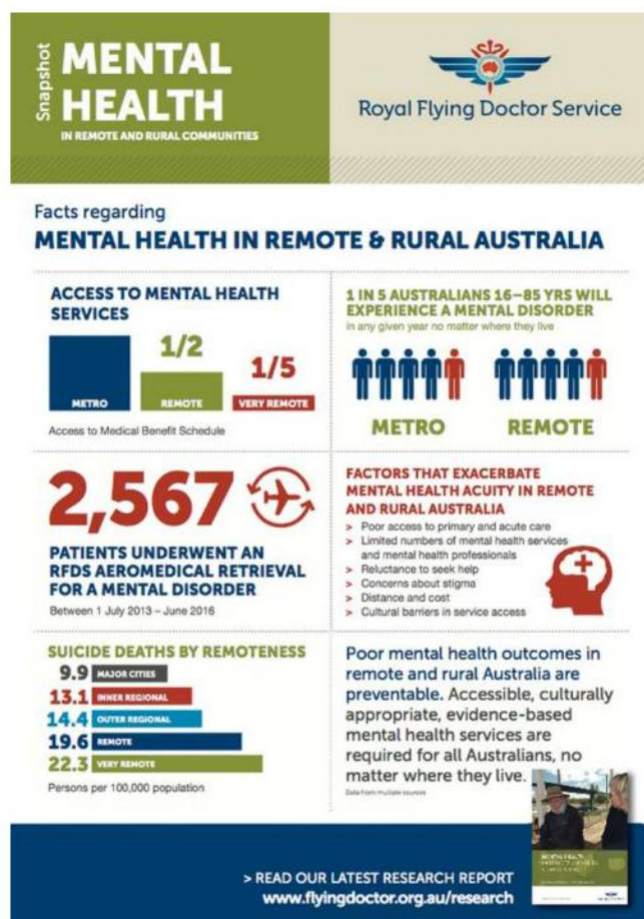
This research reveals remote Australians die on average from suicide at twice the rate of city people, yet are only able to access mental health services at a fifth of the rate of people in urban areas. It also identifies farmers and Aboriginal and Torres Strait Islander people as among the most at risk of suicide.

The research shows there is no difference in common mental health risk factors of family history, stressful events, substance use, and health problems between city and bush, country residents risk exacerbated mental illness because of insufficient early intervention and prevention services.

[The Naked Farmer](#)

[Royal Flying Doctor Service - mental health](#)

[The Naked Farmer Instagram](#)





# MOMENTS OF MEMORY: JIGSAW COMMEMORATES 40TH ANNIVERSARY

It is estimated that there were 150,000 forced adoptions during the peak period between 1951 and 1971, affecting 750,000 Australians, including adopted people, mothers, fathers and grandparents, and the families that adopted children.

Jigsaw Adoption Search & Contact has published *Moments of memory: The voices of women who lost their babies to adoption* to mark its 40th anniversary. The anthology comprises the writing of 17 mothers who tell their stories, gathered together under the headings 'Conception and consequences', 'Life and loss' and 'Reunions and repercussions'. In poignant short pieces, and sometimes poems, the women tell of their experience of forced adoption, still vividly remembered as many as 50 or 60 years later.

Jigsaw was founded 40 years ago in 1978 by adopted adults, birth parents and adoptive parents to lobby for legislative change and more openness in adoption. Some changes came about in 1987, when adopted people were given the right to access records giving information about their birth parents, and in 1994 when birth parents were given similar rights regarding their children. Further changes were proclaimed in June 2003.

On 21 March 2013, then Prime Minister Julia Gillard delivered a national apology to Australians affected by forced adoption. This year marks five years since the apology.

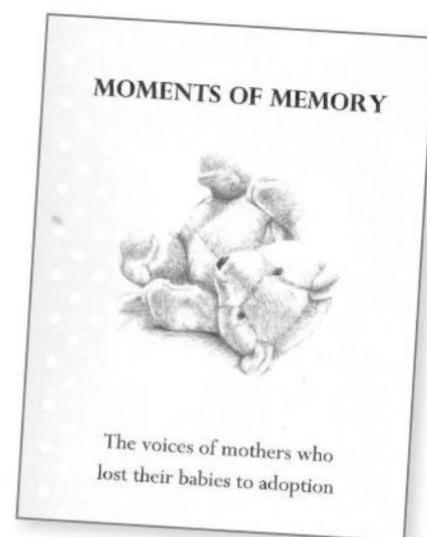
To celebrate the dual milestones of the 40th anniversary of Jigsaw providing services to all parties to adoption, and five years since the prime minister's apology, they are giving away copies of the anthology, *Moments of Memory*, please contact Isabel Andrews at [isabel@jigsaw.org.au](mailto:isabel@jigsaw.org.au) if you would like one.

\*Jigsaw has the only confidential National Contact Register in Australia – only staff can access the information.

The [Department of Social Services](#) has more information about specialist support services for people affected by forced adoptions

[National Archives of Australia](#) has a Forced Adoptions History Project

Email [forcedadoptions@dss.gov.au](mailto:forcedadoptions@dss.gov.au)



## National Contact Register

Adoption & Family Separation Register

Are you searching for a family member?

Is someone searching for you?



## History and background

In the past, adoption of children of unwed mothers was common and unmarried pregnant women had little or no choice about what would happen to their babies. Many of these adoptions were arranged without willing or informed consent, were unethical, dishonest and in many cases, illegal and are therefore considered 'forced'.

Young, single pregnant women were often sent away from home to overcome prejudice or judgement from the community. Many were sent to institutions owned and operated by religious and other organisations

where the conditions were frequently harsh and abusive. The institutions frequently arranged adoptions, but often social workers, and occasionally doctors and nurses, also took 'consents' and arranged adoptions.

When giving birth, many mothers experienced poor medical treatment, abuse and administration of drugs against their will. Babies were generally removed at birth and mothers restricted from seeing their babies despite adoption papers not being signed.

Many mothers were manipulated into giving consent to the adoption and

incorrectly told that consent could not be revoked. In some instances, their signatures were forged or post-dated. New birth certificates were issued and adoption records sealed. Legal mechanisms were put in place to prevent contact in later years.

These practices reflected the 'clean break' theory in which a mother and her child were separated as early and completely as possible. It was understood that the separation caused both grief, but the level of trauma inflicted was poorly recognised because attachment theory and pre-birth bonding were not



## SOCIAL WORKERS CRUCIAL TO HELPING PEOPLE QUIT SMOKING

Social workers can make a bigger difference to the health of individuals who smoke, and have the opportunity to start a conversation about the impact of smoking. The Australian Association of Social Workers NSW is partnering with the Cancer Institute NSW to call on social workers to refer their clients who smoke to the NSW Quitline.

### Why Register?

It can reduce search costs and time.

Registering your details lets anyone searching know your wishes. All details are confidential and will NOT be given to another party without your consent.

We work collaboratively with other agencies.

### Who can register?

People separated by adoption, foster care, raised by one parent/relative, reproductive technologies, care leavers and UK migrant wards.

