

# *Welfare Reform, Courts & Healing, Restoring the Justice?*

## The RFDS Counselling and Wellbeing Program

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Counselling and Wellbeing Program



ROYAL FLYING DOCTOR SERVICE

OF AUSTRALIA

QUEENSLAND SECTION – Cairns Base

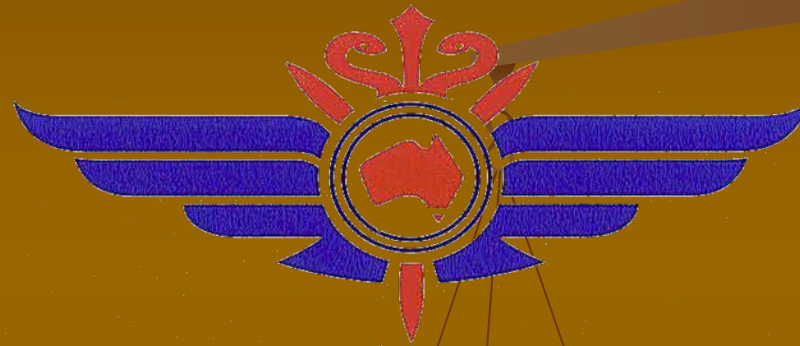
# Greeting



“The stories of our ancestors,  
the collective grief,  
as well as healing,  
begin from knowing where we have come from  
and where we are heading”

(from 'The Dance of Life', A National Strategic Framework for ATSI peoples' Mental Health and Social and Emotional Well Being 2004-2009". 2004, p i)

# Organisation and Services



ROYAL FLYING DOCTOR SERVICE

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OF AUSTRALIA

**QUEENSLAND SECTION**

# Mission Statement

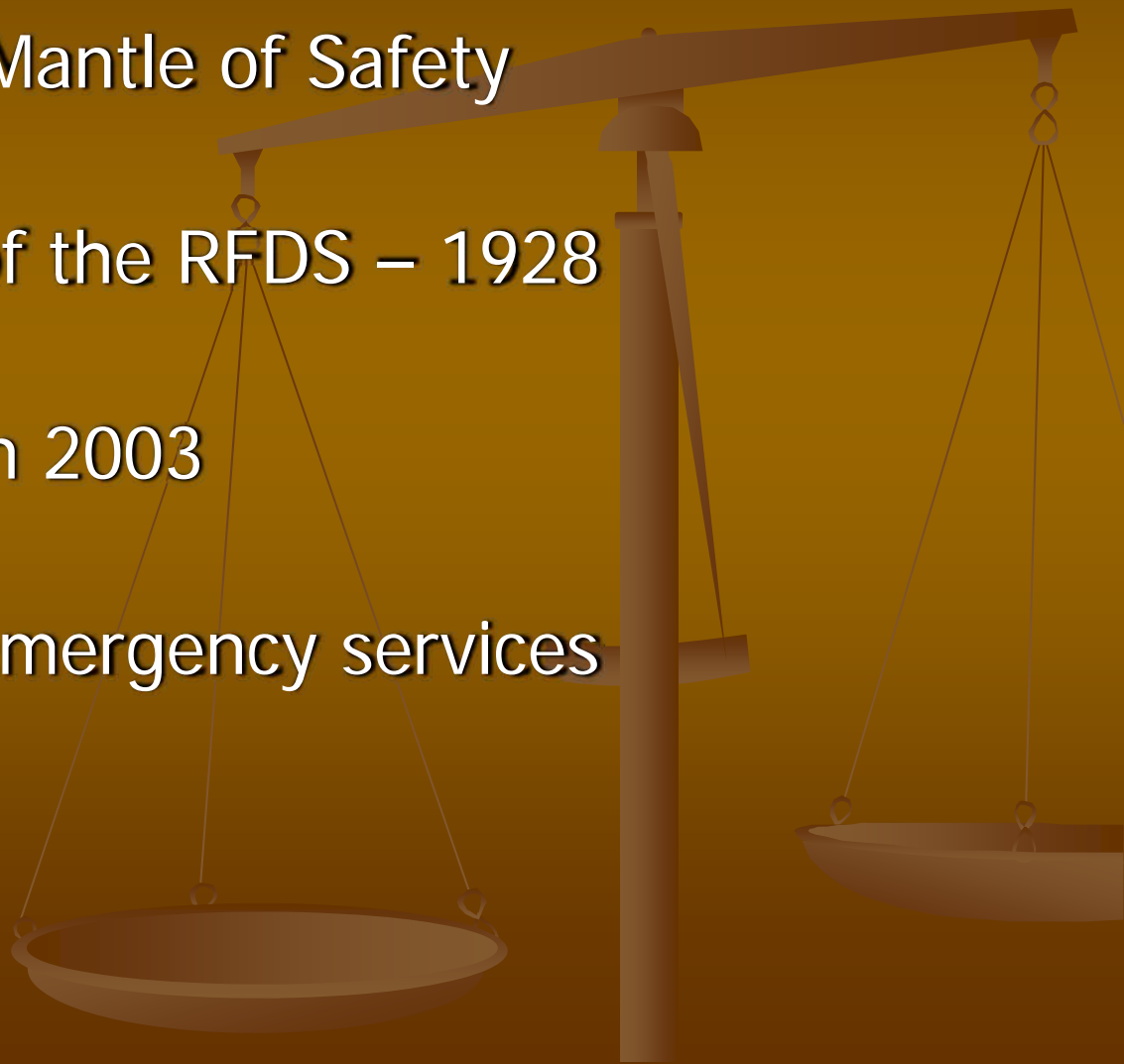
To provide and support primary health care in rural and remote areas and to be the pre-eminent provider of aeromedical services throughout Queensland



ROYAL FLYING DOCTOR SERVICE  
OF AUSTRALIA

# Historical Overview

- Rev John Flynn - Mantle of Safety
- Commencement of the RFDS – 1928
- 75<sup>th</sup> Anniversary in 2003
- RFDS known for emergency services





AMBULANCE SERVICE

IN EMERGENCY  
000  
NON EMERGENCY  
131233

AMBULANCE

45Z-ELY

VH-FDD

RFDS

ROYAL FLYING DOCTOR SERVICE OF AUSTRALIA

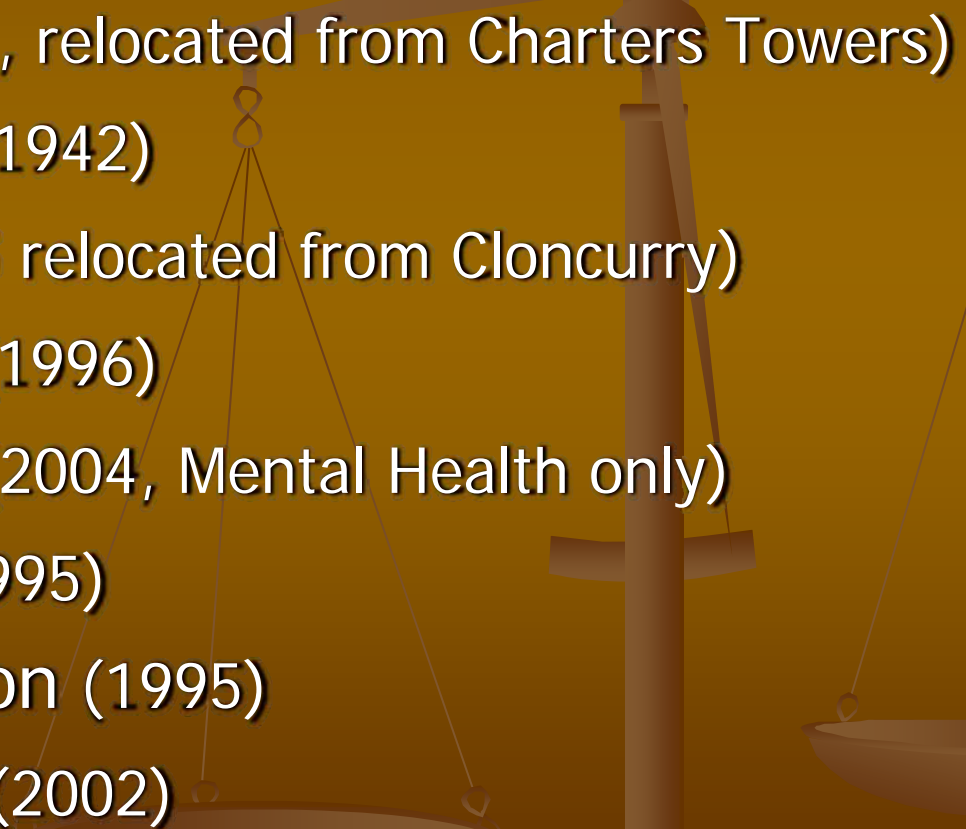
# Primary Health Care

- RFDS PHC Services ('Clinics')
  - GP services since 1960's
  - Child Health services since 1990's
  - Mental Health Program since 1995
  - Women's Health Program since 1999
  - Health Promotion Program since 2001
  - Improved PHC (Allied Health) 2006



