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Secretary
Select Committee on Child Protection
Hobart
7001

5th November 2010

Please find enclosed a letter previously sent to the Department of Justice, outlining problematic aspects of common referral practices. These practices are also commonplace in other State Government Departments; particularly Child Protection Services and the Department of Education.

The reason we would like to draw your attention to these practices in your Committee deliberations is that they frequently have the effect of providing the appearance that some action has been taken to support a client, whereas in fact no support is received, for example:

1. We receive referrals for clients who have no intention or interest in attending
2. We receive initial referrals which, when the immediate crisis has passed, are allowed to lapse with no further contact
3. We receive referrals where it is assumed that our services are free whereas they are not
4. We receive referrals for children placed with foster parents who then carry the responsibility for attendance or associated cost, without financial support

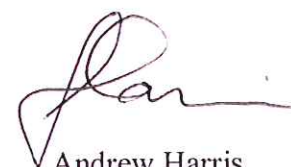
We also at times receive referrals from conscientious staff who take the necessary care to ensure our availability and willingness to undertake the work and who do their best to provide the necessary case management support: however this professionalism seems due to their individual integrity and may place them in conflict with management priorities.

This is in keeping with an impression which is widely held in the therapy and welfare sector. That is that Child Protection clients, who are among the most needful of timely, collaborative, supportive and skilled intervention, are instead often unable to access even the most basic support. It is difficult to understand how this may change without a very substantial financial investment: skilled, expert help is expensive.

Sincerely


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Secretary
Department of Justice
GPO Box 825
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1st October 2010

Dear Sir

Re: Referrals for counselling

We would like to bring to your attention two related trends which have caused us some concern:

- Court mandated referrals to counselling
- Such referrals being processed through the Medicare Better Access Program

These trends may represent an extension of our earlier attempts at collaboration. In the early period of the Medicare Better Access program, Blue Door practitioners exercised some desire and willingness to engage in collaboration with Youth Justice workers to assist with individual cases. This sometimes meant accessing the Better Access program if a GP referred the client under these provisions. However, there was always prior discussion in these cases, typically when the client had attended counselling funded by the Youth Justice system or other source, and further work was required.

The current situation is very different. At The Blue Door we have received at least six referrals in the past few months where Tasmanian courts have mandated the attendance for counselling with us. This has been most noticeable within the Youth Justice system, particularly in relation to diversionary justice programs, but some adult clients have also been involved.

In most cases, the referral is enacted via a GP to approve Medicare rebates under the Better Access System. It would appear that this is driven partly by the inaccurate belief that under this system, the service is provided free to the client. It is also likely that Better Access is viewed as a cost-neutral and convenient way of having such a mandate enacted. It is unclear whether The Blue Door is nominated by magistrates or perhaps recommended by probation staff, but in all recent cases this has occurred without prior discussion with us. There are a number of issues with these referral practices.

Firstly, providing a service for mandated clients can be extremely demanding, and requires substantial institutional support. All Blue Door practitioners are trained and experienced in this work, and we willingly undertake it if our assessment indicates that it is within our capacity, and if appropriate support is provided. Examples of such support include access to all relevant information regarding risk assessment, reporting systems that enable two-way feedback without breaching confidentiality, clear protocols for court attendance or reporting, and an appropriate fee structure, including provision for payment if a client fails to attend.

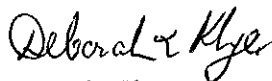
Secondly, our services are in high demand and it can be the case that we are unable to provide a service at all, which places the client in the unenviable position of being mandated to attend a service which is unavailable. Even when it is available, it is not free of charge, and many clients are unable or unwilling to meet this cost. Furthermore, unless the role is properly defined and funded, there is no provision for follow-up, reporting, or case collaboration, in which case clients may reasonably conclude that they are not being properly serviced.

Thirdly, according to our understanding it is outside the authority of the court to mandate referrals through the Better Access program: both GPs and Better Access practitioners are accountable for the appropriateness of any referral, and the program is targeted at preventative and low risk mental health care. Endorsing or accepting referrals where this is not the predominant issue (for example, where reducing the risk of recidivism is the primary goal) places us at risk of breaching professional ethics.

We are very supportive of diversionary justice principles and practices, and of ensuring that all Tasmanians get access to appropriate mental health care and counselling. It is perhaps because of the recognition of this stance, our history of collaboration, and our associated willingness to be flexible in our fee structure, that we have been identified as appropriate for this work.

In order to ensure appropriate support, we would be pleased to negotiate a service agreement. With no such agreement in place we naturally reserve the right to reject such referrals, noting that we anticipate incurring an unfunded cost in the process of ensuring clear communication of our position to identified referral agents and prospective clients.

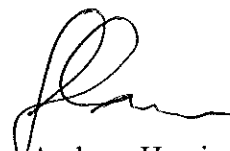
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