### Register on the net at:

[www.jigsaw.org.au](http://www.jigsaw.org.au) and select *Contact Register* or contact us on ph: (08) 9328 4000

E: [jigsaw@jigsaw.org.au](mailto:jigsaw@jigsaw.org.au)



The Contact Register is a service of Jigsaw Search and Contact. Jigsaw has provided search, information, counselling and mediation services since 1978.

We are located in Perth but work nationally.



'Quitting smoking is tied to better mental health outcomes, and is associated with reduced depression, anxiety, and stress. We are perfectly placed to help support community members to start their quitting journey,' said David Keegan, the AASW NSW Branch president.

Tobacco use remains the single largest cause of preventable disease and death in NSW. More than 65% of people living with a mental illness and 20% of people who experience social and economic disadvantage in NSW currently smoke.

CEO of the Cancer Institute NSW, Professor David Currow said, 'We need to take a more multi-disciplinary approach to continue to reduce the impact of tobacco use in NSW. Prevention is the best option, and social workers in particular are in an important position to make a real difference.'

Branch president, David Keegan encouraged social workers across NSW to refer community members who smoke to the NSW Quitline. 'Social workers play an active role

in supporting wellbeing. However, the opportunity to play a more preventative role in regards to tobacco-use and its impact on people's overall health and wellbeing, may be overlooked when working with diverse communities with a range of complex psychosocial issues.

'If each of the 2,600 AASW NSW members across the state took a few minutes to refer individuals who smoke, we would have thousands on their way to a healthier future and a healthier NSW - one small step can really make a big difference,' Mr Keegan added.

Telephone counselling services, such as the NSW Quitline, can double the chances of quitting compared to self-help materials, brief advice or pharmacotherapy alone.

[Find out more about the NSW Quitline](#)  
Call NSW Quitline 13 QUIT (13 78 48)

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well understood. Many adopted people, as children and adults, struggled with attachment and identity issues and the ongoing adoption impacts were, and continue to be, felt by many others, including their children.



**Dr Indran Rajendra**  
General Practitioner



# SOCIAL WORK STUDENT HONoured FOR BREAKING DOWN BARRIERS

Applications for the 2019 Royal Rehab Alex Ommanney Prize are open. Candidates must be in their final year of a BSW or MSW program in Sydney. For further information [contact Candice Unger](#) at Royal Rehab.

[Royal Rehab](#) is a rehabilitation and disability support provider and registered non-profit organisation. Highly regarded for specialist brain and spinal cord injury rehabilitation, its services incorporate supported accommodation, a private hospital, a purpose-built spinal cord injury resort and community services.

## Emily James receives her award

Left to right:

Standing: Stephen Lowndes (CEO Royal Rehab), James and Elizabeth Ommanney (Alex's parents), Selina Rowe (General Manager of Public Services and Director of Allied Health, Royal Rehab), Candice Care-Unger (Professional Leader of Social Work, Royal Rehab)

Seated: Emily James, Ragnii Ommanney (Alex's wife)

Aspiring social worker Emily James understands more than most what it takes to rebuild life after a disability. In March this year, the 28-year-old, who sustained a spinal cord injury in a snowboarding accident six years ago, was awarded the inaugural Royal Rehab Alex Ommanney Prize for outstanding academic achievements and contributions to social work practice.

Emily's submission, *A personal exploration towards developing a practice framework for social work with people with disabilities*, was commended by senior social work staff for linking her lived experiences and sound understanding of social inclusion theory.

A rehabilitation and disability support network, Royal Rehab established the annual prize as a tribute to its dedicated employee and social worker Alex Ommanney, who passed away in 2017. Announced on World Social Work Day, the award honours Alex's commitment and contribution to the profession and to the spinal cord injured community he passionately served for over a decade.

Royal Rehab Professional Leader of Social Work, Candice Care-Unger, said Emily's entry was outstanding. 'It showed innovative thinking and clinical excellence designed to break down barriers and improve the lives of people living with disability,' she said.

Emily is studying for her Master of Social Work with the Australian College of Applied Psychology (ACAP) and

working with Spinal Cord Injuries Australia as a Peer and Social Support Coordinator at spinal rehabilitation units across Sydney.

'Through my accident, and later through my studies and work, I was introduced to a community of people with disabilities,' she said. 'I discovered there is great strength and ability within that community. However, people with disabilities often have either no access, or only restricted access, to resources to assist them in becoming active members of the community.'

Emily's role involves offering emotional support to clients and their families, while providing them with valuable information and insights into life after spinal cord injury. 'My job is extremely rewarding and I hope to continue in this field as a social worker after graduating from ACAP at the end of this year,' she said.

'My aim is to help clients access the resources and services they need to achieve their goals while also promoting empowerment and self-esteem. I want to break down the barriers faced by people with disabilities so they and their families can discover and develop their strengths and optimise their abilities.'

'I applied for the award because I felt as if my vision to advocate for the rights of people with disabilities aligned with those of Alex and Royal Rehab,' Emily said. 'I feel extremely honoured to have won and hope that I can honour Alex's memory by continuing the pursuit of social justice and equality, not only for people with disabilities, but for all people.'

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Photo: Royal Rehab





# YOUR DISTINCTION



**FIND OUT MORE**

In July, AASW launched the Your Distinction Program. This program will introduce the following six new credentials over the next twelve months.

- Accredited Family Violence Social Worker
- Accredited Supervisor
- Accredited Clinical Social Worker
- Accredited Disability Social Worker
- Accredited Aged Care Social Worker
- Accredited Child Protection Social Worker.

The expansion of the AASW credentialing program is to recognise advanced social work practice in a range of specialist areas. The program assures clients and their families, the Australian community, employers and funding bodies that accredited social workers have acquired a notable level of expertise in their field of practice, therefore ensuring they are delivering safe and high quality care services. AASW accreditation means Your Distinction in the social work sector, your area of expertise and your career journey. These new credentials raise the profile of the social work profession and enhance your employment opportunities.

## **Accredited Family Violence Social Worker (AFVSW) Credential**

The first of the credentials launched is the Accredited Family Violence Social Worker.

**For eligibility requirements and application information please visit the [AASW website](#)**

## **Why Should You Become Accredited?**

Some of the many benefits from becoming accredited include

- Credentials are a symbol of quality and established competency
- Credentials are a sector indicator of achieved experience and capability
- Your Distinction – a credential establishes that you have achieved recognition in your field of practice
- Commitment to ongoing excellence – the credential demonstrates the currency of your skills and knowledge by setting a high standard of continuous professional development that validates your commitment to excellence
- A formalised community of practice and network of peers – through sharing of knowledge and experiences and delivering on best practice.



# Empowering Excellence

## SOCIAL WORK ONLINE TRAINING

**REGISTER NOW**



The AASW is proud to announce the launch of the Empowering Excellence online CPD Program.

The program is delivered by respected context experts and academics, and has a strong Mental Health focus.