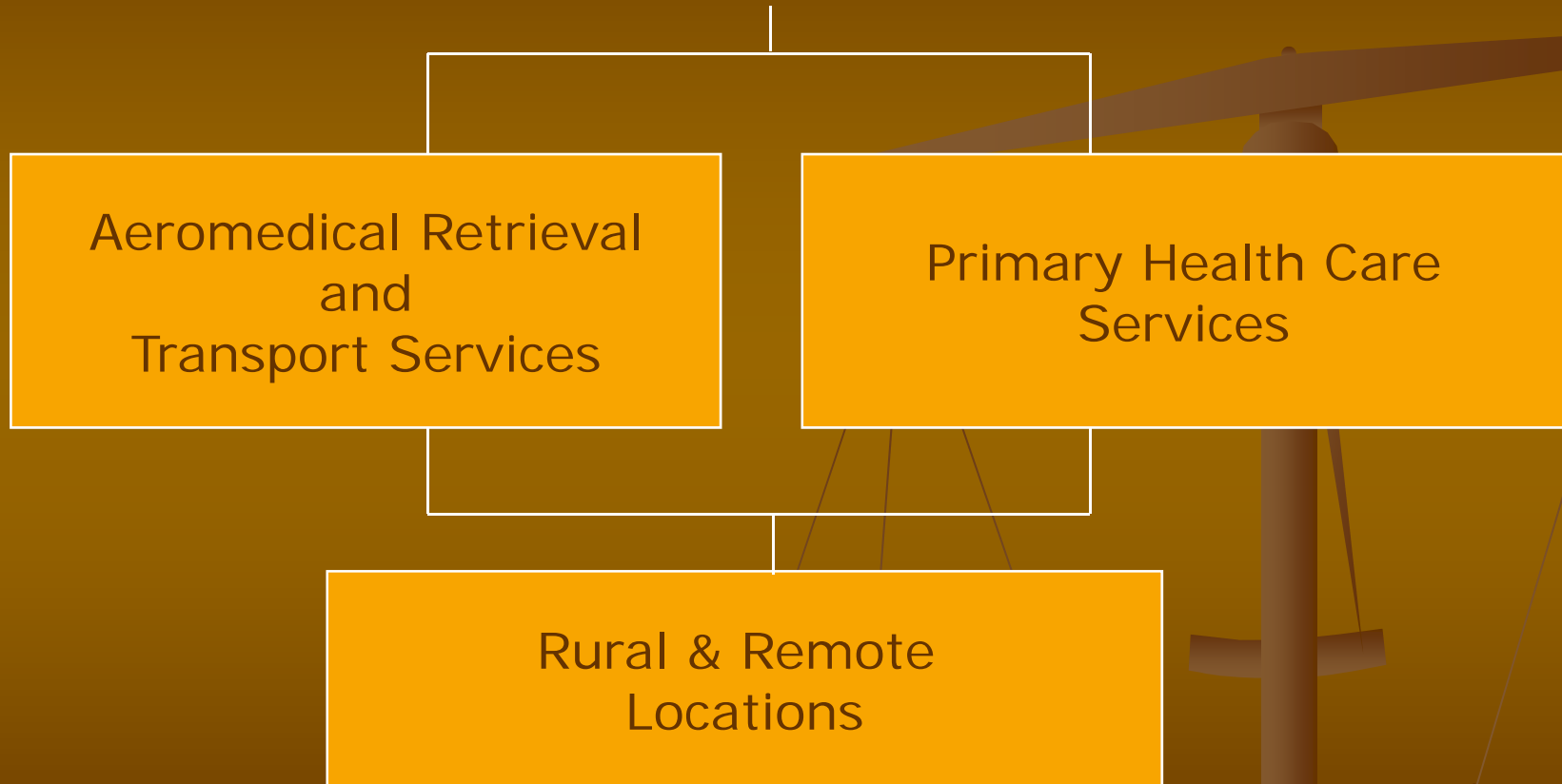
# RFDS Bases

## 7 Operational Bases

- Cairns (1972, relocated from Charters Towers)
  - Charleville (1942)
  - Mt Isa (1965 relocated from Cloncurry)
  - Townsville (1996)
  - Longreach (2004, Mental Health only)
  - Brisbane (1995)
  - Rockhampton (1995)
  - Bundaberg (2002)
- 



# RFDS Health Services



Aeromedical Retrieval  
and  
Transport Services

Primary Health Care  
Services

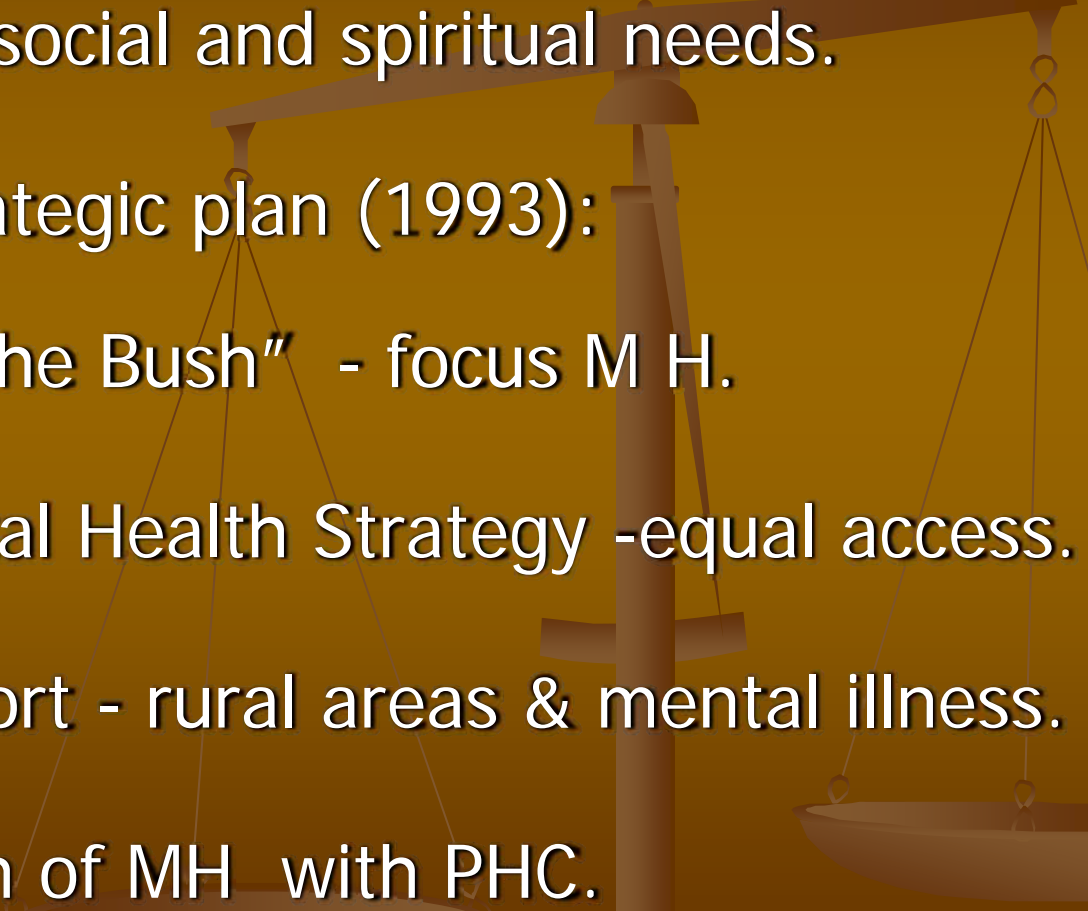
Rural & Remote  
Locations

# RFDS Mental Health Services

The story

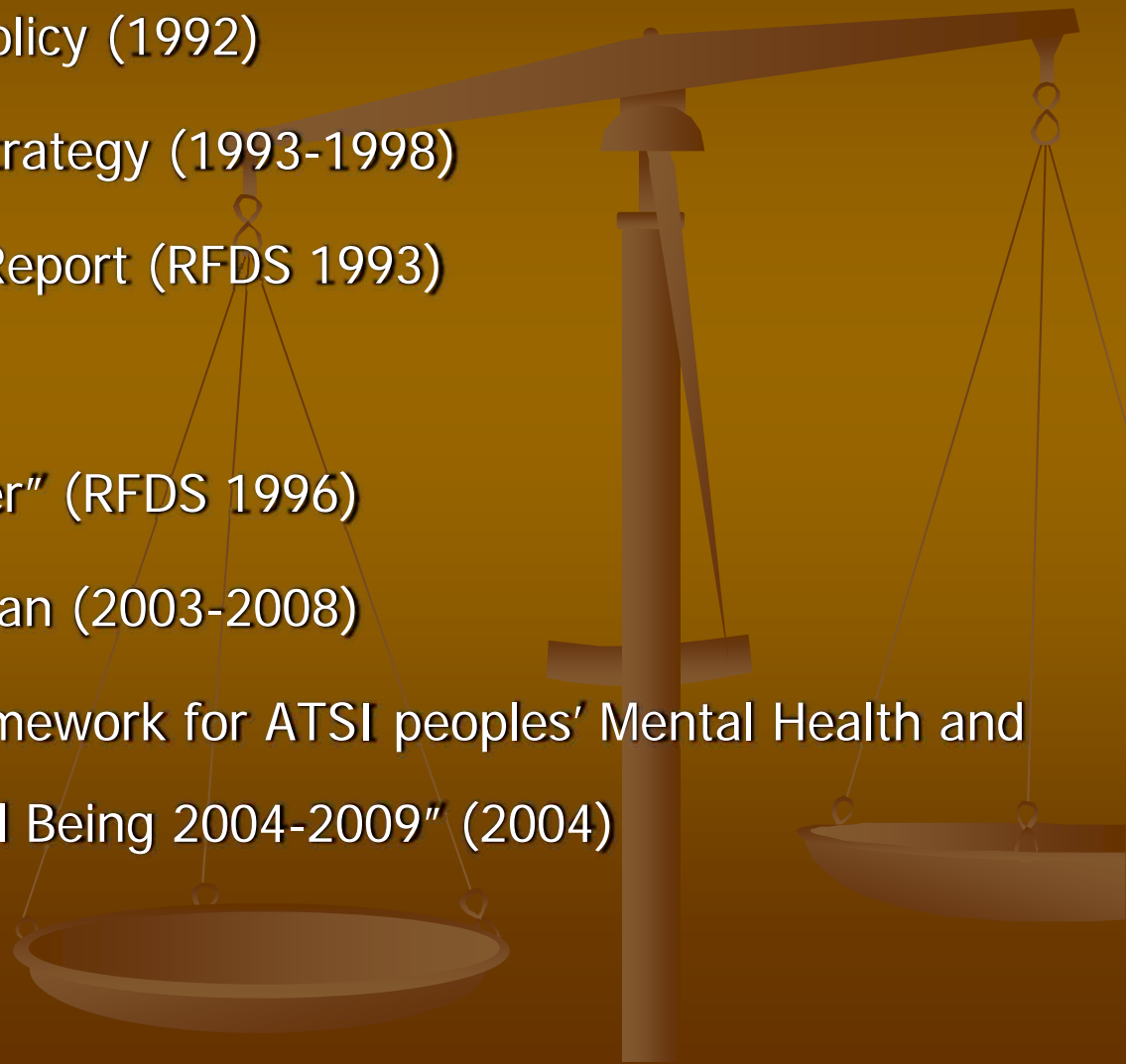


# Background to RFDS Mental Health Services

- Rev. John Flynn - social and spiritual needs.
  - RFDS National strategic plan (1993):
    - “The Best for the Bush” - focus M H.
  - The National Mental Health Strategy -equal access.
  - The Burdekin Report - rural areas & mental illness.
  - WHO – Integration of MH with PHC.
- 

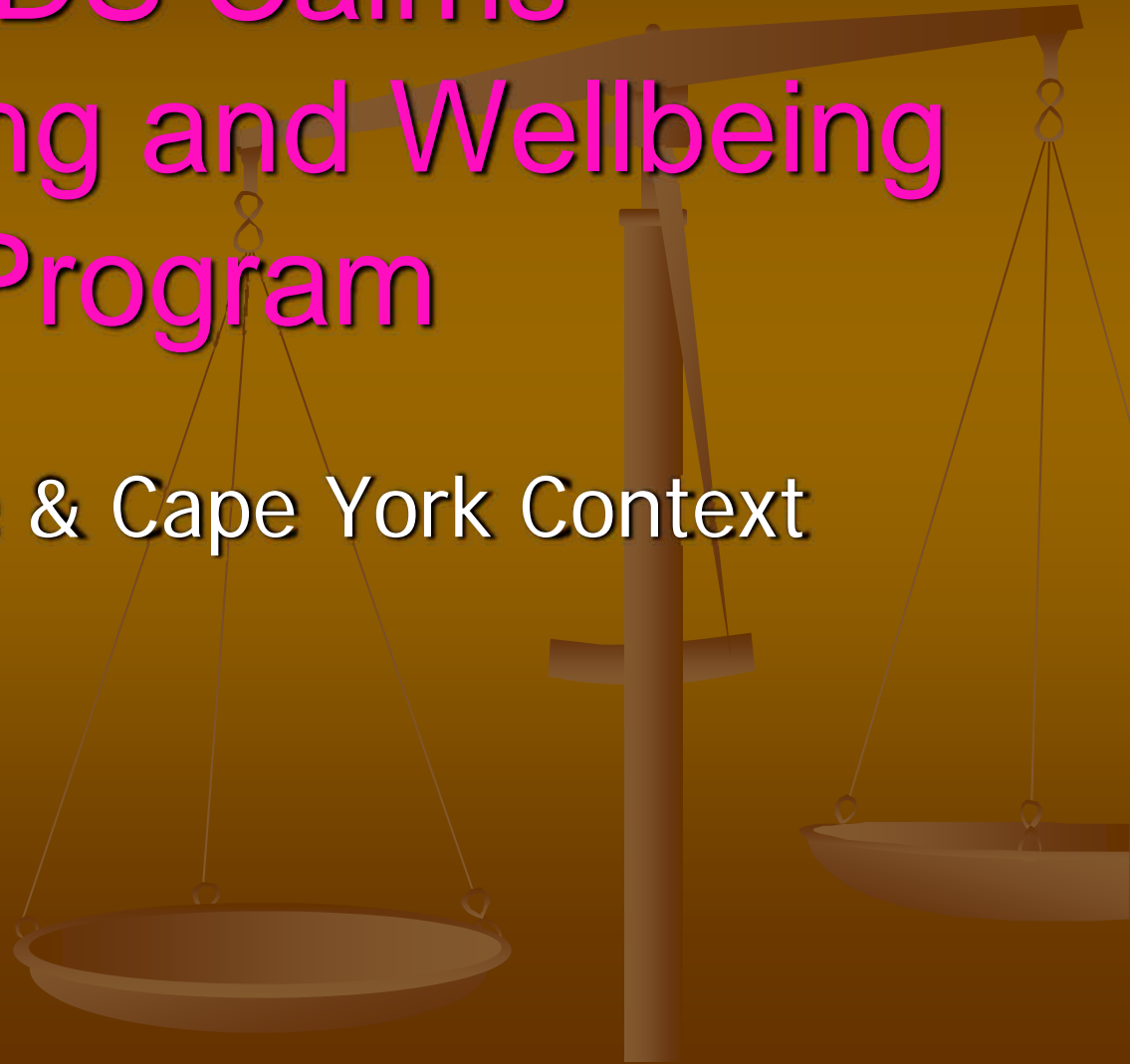
# Reports: 1989-2007

- National Aboriginal Health Strategy (1989)
- National Mental Health Policy (1992)
- National Mental Health Strategy (1993-1998)
- "The Best for the Bush" Report (RFDS 1993)
- "Ways Forward" (1995)
- "Breaking the Mind Barrier" (RFDS 1996)
- National Mental Health Plan (2003-2008)
- "A National Strategic Framework for ATSI peoples' Mental Health and Social and Emotional Well Being 2004-2009" (2004)



# RFDS Cairns Counselling and Wellbeing Program

The Remote & Cape York Context



# Discussion



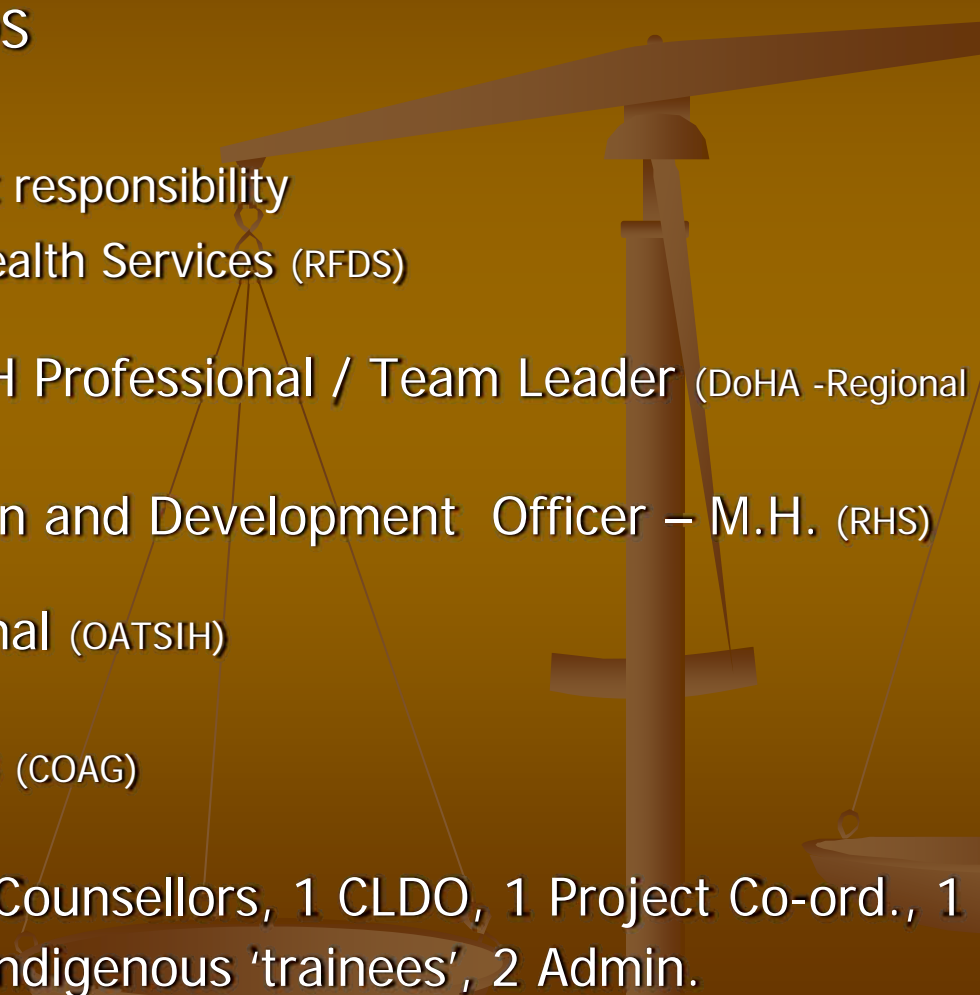
# Group Exercise

For each scenario, discuss and name your 2 preferred organisations / services that you would access or refer to;

- 12 year old girl tells you she has been sexually abused by her uncle and wants help.
- 21 year old man tells you his 17yr old brother tried to hang himself last night.
- 36 year old woman says she is tired of the beatings from her husband and wants help.
- 42 yr old man told to get alcohol counselling and 'anger management' because of drunken violent outbursts.
- Mother concerned for her 22 year old child, has been using lots of dope/gunga and hearing voices.