- Content covers a range of clinical and therapeutic approaches, relevant to both early career and more experienced social workers
- The series includes topics aligned with Focussed Psychological Strategies, a CPD requirement under Medicare
- Upcoming topics include: Mindfulness-based CBT, Acceptance and Commitment Therapy (Beginner and Master Class), Dialectical Behavioural Therapy, Interpersonal Therapy, Relaxation and Mindfulness, Narrative therapy (and more)

The AASW is pleased to launch further online workshops in the Empowering Excellence program.

New mental health focussed content includes:

- Introduction to Acceptance and Commitment Therapy
- Masterclass: Using Acceptance and Commitment Therapy Flexibility
- Mindfulness-based CBT
- CBT Fundamentals
- CBT and Motivational Interviewing in the context of co-occurring mental health substance use issues
- CBT Package
- ACT Package

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

### To access SWOT content:

1. Register for individual courses and recordings by clicking <https://www.aasw.asn.au/professional-development/swot-social-work-online-training>
2. After registering, view the content via the [AASW SWOT Portal](#).

**Empowering Excellence Series One: National Disability Insurance Scheme by Brooke Kooymans. [Register here](#)**

Further content in the Empowering Excellence program will be released in June 2018.



**HOUSING,  
HOMELESSNESS,  
WELFARE AND  
INCOME SUPPORT**





# HEEDING THE CALL: 20 YEARS WORKING IN THE NON-GOVERNMENT HOMELESSNESS SECTOR

DAVE McNAIR

Dave McNair looks back at his 20 years of work in the homeless sector. Beginning with an eye-opening week spent in one of the seedier parts of Sydney as a schoolboy on work experience, he outlines the various positions he has held and what influenced him to pursue a social work career.



## About the author

Dave McNair has bachelor's degrees in social work and social science. He is currently the Program Manager, Carinity Orana in Brisbane, a position he has held since 2005. Previously Dave was the Homeless Accommodation and Outreach Coordinator at Hope Street Urban Compassion and a case worker at Wesley Street Smart Youth Service, both in Sydney.

I felt the call to work in the homeless sector early. I had spent a week of work experience as a Year 11 student with Youth with a Mission (YWAM), which was located in the basement of Bourke Street Anglican Hall. Each night the team would frequent the once well-known PJAYS Café. The hall was right on William Street and on each side of William Street from the city to Kings Cross some of the underbelly of Sydney's night-life gathered. It was a side of Sydney, a city I had grown up in, that I had never seen before and I was drawn to know more.

It was this experience and the ground-breaking ABC documentary *Nobody's Children* series (1991) – *No Place Like Home* and *Making It Work* and the subsequent follow up *Somebody Now* (1996) – which more than anything else drew me to become a social worker. The series *Nobody's Children* followed the lives of six young people who were experiencing homelessness and how they survived five years on. It arose from the Burdekin Report, which at the time was pivotal in changing the shape and scope of the homeless sector in Australia. The Burdekin Report, titled *Our Homeless Children – Report of the National Inquiry into Homeless Children* (1989), was commissioned by the Human Rights and Equal Opportunity Commission.

I ended up completing a degree in social science (with a major in sociology) before starting my social work degree at Sydney University in 1995. I felt that what I learned in social science was the perfect grounding for my social work degree. Even when studying I felt the call to dabble as a volunteer in the homeless

sector working on street vans and street teams in inner-city Sydney.

After graduating in 1998, my first full-time job was working at Wesley Mission Street Smart Youth Service, a drop-in centre in Chippendale. It was there that I cut my teeth in being a case worker to young people from 12 to 25 years of age. It was there that I coordinated a lot of the street teams on which I myself used to volunteer. On a few nights each week, we would frequent various places where young people hung out and would build rapport with them. It was all about meeting them on their turf. It was also at Street Smart that the first pilot program of 'Reconnect' occurred. It was a great program, so good that it has gone from strength to strength as a national program and has received the recognition it deserves.

My calling to the inner city continued with my next role working for Hope Street Urban Compassion. My position was as the Homeless Accommodation and Outreach Coordinator – a big title that simply meant that I managed 'The Terrace', which provided a semi-supported accommodation service in Darlinghurst for people 18 and over. Five people could stay for up to 18 months but the average stay was around 9 months. It was a one-of-a-kind service in this area, but one that received no government Supported Accommodation Assistance Programs (SAAP) funding.

After working mostly with young people it was a big change for me to deal with adults, who were on average 35 and above, had been in and out of homelessness numerous times, and were also more often than not long-term unemployed. Of the many addictions



associated with being homeless, what was most surprising to me was the high rate of gambling addiction. The Terrace was a stone's throw away from the allure and bright lights of Oxford Street. I used to say to the residents that if they could beat their addiction there, they could beat it anywhere. A few residents had come straight out jail where they weren't allowed to associate with other ex-offenders. However, in this area, it was almost impossible not to as soon as you walked out the front door.

One of the great things in working for Hope Street Urban Compassion was that The Terrace was one of number of programs in the inner city that they ran to address various peoples' needs. They had a gambling counselling service, an employment training program, a community development program and the women's space (reaching out to women in the sex industry). They also ran a weekly street breakfast in Tom Uren Square, Woolloomooloo, for those sleeping rough in the area. Hope Street was also involved in Urban Walks where small groups of people would gain a real insight into what it was like to be homeless for a night in the city of Sydney through a lived experience.

Hope Street and other similar services in the inner city worked closely together. From the Wayside Chapel, Kings Cross, to Rough Edges and every agency in between, a lot of collaboration took place across services in supporting people who were experiencing homelessness. One way this was particularly evident was through Reclink Sydney. Each year Reclink put on the Kaleidoscope Festival during National Homeless Person's Week. All of these free events aimed at the homeless and those on the margin, centred on the Kaleidoscope Art Exhibition. Here people had the opportunity to create and display their own art work loudly and proudly. The Kaleidoscope Art Exhibition eventually become a part of

Sydney City Council's own Art & About Exhibition held in spring each year, which was a great achievement.

Since arriving in Brisbane almost 13 years ago, I have worked for Carinity as the Program Manager of Carinity Orana. Carinity Orana is an immediate Specialist Homeless Service in the northern suburbs of Brisbane providing immediate transitional supported accommodation for 16 to 19 (sometimes up to 21) year olds who are experiencing homelessness. Carinity Orana is funded by the Queensland Department of Housing and Public Works.

I have returned to working with young people experiencing homelessness - now based in the suburbs rather than the inner city. What I noticed coming back into working with young people was anxiety and depression amongst them has become more the norm than the exception. What still amazes and inspires me is young peoples' resilience and fortitude in the face of life's challenges and struggles. There are many unique issues that pertain to young people experiencing homelessness that are sometimes either systemic or self-inflicted, and sometimes even a combination of both. What is clear is that more often these issues are a direct result of family and/or relationship breakdown.