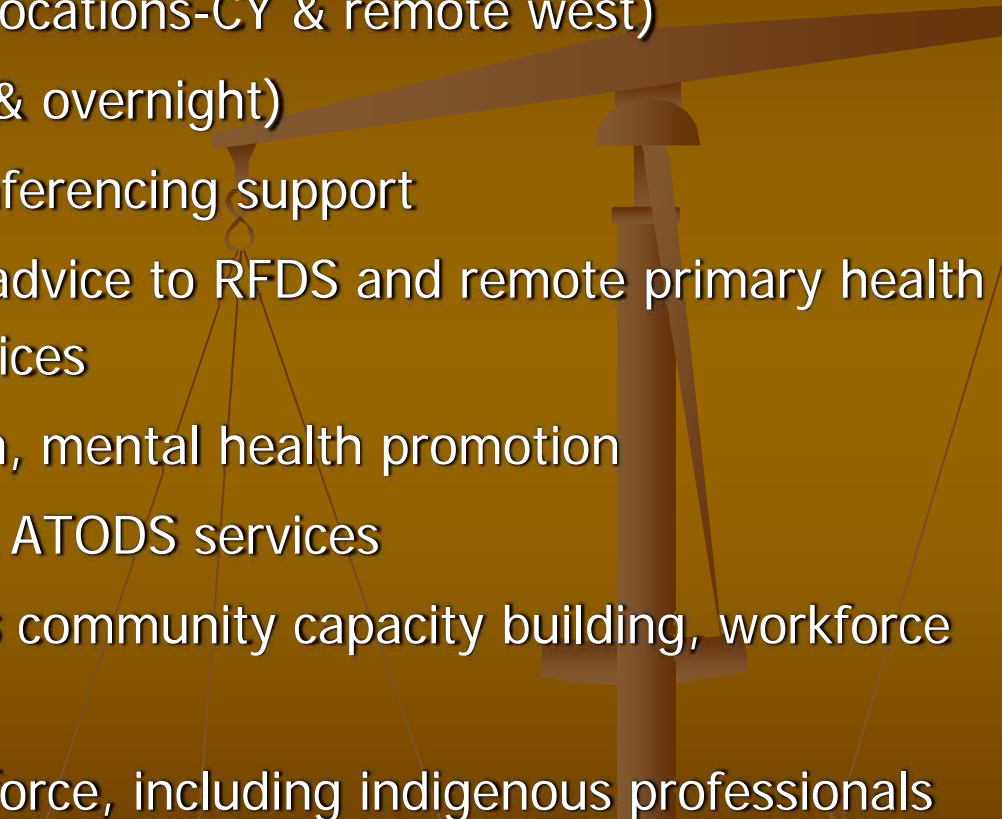
# RFDS Cairns

## Counselling and Wellbeing Program

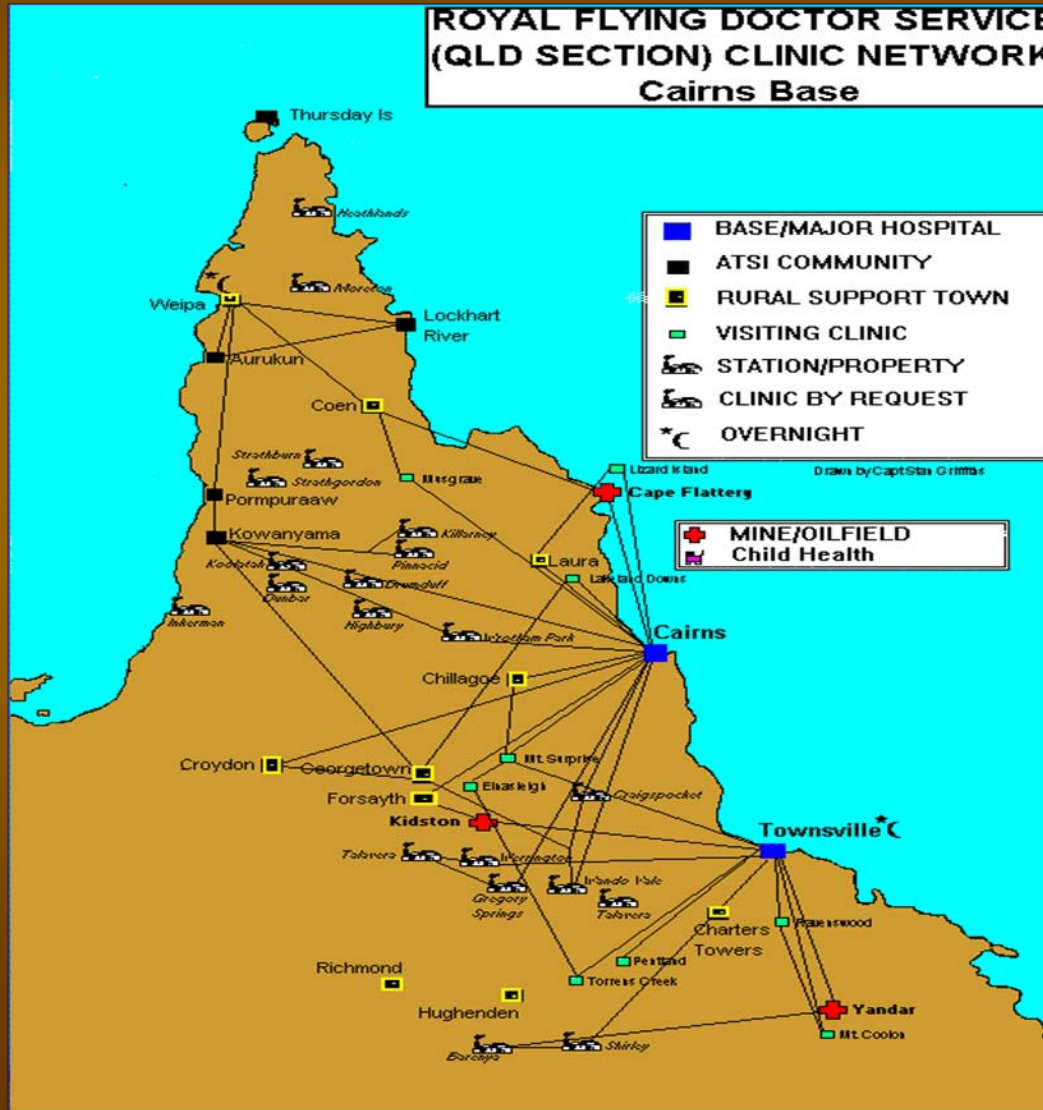
- 1996: 1 Psychologist RFDS
    - Cairns Base services
    - State-wide development responsibility
    - Co-ordinator of Allied Health Services (RFDS)
  - 2000: 1 Psychologist / MH Professional / Team Leader (DoHA -Regional Health Service – RHS)
  - 2003: 1 Community Liaison and Development Officer – M.H. (RHS)
  - 2005-06: 1 MH Professional (OATSIH)
  - 2007: 3 MH Professionals (COAG)
  - NOW: 1 Team Leader, 4 Counsellors, 1 CLDO, 1 Project Co-ord., 1 Sup. & Support Off., 15 Indigenous 'trainees', 2 Admin.
- 



# Counselling and Wellbeing Program

- Hub (Cairns) & Spoke (13 locations-CY & remote west)
  - Fortnightly visits, (2 days & overnight)
  - Uses telephone & videoconferencing support
  - Provides consultation and advice to RFDS and remote primary health care staff and support services
  - Delivers training, education, mental health promotion
  - Strong links with QH MH & ATODS services
  - 'Drop the Rock' Indigenous community capacity building, workforce development
  - Culturally competent workforce, including indigenous professionals
- 

# Remote context



## Places visited

- Cape locations
  - Kowanyama
  - Pormpuraaw
  - Aurukun
  - Lockhart River
  - Coen
  - Laura
  - Napranum (Weipa)
- Outer Tablelands
  - Chillagoe
  - Georgetown
  - Forsyth
  - Mt Surprise
  - Croydon
  - Einasleigh

# Its Remote & Rural



# Service Data

05-06    06-07    07-08

Patient Consults

539

802

?

(Counselling, Consults)

Clinic Visits

198

266

340?

Counselling FTE

1.6

2.4

5



# 'Drop the Rock'

- 2006,2007, 2008 ...
- Indigenous Employment, Training & Capacity building project
- Focus on development of competencies in Social and Emotional Wellbeing work
- Employment for 15 Indigenous 'Trainee' *Community Counsellors and Support Workers* across 5 remote communities (mixed gender)
- Nationally Accredited training for 19 Indigenous workers in Cert IV Mental Health (non-clinical)
- Funding: National Suicide Prevention Strategy (DoHA), Queensland Youth Suicide Prevention Strategy (DoCS), OATSIH
- Indigenous Coordinator, Supervisor and Support Officer

# Indigenous Health



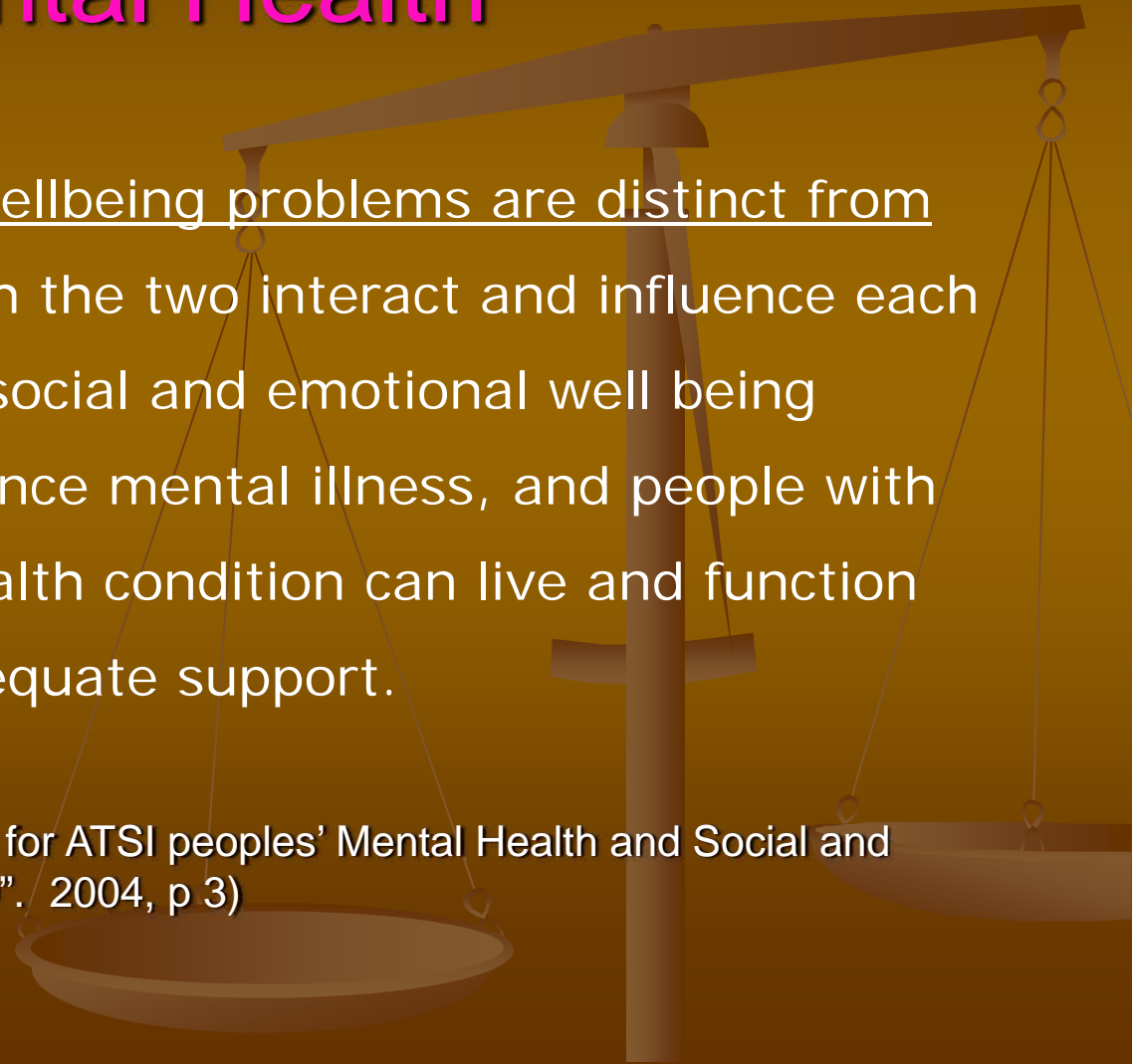
Building on the resilience and strength of Aboriginal and Torres Strait Islander communities requires a collaborative approach that includes services outside the health sector, for example, housing, education, employment, recreation, family services, crime prevention and justice. The health sector contributes through support for promotion and prevention programs.

(A National Strategic Framework for ATSI peoples' Mental Health and Social and Emotional Well Being 2004-2009". 2004, p 3)

# Social & Emotional Wellbeing v's Mental Health

Social and emotional wellbeing problems are distinct from mental illness, although the two interact and influence each other. Even with good social and emotional well being people can still experience mental illness, and people with a long-term mental health condition can live and function at a high level with adequate support.

(A National Strategic Framework for ATSI peoples' Mental Health and Social and Emotional Well Being 2004-2009". 2004, p 3)



# 'Causes' & Care



Social and emotional well being problems can result from: grief; loss; trauma; abuse; violence; substance misuse; physical health problems; child development problems; gender identity issues; child removals; incarceration; family breakdown; cultural dislocation; racism; and social disadvantage.

Care is effective when multi-dimensional solutions are provided, which build on existing community strengths and capacity and include counselling and social support, ...

(A National Strategic Framework for ATSI peoples' Mental Health and Social and Emotional Well Being 2004-2009". 2004, p 3)



# Social Justice



“The potential solutions for healing and restoration of wellbeing comes from considering additional factors encompassing issues at the coal face of symptom presentation and service delivery, such as;

education and training, policy, the socio-political context and international perspective”

(from ‘The Dance of Life’, A National Strategic Framework for ATSI peoples’ Mental Health and Social and Emotional Well Being 2004-2009”. 2004, p i)

# Welfare Reform



# Cape York Welfare Reform Project

## Aims:

- Develop reformed incentives and appropriate enabling supports at the community level which catalyse the restoration of social norms...ultimately in the whole Cape York region.

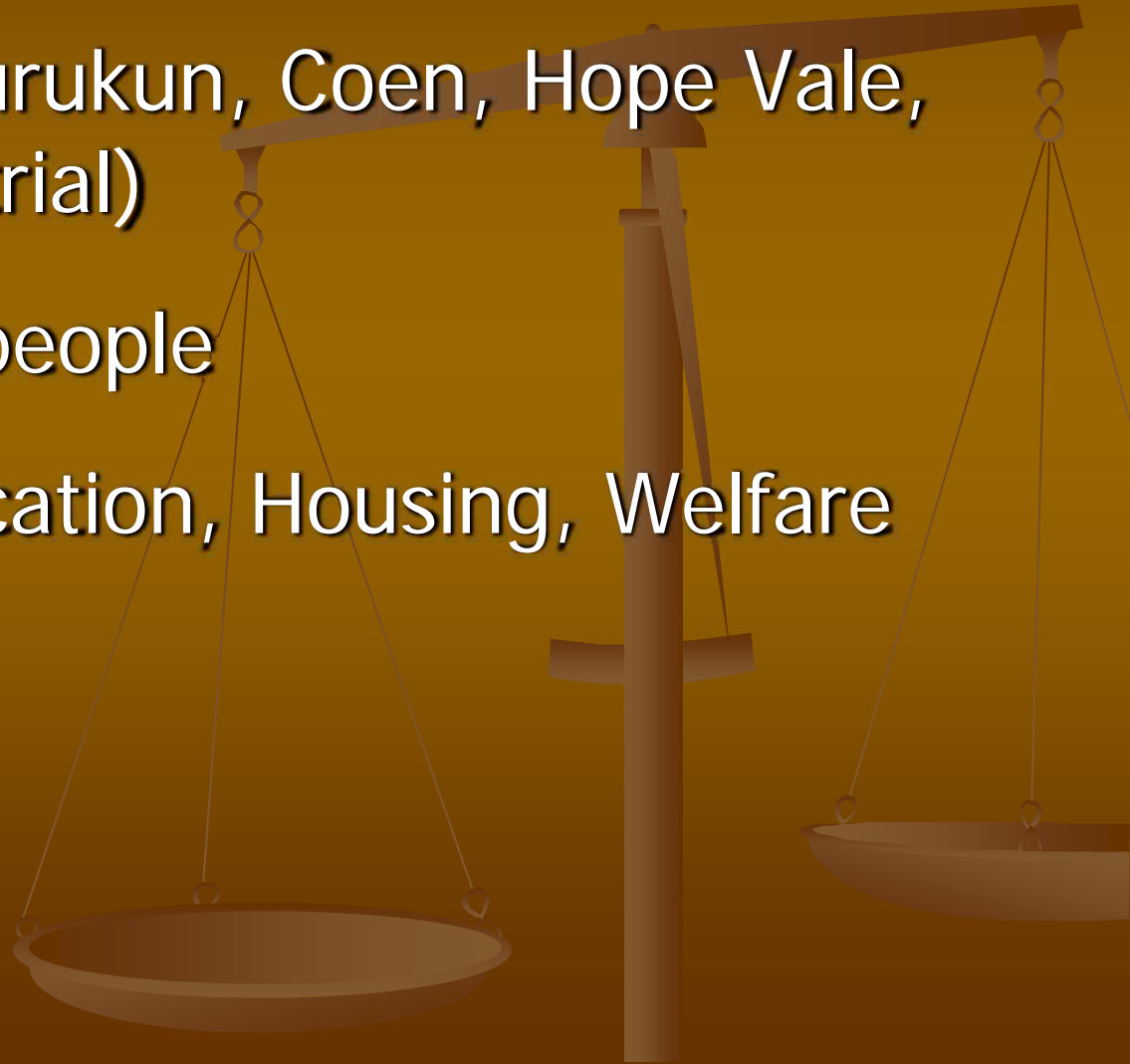
## Future:

- One in which the people of Cape York Peninsula internalise a set of revitalised social norms, which mandate personal responsibility for work, education and the welfare of children, so that they become free from dependence on passive welfare and so that child neglect and abuse cease.

(From Hand Out to Hand Up: Cape York Welfare Reform Project. Cape York Institute, 2007,p7)

# Welfare Reform

- 4 communities: Aurukun, Coen, Hope Vale, Mossman Gorge (trial)
- 2500 Indigenous people
- Employment, Education, Housing, Welfare Reform
- \$44 million ++

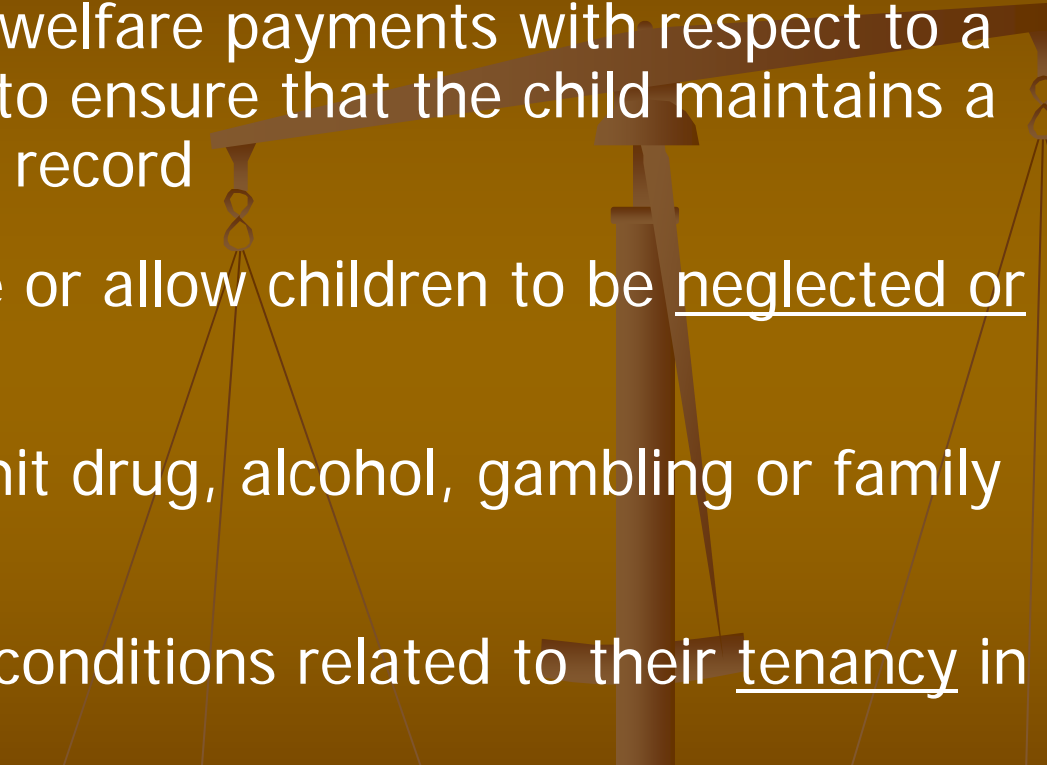


# Rebuilding Social Norms

- To rebuild social norms in the Cape York Peninsula, incentives and laws must support the values of a community.
- A potentially powerful mechanism for doing this is through linking welfare payments to community members acting in the best interests of children in the community.

(From Hand Out to Hand Up: Cape York Welfare Reform Project. Cape York Institute, 2007)

# Obligations & Payments

- Each adult who receives welfare payments with respect to a child should be required to ensure that the child maintains a 100% school attendance record
  - All adults must not cause or allow children to be neglected or abused
  - All adults must not commit drug, alcohol, gambling or family violence offences
  - All adults must abide by conditions related to their tenancy in public housing
- 

# Obligations, Rationale

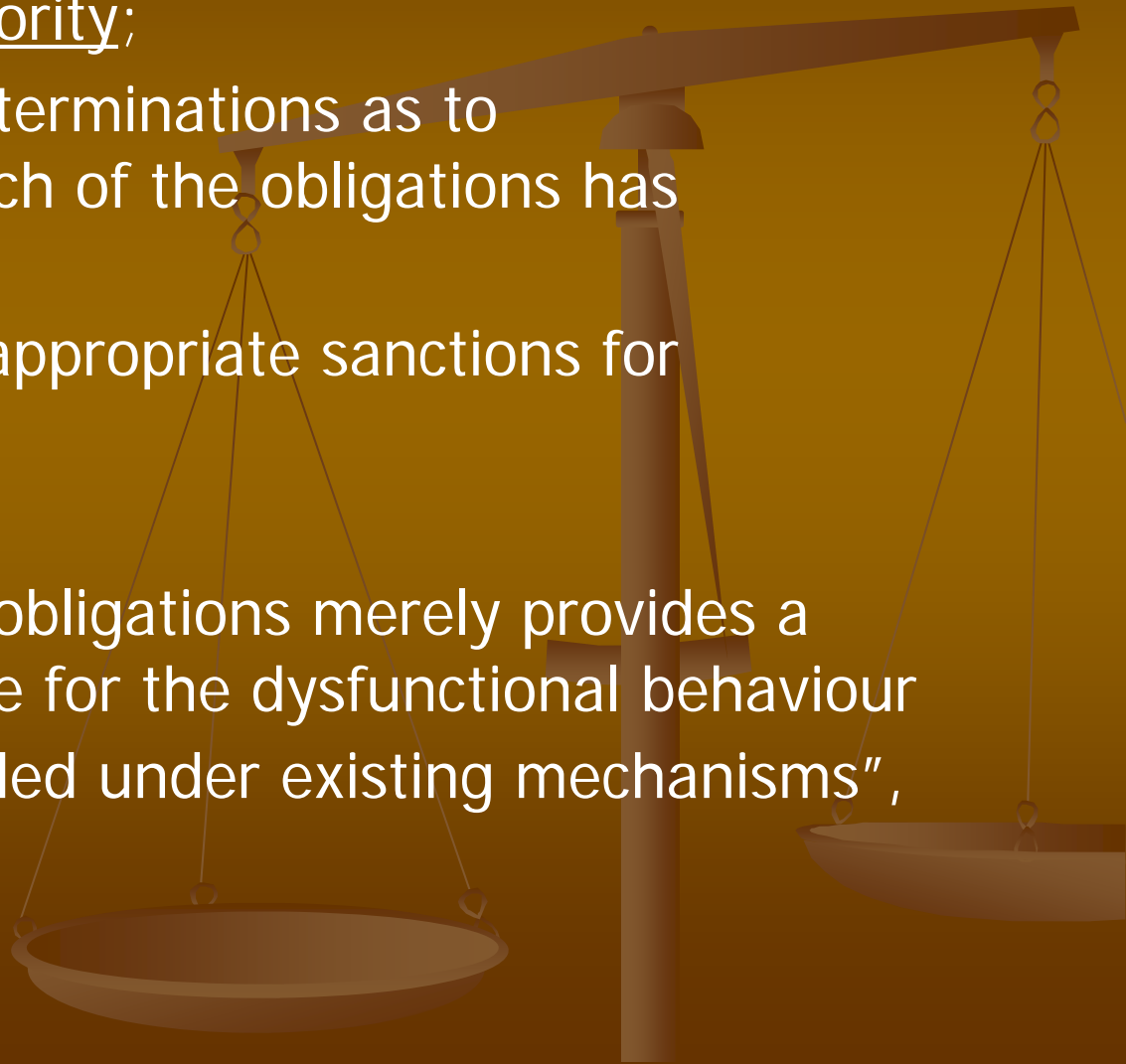


- (a) they are consistent with the values expressed by community members;
- (b) they relate to behaviour which, if allowed to continue, would have a negative impact on child wellbeing; and
- (c) the existing legislative and service delivery mechanisms aimed at addressing these dysfunctional behaviours in Cape York are unable to realise the desired outcomes.