The Salvation Army Oasis Youth Service in Sydney has developed a great resource to understand and unpack these issues further. *The Oasis Movie* (2008) [www.theoasismovie.com.au](http://www.theoasismovie.com.au) is a feature documentary about Australia's homeless youth and follows the lives of young people experiencing homelessness. This resource was produced as a result of the National Youth Commission's Independent Report entitled *Australia's Homeless Youth* (2008).

In my twenty years of working with homeless people, it has been interesting seeing the innovations and developments in the sector across both New South Wales and Queensland. Over this period of time I have not had a role specifically titled 'social worker'. That caused me some angst in the past, but in the various roles I have had over this time, social work has equipped me with the necessary insights, skills and tools to best support those in need and to support those working at the coalface. I believe role of social worker needs to be championed in this sector, where a client's self-determination and advocacy is critical for real and lasting change to occur.

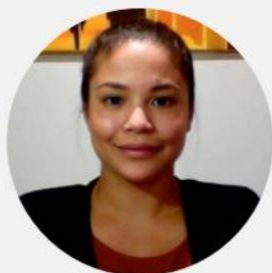
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# SUPPORTING FINANCIAL INCLUSION, RESILIENCE AND WELLBEING

## WORKING WITH PEOPLE IMPACTED BY FINANCIAL ABUSE

YASMIN DUNN



### About the author

Yasmin Dunn is a committee member of the AASW QLD Branch Management Committee, Continuing Professional Development Sub-Committee, and President of the University of Queensland's Social Work and Human Services Alumni. Yasmin is a social worker who has practice experience in both non-government and government organisations, in the areas of welfare, youth, mental health and homelessness. Yasmin is passionate about advocacy, financial inclusion, family and domestic violence, policy and the professional identity of social workers.

People impacted by financial abuse are vulnerable to financial exclusion and are at risk of experiencing further financial hardship, poverty and other poorer social and emotional outcomes. Yasmin Dunn writes about her experience of working with people who have experienced financial abuse and exclusion, and discusses ways of working with them to enhance their financial inclusion, resilience, and wellbeing.

The National Australia Bank's *Measuring Financial Exclusion in Australia* report (2014) indicates approximately three million people in Australia are severely or fully excluded from financial institutions and are unable to access safe and affordable financial services. People who experience financial exclusion are at greater risk of experiencing financial hardship, poverty and other poorer social and emotional outcomes, such as homelessness.

Corrie and McGuire, in their report *Economic Abuse: Searching for Solutions* (2013), estimated that close to two million women have experienced economic abuse in their lifetime, and people with disabilities, particularly those with a cognitive disability, are at increased risk of abuse and financial exclusion. However, there is limited research into the connection between financial abuse and financial exclusion.

Good Shepherd's report on *Economic Security for Survivors of Domestic and Family Violence: Understanding and Measuring the Impact* (2016) defines financial abuse as behaviours that control a person's ability to access, use and maintain financial resources. It includes withholding financial support reasonably necessary for the maintenance of a partner, coercing a person to claim a payment or take out a loan in their name, preventing a person from seeking or maintaining employment, or unreasonably denying a person financial autonomy or access to their bank account.

Warning signs of financial abuse include an inability to access a bank account, debts (loan, credit card, or consumer lease) taken out in their name without knowledge or consent, no access or unreasonably reduced access to income, and a reported inability to work due to the wishes (coercion) of a family member, carer, or intimate partner.

The above report explores the impact financial abuse can have on economic security and potential for self-sufficiency. People who have experienced family and domestic violence, particularly financial abuse, often have significantly reduced assets after separation, inherit and pay for relationship debts, and may have a reduced sense of financial capability and ability to make financial decisions. People currently experiencing financial abuse may not have access to income, thereby restricting their capacity to leave, with further impacts on their emotional, physical, social and financial safety.

Financial exclusion refers to a person's inability to access safe, fair, and affordable financial services, such as a bank account, insurance, credit, or a fair interest rate on a loan. *Measuring Financial Exclusion in Australia* report (2014) represented financial exclusion on a continuum from 'fully excluded', 'severely excluded', 'marginally excluded', to 'included'.

The report highlighted a strong link between income and financial exclusion, where individuals with an income below \$15,000 had an exclusion rate of 118 per cent greater than the national average of exclusion. In addition to income,



I have observed that people who have experienced financial abuse also experienced or were more vulnerable to experiencing financial exclusion. The circumstances placed them at greater risk of homelessness, social isolation and mental health concerns.

Financial services and options for people who experience financial exclusion are limited. Currently, available options include payday lenders or consumer leases, where people pay up to two to three times the recommended retail price and do not own the product at the end of the period.

These types of financial products are considered predatory in nature by peak bodies due to their high interest rates, high fees, and the high proportion of low income and vulnerable Australians accessing these services. In my experience, people who access these types of services are not able to access other types of financial services and have reduced financial literacy and capability to make informed decisions about accessing payday type loans or consumer leases.

As noted, there is limited research in relation to the link between financial abuse and financial exclusion. What is known is that financial abuse and any other type of family and domestic violence can impact a person socially, emotionally, psychologically, physically, sexually and economically. There are many causes of financial exclusion, with research showing a strong link between income and financial exclusion, but what about the correlation between financial abuse and financial exclusion?

From my observations, people who have experienced financial abuse in the past or currently also frequently experience financial exclusion. Their access to income is restricted or denied, their ability to make independent or joint financial decisions is reduced or denied, they have large debts in their name that were

either accumulated jointly or without their knowledge or consent, and they are often unable to work.

Post-separation, they have debts, lack of savings and income, and reduced employment prospects. This in turn affects their ability to access safe, fair and appropriate financial services and reduces their sense of financial capability and literacy. These are core characteristics of financial exclusion.

Corinne Proske, General Manager, Retail and Online, Good Shepherd Microfinance, recently discussed her experience of financial abuse on Good Shepherd's website and how this led to her experiencing the debt cycle and an inability to access safe and affordable financial products.

Enhancing financial inclusion, resilience and wellbeing for people who have experienced financial abuse requires an integrated response from government and community. It requires practical, emotional, and social support at the different intervention points – prevention, early intervention, crisis and post-crisis. Interventions will depend on the point of initial contact, as people may be presenting in crisis or post-crisis.

Due to the risk of re-traumatisation from experiences of abuse, it is imperative that interactions are trauma-informed, sensitive, and respectful. Interventions will vary and could include counselling, psychoeducation, awareness raising, budgeting, support to access income support, or referrals to other services.

Psychoeducation and counselling around domestic and family violence and financial abuse in direct practice work is helpful for increasing awareness and knowledge about abuse. Due to the effects of domestic violence and financial abuse, particularly when referring to psychological abuse, psychoeducation and counselling can support a person to develop knowledge about and insight into their circumstances.

This support can be the first step in facilitating people to achieve their safety goals and to take steps towards improving their psychological, social, physical and financial wellbeing. Safety planning is another intervention that is helpful for people experiencing financial abuse. In relation to welfare and economic safety, increasing safety can mean supporting people to open a bank account, increase access to income, goal planning to save money, obtaining identification documents, and linking with ongoing counselling and other family and domestic violence services.

Supporting people to enhance their financial inclusion, resilience and wellbeing can also be facilitated through psychoeducation and awareness raising of payday lending and consumer leases, and more affordable and safe financial services and options such as a No Interest Loan Scheme, Step Up Loan, or insurance through Good Shepherd Microfinance.

Support also includes increasing access to income through income support, opening of a bank account, budgeting, and information about government rebates and community support. Referrals to external support services, such as emergency relief services, financial counselling through the National Debt Hotline, and referrals to Legal Aid for debts and family law matters, can also provide additional assistance for the person to address any debts or financial concerns inherited from an economically abusive relationship.

In conclusion, it is through an integrated response, providing practice and emotional support, and with empathy and hope that a person who has experienced financial abuse can enhance their financial security, financial inclusion and wellbeing.

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# SOCIAL WORK PRACTICE IN WELFARE, INCOME SUPPORT, HOUSING AND HOMELESSNESS IN A REGIONAL AREA

DONNA TAGGART

Contemporary complexities surrounding societal expectations and exclusiveness can add to the hardship that many people already experience. There are people in our community who are particularly vulnerable, disadvantaged and just need a little more support than others, writes social work student Donna Taggart.

*Donna shares her experience of social work practice in welfare, income support, housing and homelessness as a Master of Social Work student on placement in regional Victoria. Starting right at the beginning of her journey, she writes about how working in the welfare sector and particularly with young people experiencing homelessness informed her studies and current practice.*

After some 25 years, I decided that re-engaging in education would be a great way to empower myself, upskill and gain employment in the community services sector. I found the social work course material fascinating and I became completely enthralled in learning about social work, the community sector, and the causes of financial hardship and homelessness. I aspired to use my insights together with theoretical knowledge to support those around me. However, I must admit there were times when I thought I would withdraw from study and struggled with the anguish to push through and learn what I needed to.

My first social work placement was a 70-day placement with Centrelink, shared between the Wangaratta and Albury offices. Centrelink is the largest employer of social workers in the nation; with 25 in the Hume region of rural Victoria alone. Within the Centrelink social work team, social work roles range from researchers, policy advisors, line managers and trainers to front-line workers. I was unaware of the breadth of the issues being faced within the region, but the devotion this social work team showed towards supporting the people

in our community, left me impressed and inspired to pursue my goal of better understanding others.

Centrelink social workers are required to navigate challenging technological processes, in congruence with policies and legislation, in order to make each decision and to upload the necessary evidence. It seemed to me, at that time, to be a minefield I would never comprehend. I was in awe of that social work team and the unseen advocacy work they did to enable their customers to receive and manage income support payments.

About halfway through this placement I was allocated social case work. This is an additional, voluntary, case management service that social workers provide to young people aged 16-25, experiencing homelessness, who are dependent on welfare and identified as requiring some extra support. I immediately felt in my element and knew instantly that direct client, therapeutic social work was what I wanted to do.

The social work course introduced me to the differences between primary, secondary and tertiary homelessness as well as some of the underlying causes. On placement, I then learnt more about the welfare payments available for young people who are unable to live at home (UTLAH), as well as other income support payments including, crisis payments, youth allowance, parenting payments, Austudy, Newstart, disability support and carers payments. I also learnt about supplementary payments such as rent assistance and family tax



## About the author

Donna Taggart's academic journey began with a Certificate IV in Community Services. She has now completed a Bachelor of Human Services/Master of Social Work degree at La Trobe University Albury-Wodonga. She has navigated hardship, learned continuously, networked within the community, and aspires to be a role model who helps others.



benefit. I observed how social workers gather the necessary information to determine eligibility and then reference the evidence required to provide that welfare entitlement.

At the end of that placement my greatest learning was not the technological system, but more about engaging with vulnerable people, the causes of welfare dependency, homelessness, and the barriers to successfully gaining and sustaining a standard of living they value. I was able to see how professional empathy was applied alongside the theoretical perspectives I had learned within the course.

I gained a new-found focus and landed my final social work placement with North East Support and Action for Youth Inc. (NESAY), an organisation that provides a number of programs to support young people in the community. NESAY was recently awarded Business Wangaratta Award for Service Distinction's 2018 Community Service/ Group of the Year, for the second year.

My NESAY placement was with the Transitional Assistance Program (TAP). Part of my role was to support young people aged 15-25 who are experiencing homelessness or are at risk of becoming homeless. I used a case management framework to address the barriers impacting on housing sustainability for program participants.

I supported young people to self-determination and empower them to better understand and redevelop their life course trajectories (and sometimes neurological patterns and pathways) to make the changes they need, to live a life they value.

I regularly draw on my Centrelink knowledge and networks and have now also learnt about transitional housing, community and government housing

differences, the differing rental rates compared to the private rental market, gaps in affordable housing, application processes and the need for more affordable housing. Social justice is key to social work practice, and NESAY takes action in a number of ways to equitably support program participants.

For example, some GP clinics charge a fee that exceeds the Medicare rebate. If the client cannot afford, or does not pay the gap on the day of service, the invoice can be charged at a higher rate, and some clinics will not allow further appointments until a payment has been made. These types of extra costs cause further financial hardship and inaccessibility, and some young people feel penalised for not being able to pay.

NESAY supports program participants to avoid this. Albury Wodonga Aboriginal Health Service (AWAHS) provides a bulk-billing mobile medical van (a free GP service) at Wangaratta's NESAY office. As a result of this partnership, our program participants can access it via internal referral.

Jobseekers may have welfare payments suspended too, for instance, if they miss scheduled appointments, which is another example of where people already experiencing financial distress may also feel penalised. This may cause further disadvantage, such as impact on their ability to access food and shelter. Further effects can also include rental arrears and eviction, which can directly cause homelessness and go on to influence education and employment attainment.

NESAY provides space for Centrelink Community Engagement Officers to meet with program participants, via internal appointments, to address their income support needs. Effective social work practice in the welfare, income support, housing and homelessness

sectors is much needed. NESAY advocates for those without a voice and provides opportunities for community engagement and change.

While working at NESAY I have used a holistic, culturally sensitive, client-centred, trauma-informed and solution-focused framework. I used systems theory, genograms and ecomaps in my assessments, which are also important tools for understanding intergenerational trauma; considering bi-directional relationships, identifying strengths and establishing appropriate supports. These approaches are essential to the process of establishing safe, secure and sustainable housing.

That being said, the issue of the limited affordable housing in rural Victoria actually being available for those in need must also be addressed, although that is a matter for another time.

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# HEALTHCARE EFFICIENCIES FOR EFFECTIVE OUTCOMES FOR HOMELESS PEOPLE

BOBBI HENAO URREGO

**'In the decade or so that I have worked as a social worker in NSW hospitals, one thing that has not changed in the ever-changing health environment is the continued presentation of homeless individuals', says Bobbi Henao Urrego. She discusses the need for integrated health care for homeless people.**



## About the author

Department Head of Social Work at Blacktown & Mount Druitt hospitals, **Bobbi Henao** trained at the universities of NSW and Sydney with Master's degrees in Social Work, Public Health, and in Health Management. She was the Australian scholar for the 2017 Mount Sinai New York Enhancement of Social Work Leadership Program.