# Family Responsibilities Commission (FRC)

- A new statutory authority;
  - to make the determinations as to whether a breach of the obligations has occurred,
  - determine the appropriate sanctions for a breach.

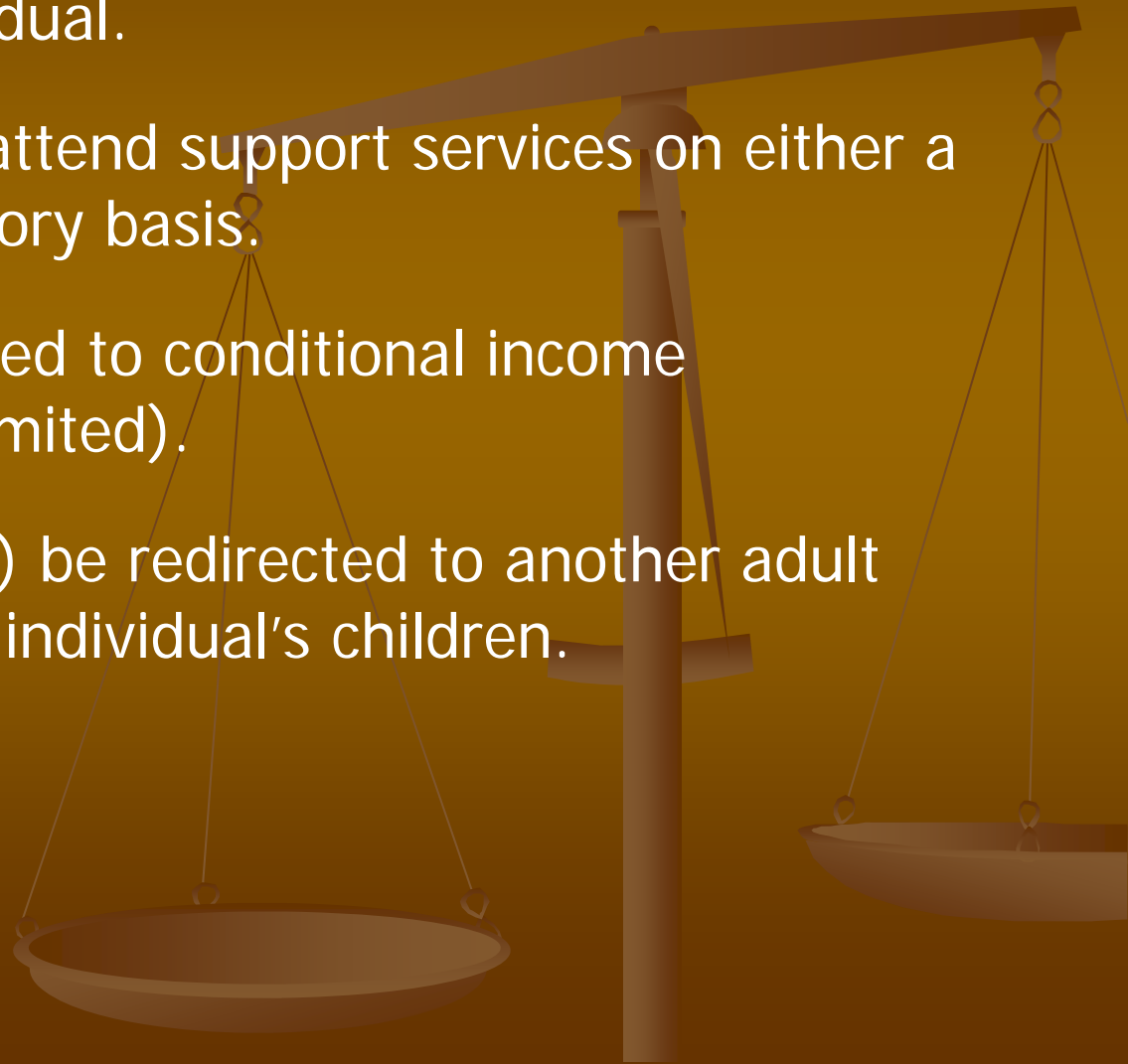
“Breaching payment obligations merely provides a different consequence for the dysfunctional behaviour than would be accorded under existing mechanisms”,  
(p46).





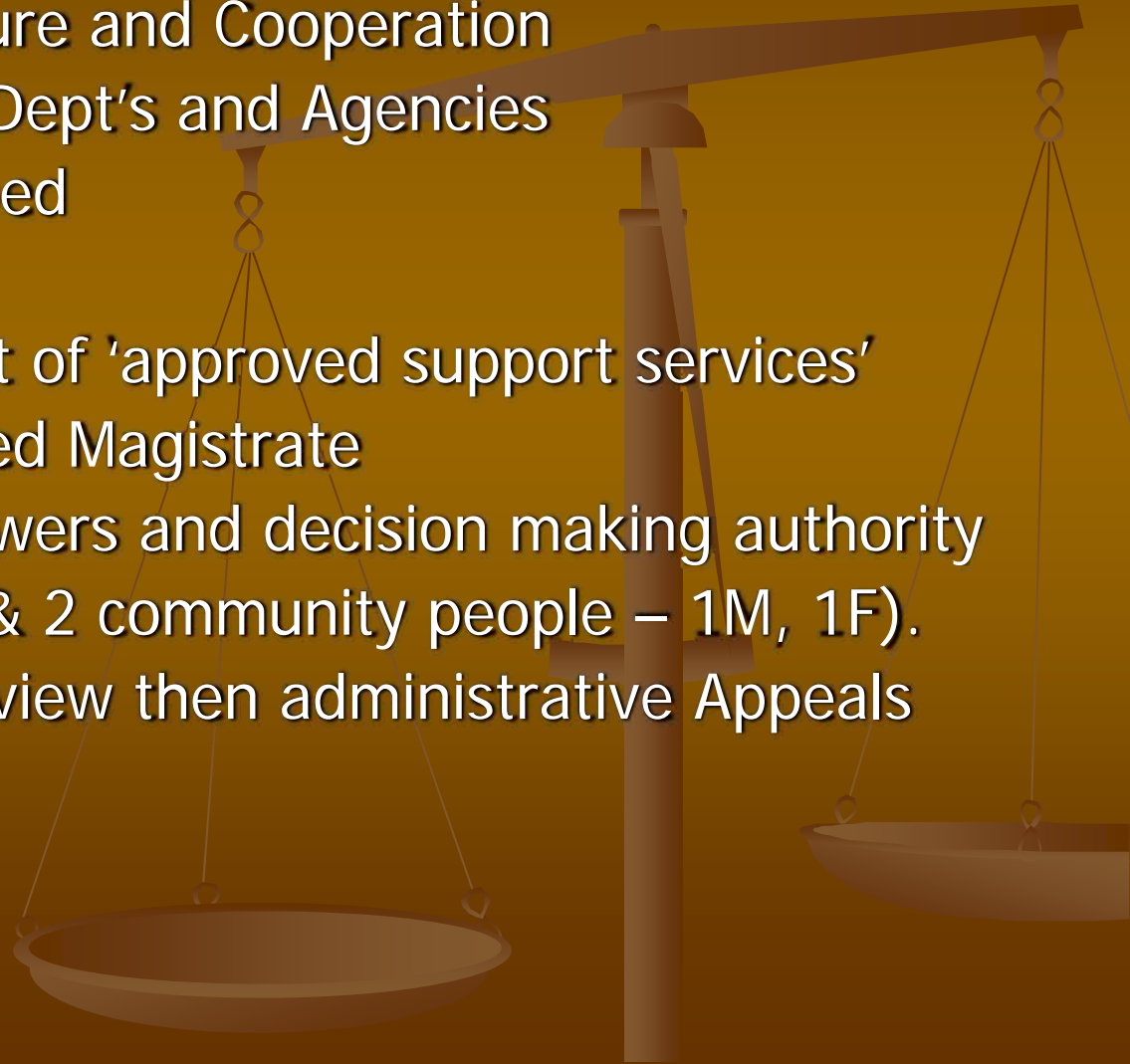
# Options for breaches

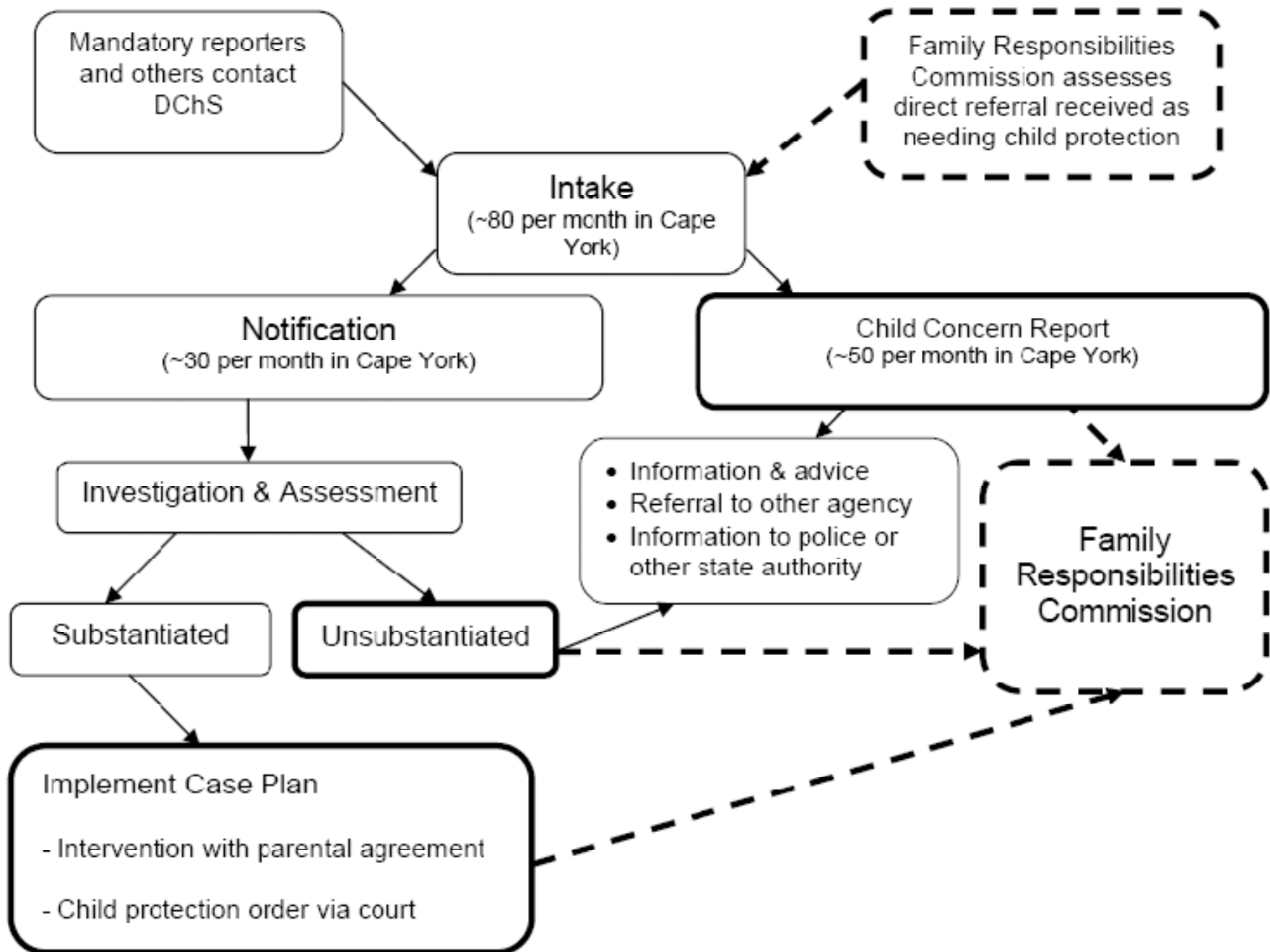
- Warning to the individual.
- Direct individuals to attend support services on either a voluntary or compulsory basis.
- Payments be redirected to conditional income management (time limited).
- Payments (all or part) be redirected to another adult who is caring for the individual's children.