While my clinical areas of work as a social worker have been diverse in the 10 or more years that I worked in a hospital environment – from surgery to intensive care, oncology, hepatology and hands – homelessness has not discriminated. Prior to my life as a social worker, I hadn't thought much about homelessness, it saddens me to say. Maybe it was because I was fortunate enough to always have a roof over my head, or possibly because I didn't realise how homelessness impacts so many and can pervade what appear to be the most successful of lifestyles.

While there are many definitions of homelessness, the one I have seen most commonly, and that has been used across the health districts where I have worked, is constructed by Chamberlain and MacKenzie in their article 'Understanding contemporary homelessness: Issues of definition and meaning' (*Australian Journal of Social Issues*, 1992). Their definition refers to three tiers (primary, secondary and tertiary) of homelessness, which covers those who sleep rough to those who may have a roof over their heads but without security of tenancy.

In 'Homelessness, health status and emergency department use: An integrated review of the literature' (*Australasian Emergency Nursing Journal*, 2007), Moore, Gerditz and Manias went one step further and added a fourth level of homelessness to the three-tier definition – those in poor public housing. The addition of this fourth level increases the number of homeless people within cities and really solidifies the concept that a having a roof is not enough. It is

no longer purely about tenancy but the condition and parameters of that tenancy.

Presentations to health services for the homeless are often 'late' in terms of health needs and for this reason are regularly associated with crisis presentations. Moore, Gerditz and Manias, in the abovementioned article, and Nickasch and Marnocha in 'Healthcare experiences of the homeless' (*Journal of the American Academy of Nurse Practitioners*, 2009), discuss this.

In an *Australian Health Review* article, 'Complex health service needs for people who are homeless' (2011), Moore, Manias and Gerditz indicate that presentations are also frequently after normal working hours, which in turn creates fundamental challenges for clinicians trying to address patients' broader needs and increase their access to resources. This became increasingly apparent to me in a role I held at an urban hospital where working with those facing or living in homelessness was more norm than rarity.

The challenges associated with being a clinician and attempting to assist this diverse client group for both the short- and long-term health outcomes and accommodation issues (some would say this is inextricably linked) in the finite time of a hospital presentation, inspired me to explore the way hospitals and their infrastructure can either assist or prevent meaningful work in this domain.

I developed a small clinically based research project to establish baseline data to understand the presenting population that would assist in how social work and the interdisciplinary team could



work more efficiently in daily practice for more effective outcomes. Using data from a previous district study, a total of 19 homeless clients were identified as attending the Emergency Department of this small urban hospital in the one-week census undertaken for the initial project.

The majority of these were male ( $n = 17$ ), with a mean age of 35.7 years, which corresponded with the picture presented of homelessness in Australia and New South Wales in the 2012 census (Australian Bureau of Statistics). This has changed in the most recent ABS 2016 census data in which almost 60 per cent of homeless persons were under the age of 35 years.

Of the 19 homeless clients who presented at the Emergency Department, two identified as Aboriginal Australian, with a number of non-Australian residents also being captured ( $n = 4$ ). This indicated the need for caution in the collation and review of data with the operational definition of homelessness, as the tourist living abroad can mimic the operational homeless definition, and highlighted the importance of asking the right questions or of the necessity for accurate documentation.

The majority of clients ( $n = 16$ ) were in the hospital for less than one day, with an average length of stay of less than four hours. There were a variety of reasons for presentation, from intoxication to the need for dressing changes. Just over half of the presentations ( $n = 10$ ) were after-hours (17.00 – 08.00 hours). A small majority of patients ( $n = 11$ ) had no fixed address and there was no documentation that specified any preferred or most recent sleeping locations. Many

biopsychosocial characteristics including mental health, drug and alcohol history and service links were undocumented, the reasons for which were unknown.

Records also showed that on average, each client presented to other hospitals twice in the following 14 months within the district of data collection alone. This number appears to be lower than the anecdotal experience, potentially due to the proximity of other hospitals, which are not electronically connected to the same record system.

Though it may be a small sample, these findings aren't surprising and if another sample were reviewed today it would likely show similarities. This is true both on a local and international platform. In fact, in 2017 during my time at Mount Sinai Hospital, New York, as part of the Enhancement of Social Work Leadership Program, the same challenges were discussed with social workers and physicians alike. The coordination of care across multiple services, outreach, and finding a balance between the interaction of organisational pressures, client needs and social work goals were paramount.

Unlike Australia, and the rest of the United States, New York City has a 'right to shelter' mandate where every eligible person must be given shelter every night. Of course, this comes at significant expense and when we look at the earlier definitions, doesn't change the homelessness status but does give them a roof. Mount Sinai hospital runs an outreach program to the most medically at-risk homeless people in certain city shelters, similar to some of the programs run by city hospitals across the country,

but as is no surprise, the challenges remain the same – engagement, stigma and resourcing.

What then can we do with this information as clinicians? Continue to use our honed problem-solving skills, systems theory and interpersonal skills with clients and in developing relationships with our local partners including councils and NGOs to create a more targeted multi-service collaborative that has our clients at the centre.

Let us not be gatekeepers of knowledge but share it among each other to create a web of awareness and a consistent approach to care for those who may find themselves without a roof or secure tenancy. As clinicians, this will not only benefit those we care for but the organisations we work for by potentially allowing the doors of integrated health care to open.

Working with this population in isolation won't help change outcomes. Working together in aiming to reduce need for admission, increase health literacy and improve physical and psychological health while caring for circumstantial needs is where change will begin.

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# THE DOORWAY HOUSING AND RECOVERY PROGRAM

## A HOUSING FIRST MODEL

LIZ BURRAGE

Homelessness is increasing in Australia. Rising rental costs and reduced housing affordability for people on low incomes are significant contributors and the increased prevalence of family violence, mental illness and family breakdown further exacerbate the issue. These combined systemic and social issues demonstrate the need for specialised housing and support programs that provide sustainable housing options for marginalised people.

The Doorway Program was developed by Wellways Australia in 2011 in response to these issues. Doorway is based on the innovative Housing First model that was developed in the United States in 1992. The model is based on two principles being that housing is a human right and that housing should not be provided on the basis of behavioural change but rather the ability of the person to fulfil their renter's responsibility. The program was developed in response to the evidence showing that the Continuum of Care model of support, where long-term homeless clients were deemed suitable to move into housing once they had addressed their 'problems' such as substance use, mental illness and unemployment, was not addressing the issue of chronic homelessness.

The Housing First model recognises that safe, secure accommodation is a critical part of the recovery model and should be provided without conditions and with low barriers. The model has been uniquely successful in achieving high levels of ongoing sustainable housing for people experiencing chronic homelessness. Longitudinal studies have shown that people housed in the Housing First model are almost twice as likely as those in the Continuum of Care model to retain their housing for two years and over 1.5 times more likely for four years.

The Doorway Program has modified the Housing First model, placing an emphasis on employment and lived experience support in line with the Australian context. Doorway supports people who are homeless and experiencing

severe mental health issues to obtain private rental accommodation and provides a rental subsidy for 18 months while participants work towards their sustainable housing goals.

Participants in the Doorway Program present with a number of support needs additional to homelessness, including low prevalence psychiatric disorders characterised by acute episodes and ongoing symptoms, physical health issues, substance misuse, legal and financial issues, unemployment, and interpersonal violence and family breakdown.

Each participant is supported by a housing and recovery worker (HRW) who provides intensive outreach support to assist the participant to identify and work towards their sustainable housing and mental health recovery goals. The HRW works within an integrated team model that includes the participant's natural and service supports, such as case manager, family and friends, alcohol and other workers, and real estate agents.

The Doorway Program values are choice, social inclusion, sustainability and partnership, and this is the framework through which the HRW provides their support. The HRW's role comprises a range of interventions to support and empower the participant to obtain housing and develop the transferrable skills of maintaining their housing, liaising with their property manager and developing a positive rental history.

Choice is promoted through supporting participants to attend inspections and



### About the author

Liz Burrage graduated from La Trobe University in 2003 and has since worked in the community mental health field in psychosocial and housing support worker and management roles. Liz has a particular interest in hoarding and trauma-informed practice.



complete applications to apply for a property of their choice. The participant then signs a lease and is able to choose how they furnish their property utilising Doorway brokerage funds.

Once a participant is housed the HRW's role is to support them to develop their natural supports in their area. These supports range from linking in with the local shops and services, developing relationships with their neighbours and accessing recreational activities. A positive outcome for many participants is that having their own place reduces the burden on their family resulting in closer family ties.

In addition to social inclusion, the HRW's supports the participant with economic inclusion through working to obtain employment with the assistance of a Disability Employment Service (DES). The DES is one of the partners in the participant's integrated team that the HRW liaises with regularly.

The relationship with the real estate agent is key in providing support to the participant and is where systemic advocacy occurs to address issues such as rising rental costs, lack of rental history and possible discrimination on the part of agent or landlord. Through the HRW's advocacy for the participant to obtain a property the real estate agent becomes aware of the individual behind the label of mental illness and can better understand the lived experience of mental illness through psychoeducation.

This advocacy provides an opportunity to break down the stigma associated

with mental illness on the part of the real estate agent who in turn advocates to the landlord, which further breaks down the stereotypes of mental illness in the broader community. Many real estate agents have responded positively providing flexible and supportive property management particularly at times when participants may be experiencing more acute mental health episodes.

An example of a positive client outcome is participant, John. John was referred to the Doorway Program by the Homeless Outreach Psychiatric Program. He was staying in a boarding house where his disruptive behaviour was jeopardising his accommodation and his mental health was very symptomatic with delusions of persecution and ongoing plans to move overseas. The HRW was able to engage with John and assisted him to identify properties that he would like to live in, drove him to attend inspections and supported him to submit applications. John was successful in obtaining a one-bedroom unit and signed a lease for the property.

The HRW then provided weekly support to assist him to furnish his property, ensure that it was well presented for routine inspections and assisted him to manage his symptoms. This involved working closely with John's mental health clinician particularly during more acute episodes of his illness. Once his period of Doorway subsidy finished John was able to remain in his property and sustainably pay his rent on the Disability Support Pension. He has now signed his third

lease and is well settled in his unit and has developed ties with his neighbours.

The Doorway Program is in its second incarnation; the pilot program ran from 2011-2014. The program is externally evaluated through a range of methods including outcome measurement data, focus groups with participants, 12-month follow up phone calls to participants and interviews with a range of stakeholders. Outcomes from the pilot show that housing was sustained, there was an improvement in participant's mental and physical health, and a reduction in clinical bed-based and emergency service utilisation.

In addition to the Doorway Program, Wellways pursues its commitment to reducing homelessness and improving rental affordability through campaigns and advocacy such as the 'Making Rent Fair' campaign and through creating the 'Housing as a Human Right' petition. For more information on the Doorway Program and housing advocacy go to <https://www.wellways.org/get-involved/advocacy/homes-everyone>

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# CONFRONTING SELF-CARE CO-OPTEE AND CONTROLLER, OR AGENT OF CHANGE?

MARTINE LANGOULANT



## About the author

**Martine Langoulant** is a tutor and a Field Education Officer at the University of Tasmania. Her 30 years of social work experience includes case management, counselling, therapeutic and psycho-educational group work, program coordination, project management, teaching and training. In 2005 Martine developed workshops on self-care and wellbeing. Since that time, she has delivered Worker Self-care workshops to a range of workers in government and non-government organisations across NSW, Victoria and Tasmania.

'Being a social worker has taught me many things, the most important being to reflect and question', says Martine Langoulant. 'And so, when asked to write about self-care for this edition, I asked myself: What can I say about a topic that continues to confront me despite 15 years of delivering workshops? What can I contribute to the conversation on a topic of such complexity and import for our profession?'

The terms 'self-care' and 'resilience' imply individual responsibility, and there's no question that developing a personalised skill set for self-care is vital for social workers. There's much we can do to attend to our own wellbeing, and no shortage of information in the form of self-tests, checklists, fact sheets, books and video material to enlighten us as we work towards self-care competence. But important questions have arisen for me after 15 years of listening to stories of workplace 'dis-ease' and distress. So I've decided to *not* provide words of wisdom on how to *do* self-care. Rather I'll share some reflections and pose some questions based on my journey with this topic in the hope that you will be provoked to also reflect and question, individually, in work teams, in supervision, and, if we are lucky, maybe some necessary action and change will result.

## Reflection - Context and Focus

Fifteen years ago, vicarious trauma, compassion fatigue and the impact of workplace stress were only just beginning to be fully understood and talked about in the health and community services sector. In 2006 WorkCover's commissioned research undertaken by the University of South Australia spelled out the stress issues in the sector, and its recommendations influenced people like me to raise awareness and deliver solutions.

Worker wellbeing was not a catchphrase then; now we have wellbeing officers and units in some service settings trying to address the symptoms of workplace stress with opportunities for professional development around self-care, mindfulness practice and other interventions of worth. Yet despite these positive moves forward, gnawing questions remain for me:

- Are wellbeing units, self-care and resilience training etc. a form of passivism rather than activism?
- As a deliverer of worker wellbeing workshops, in the current context of neo-liberal agendas, am I an agent of social control, social entropy or social change?
- Are social workers simply handmaids of the neo-liberal agenda, being encouraged to self-care so we can continue to produce measurable outcomes?