# Resources & Restructure!

- Significant Infrastructure and Cooperation
- MOUs between State Dept's and Agencies
- Service Model developed
- Support Services
- A panel to 'identify' list of 'approved support services'
- FRC overseen by retired Magistrate
- FRC has legislative powers and decision making authority
- FRC (FR Panel: Chair & 2 community people – 1M, 1F).
- Appeals by internal review then administrative Appeals Tribunal.





Mandatory reporters and others contact DChS

**Intake**  
(~80 per month in Cape York)

Family Responsibilities Commission assesses direct referral received as needing child protection

**Notification**  
(~30 per month in Cape York)

**Child Concern Report**  
(~50 per month in Cape York)

Investigation & Assessment

- Information & advice
- Referral to other agency
- Information to police or other state authority

Family Responsibilities Commission

Substantiated

Unsubstantiated

**Implement Case Plan**  
- Intervention with parental agreement  
- Child protection order via court

# Resources?

“Many CCR (child concern reports) cases require an early intervention response. However, the current system is limited in its ability to refer people to available supports, particularly in remote areas. The Referral for Active Intervention program, which has recently been rolled out in ten locations across Queensland, does not cover Cape York communities. (The Queensland Department of Communities is responsible for providing these types of services.) In practice, few support services are available in the four Welfare Reform communities”, (p 58).

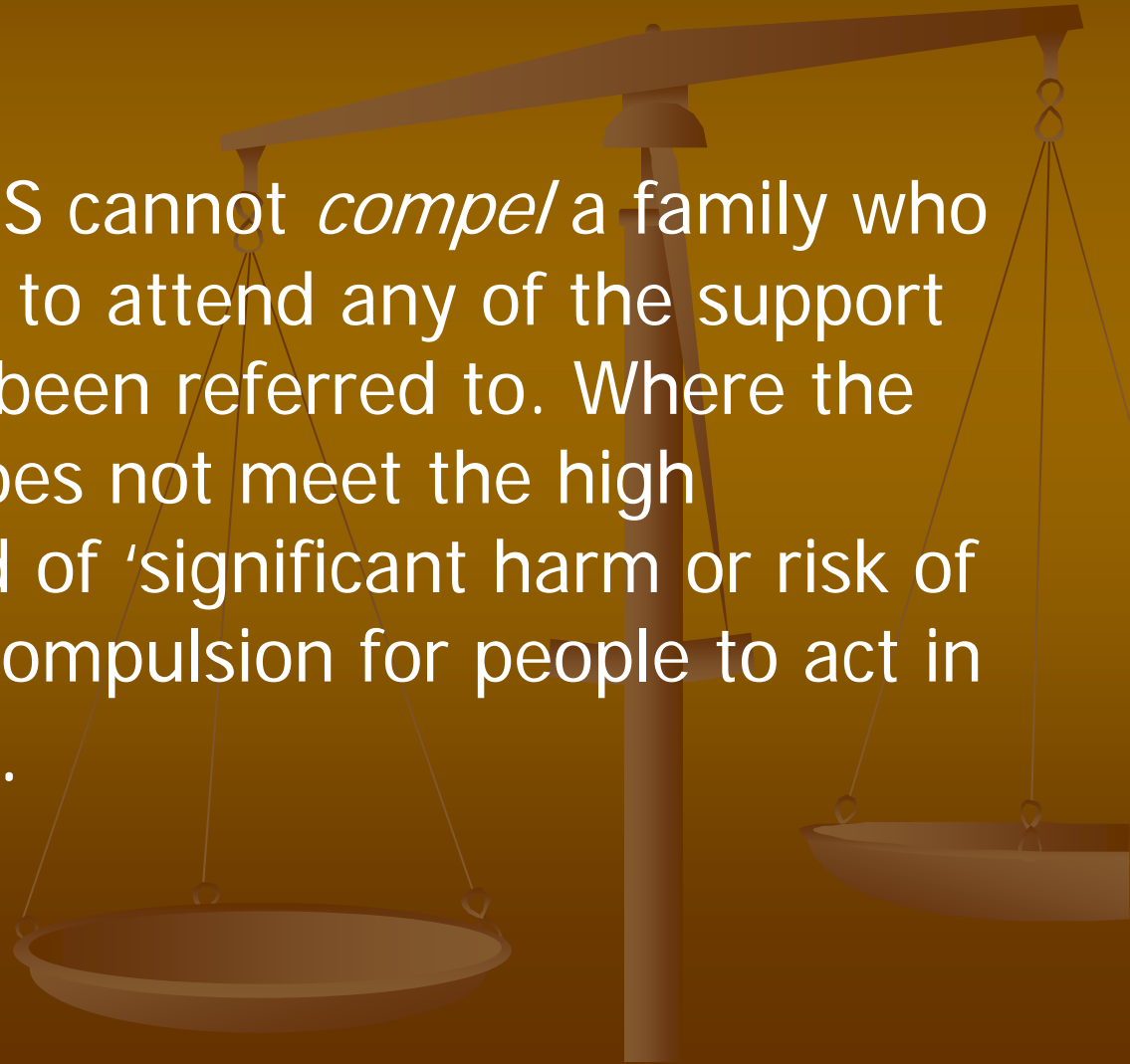
# Judicial 'responsibility'

## *Trigger 3: Referral by judicial body*

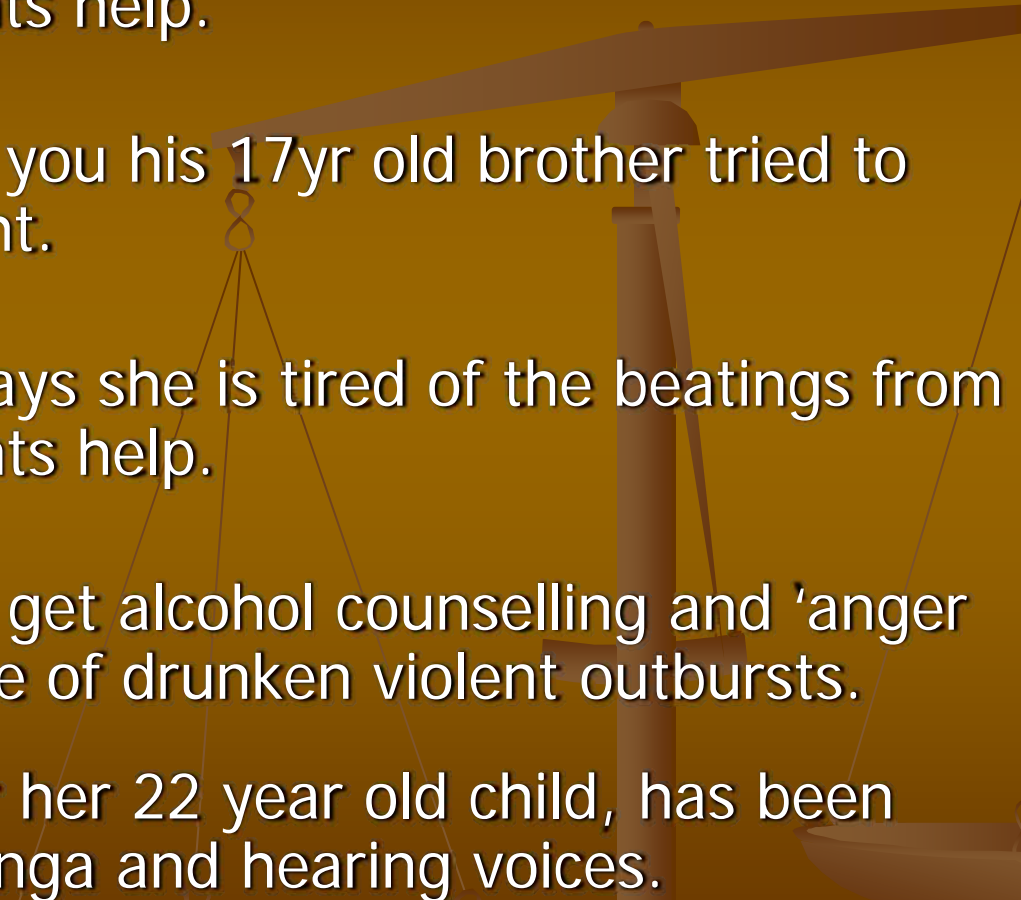
- All adults referred to the FRC for committing drug, alcohol, gambling or family violence offences.
- Judicial (referrals) triggers are recommended as the appropriate means of referring people engaged in these behaviours because of the importance of creating a robust process of referral to the FRC which does not undermine principles of natural justice and the rule of law.
- These 'judicial' triggers should be incorporated in legislation as obligations upon all adults in the Welfare Reform communities receiving welfare payments, (p 60)

# System Restraints


“Currently, the DChS cannot *compel* a family who has received a CCR to attend any of the support services they have been referred to. Where the relevant conduct does not meet the high legislative threshold of ‘significant harm or risk of harm’, there is no compulsion for people to act in a certain way”, (p 58).



# Exercise

- 12 year old girl tells you she has been sexually abused by her uncle and wants help.
  - 21 year old man tells you his 17yr old brother tried to hang himself last night.
  - 36 year old woman says she is tired of the beatings from her husband and wants help.
  - 42 yr old man told to get alcohol counselling and 'anger management' because of drunken violent outbursts.
  - Mother concerned for her 22 year old child, has been using lots of dope/gunga and hearing voices.
- 

# New Model v's Reformed?

- Welfare Reform advocates 'new' FRC and associated Legislative and Procedural changes. (4 trial communities).
  - COST?
  - Premise that lack of, or ineffective resources/systems as reason for new FRC.
  - DILEMA: Still lack of resources – services with FRC!
  - Reform existing systems/services – make more accessible to all! Social Justice.
- 



# Reformed Model

- What might it look like?