## Reflection - Feelings

In April I ran a self-care workshop attended by 40 social workers from the same agency, all excited no doubt to be out of the office on a daylong PD with free lunch. Over the day some profound reflections were articulated. Sadness, despair and a palpable powerlessness lurked in the corners as a question emerged: How can we continue to work with professional integrity, in the face of high volume client needs and demands, in a context where the organisation's work management systems obstruct us from practising true to social work values?

We know that systems have the potential to oppress and abuse our clients. But do we recognise and acknowledge that same potential in relation to ourselves? It's one thing to personally choose to overwork and not self-care, but when unrealistic and unsustainable work management systems and practices are imposed, is this not oppression and abuse? Reflecting on the workshop at the end of that day, I'm left with some of that sadness and despair, and an acute awareness (again) of what's being felt profoundly but perhaps seldom voiced by workers:

- How resilient do you need to be personally to face continuous requirements that are unrealistic, unsustainable, life/soul sapping and abusive?
- In what ways are emotional and spiritual violence being perpetrated on workers by dysfunctional systems?
- In what ways are work environments creating and perpetuating vicarious trauma, anxiety and depression in the social work workforce? How is this manifesting?
- How does worker adaptation to these abusive systems show up?
- How is the value of our work being lost to us within abusive systems?

- Like children in a violent household, how are clients impacted in a trickle-down way by abusive work systems and resultant practices?

## Reflection - Call to Action

Sunday morning, laptop and tea, I google 'neo-liberalism and psychopathology', just to check out if anyone else is thinking the same thing as me. I land on an article that hits my critical activist reminder button:

Considering the all-pervasive impact of neo-liberalism on social policies, a clear agenda for social work practice can be outlined. The profession has the choice of either conforming to these political conditions and becoming what it has always refused to become in its history, despite all compliance with the broad outlines of the nation state project, an uncritical servant of social policies, or it must develop a framework for action that takes a critical distance from this agenda. (Lorenz, 2005)

We need a strategic framework for action, a map to move us to the next level of change. When I've been 'lost' as a practising social worker, the Code of Ethics has been my go-to for reorientation. So I ask myself now, what direction and potential framework does our Code of Ethics provide in relation to the worker wellbeing challenges raised here?

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing... social work intervenes at the points where people interact with their environments. (AASW Code of Ethics, 2010, p. 7)

So a beginning question for individuals, teams and peer groups might be this:

*If we apply our stated professional ethics to ourselves and critically interrogate current workplace environments and systems, how are those systems impacting us and our relationships (with ourselves, our families, our colleagues and our clients), what needs to change to enhance our wellbeing as we work to deliver quality service driven by a strong connection to social work values, and what collective intervention/action is needed, and by whom, to achieve this change?*

As a trainer in self-care, the message has always been that worker wellbeing requires a personal, professional and organisational response. Fifteen years down the track, it seems we are becoming more aware of **personal** self-care and the need for competence, but where do we draw the line between personal and organisational responsibility for worker wellbeing?

The time has come to put on our critically reflective activist hats, give voice to our shared concerns, and invite responsibility from the other stakeholders with accountability for the rights, needs and wellbeing of social workers.

*Post script: If any of the reflections and questions in this piece have raised feelings and concerns for you, please be sure to seek out support to debrief.*

## References

- AASW Code of Ethics 2010, Australian Association of Social Workers, Canberra, ACT.
- Lorenz, W, 2005, Social work and a new social order - Challenging neo-liberalism's erosion of solidarity. *Social Work and Society International Online Journal*, Vol. 3, No. 1.

Further details about the workshops offered by Martine may be found at [Full Circle Conversations](#)





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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](http://www.talominbooks.com)**

Please direct your enquiries to Joshua George,  
[mail@talominbooks.com](mailto:mail@talominbooks.com)

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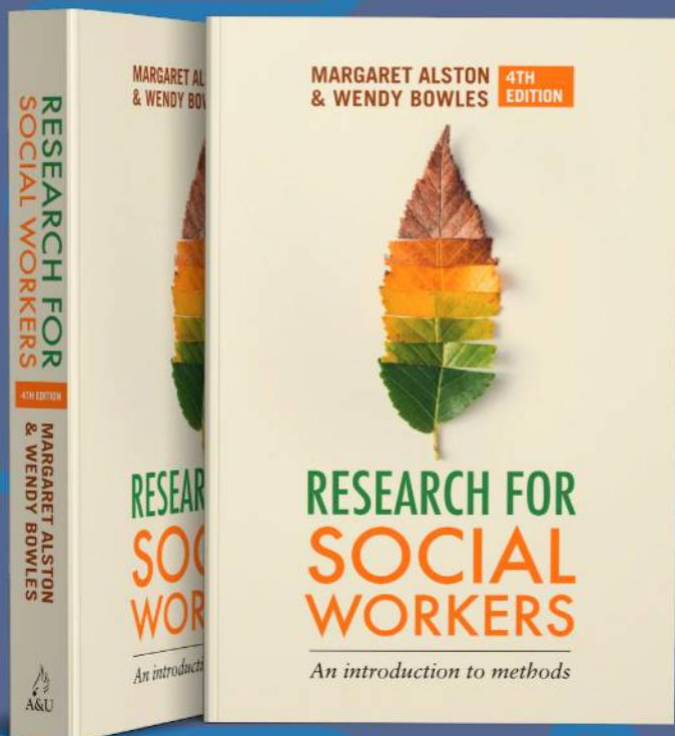
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# Resources for Australian Social Workers



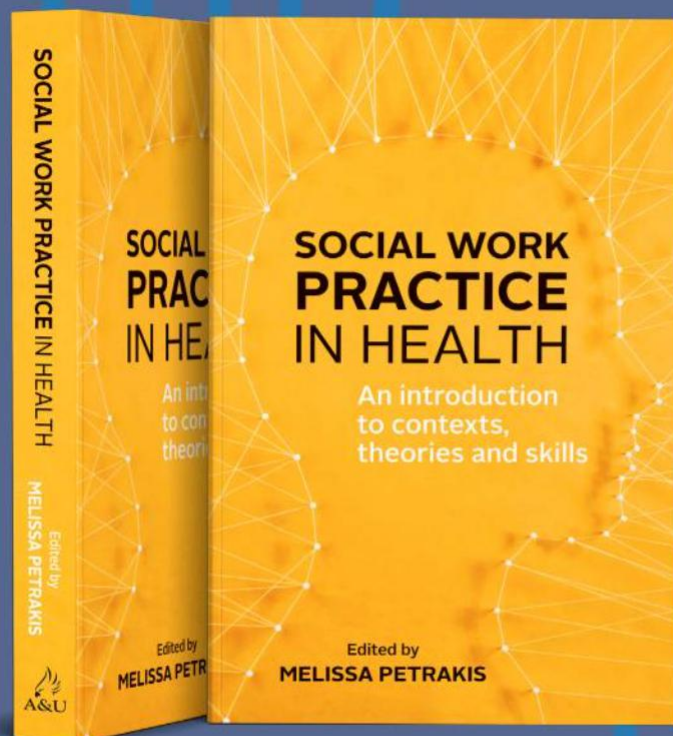
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