# Restorative Justice Principle



- **Repair:** *work to heal victims, offenders and community that have been injured by crime.*
- **Stakeholder Participation:** *victims, offenders and community should have opportunity for ACTIVE participation in justice process as early as possible.*
- **Transformation of Roles, Responsibilities and Relationships:** *Government to preserve just order, Community to establish a just peace.*

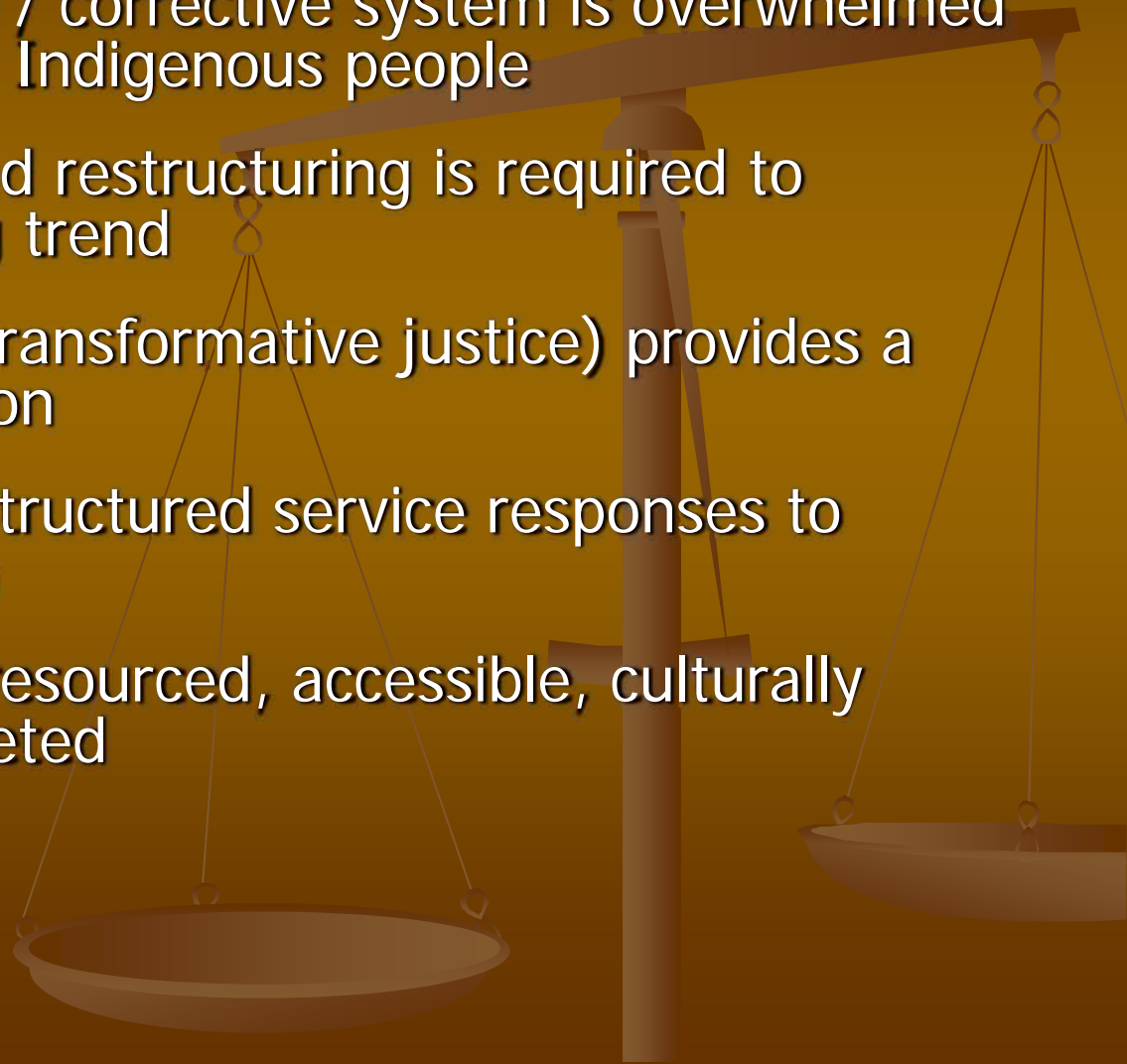
(Bazemore & Earle, In Restorative Justice & Family Violence. Strang & Braithwaite, 2002, p 161)

# RJ Principles...

- “The most consistent value underlying the restorative justice framework is an overarching, primary commitment to meeting the needs of victims.”
- “This victim-driven obligation to repair harm provides the strongest basis for holding restorative policy and practice accountable and should be constantly emphasised in any application of restorative intervention in the family violence context.
- “Restorative processes, (principle-driven) may at times lead to highly unorthodox, individualised responses that are nonetheless more true to the complexity of crimes and harms.”

# Which Way?

- The criminal / justice / corrective system is overwhelmed and overflowing with Indigenous people
- Serious rethinking and restructuring is required to reverse this appalling trend
- Restorative Justice (transformative justice) provides a model for this direction
- Co-ordinated and restructured service responses to support this direction
- Services need to be resourced, accessible, culturally appropriate and targeted



# Basic Elements of Care

## *Social and Emotional Well Being Framework*

- action across all sectors to recognise and build on existing resilience and strength to enhance social and emotional well being, to promote mental health, and to reduce risk;
- access to primary health care services providing expert social and emotional well being and mental health primary care, including 'Social Health Teams'; and
- responsive and accessible mental health services, with access to cultural expertise.

(A National Strategic Framework for ATSI peoples' Mental Health and Social and Emotional Well Being 2004-2009". 2004)

# Establishing, Restoring and Treating Social & Emotional Wellbeing & MH Problems

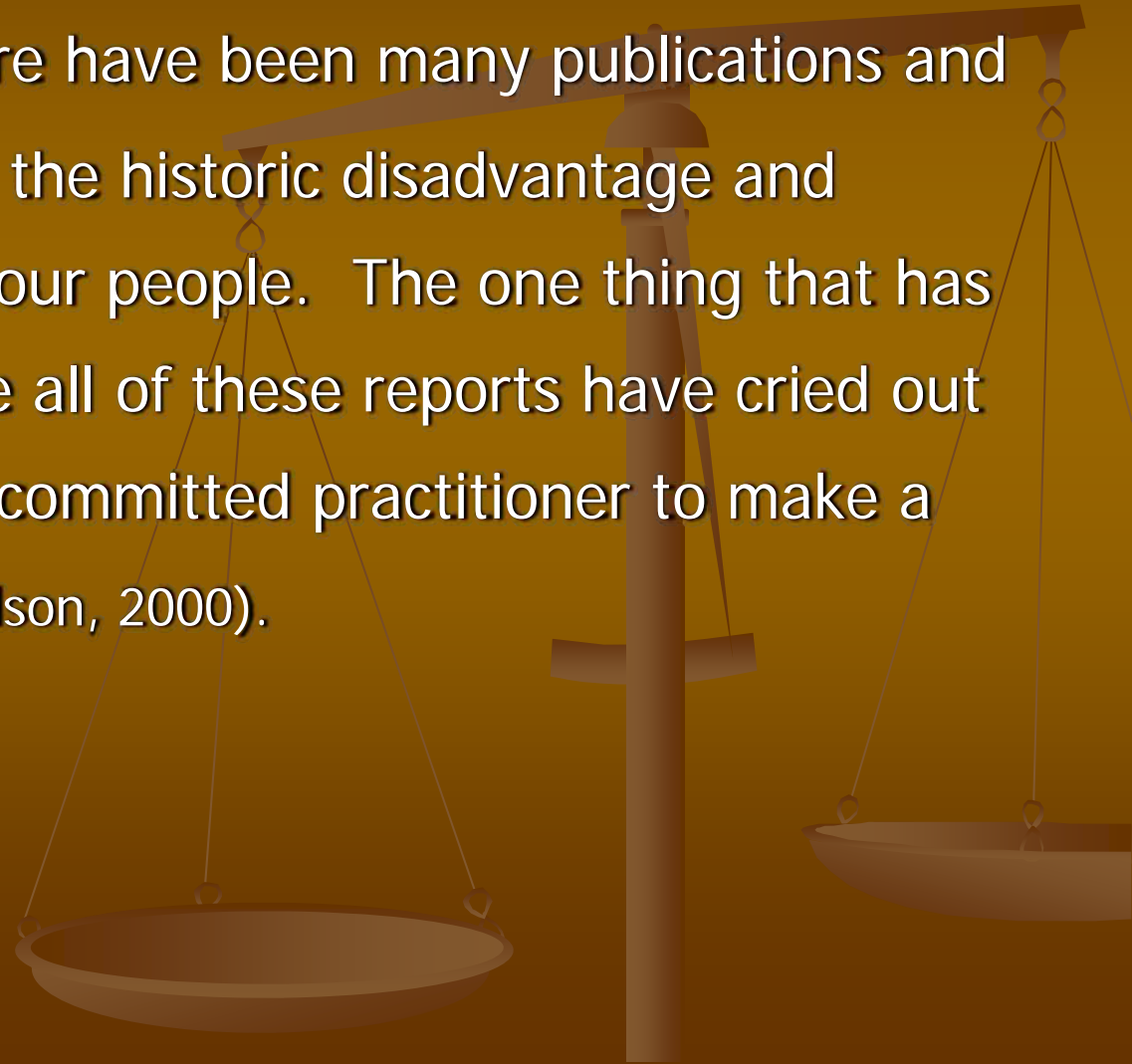
- Basic capacity to establish social and emotional well being early and maintain it throughout the lifecycle.
- Resources to adequately prevent and intervene early to enhance and restore well being as problems arise.
- Access to a full range of services and facilities for treatment and rehabilitation for significant distress and disorders.

*Every community has the right to expect that resources and assistance will be available to establish, restore and treat social and emotional well being and mental health problems, regardless of need or availability of services. Healthy, stable communities benefit the entire nation.*

(A National Strategic Framework for ATSI peoples' Mental Health and Social and Emotional Well Being 2004-2009". 2004)

# Motivation

"In recent years, there have been many publications and reports documenting the historic disadvantage and ongoing suffering of our people. The one thing that has been lacking, the one all of these reports have cried out for is a place for the committed practitioner to make a difference..." (Mick Dodson, 2000).



# End

“When we enable a person to restore all of the dimensions of their life, then we have achieved a great deal. When all of the dimensions are in balance, within the universe, we can break free of our shackles and truly dance through life”

(from 'The Dance of Life', A National Strategic Framework for ATSI peoples' Mental Health and Social and Emotional Well Being 2004-2009". 2004, p i)

