

Episode 60: Mitchell

Hi and welcome to Social Work Spotlight, where I showcase different areas of the profession each episode. I'm your host, Yasmine McKee-Wright, and today's guest is Mitchell, a social worker passionate about child protection and helping to ensure vulnerable young people in the community have improved life experiences. Mitch has worked in various roles, ranging from disability, residential care and child protection. Through his work he aims to build relationships between the wider community and his agency and understanding families' individual stories in order to best support their needs. Mitchell currently works at the Child Protection Helpline taking information from various members of the professional community, to ensure we are keeping the children of NSW as safe as possible.

Yasmine Hi, Mitch, welcome to the podcast. Thanks so much for coming on and having a chat with me today.

Mitchell No worries. Thank you very much for having me.

Yasmine Yeah I always start by asking, when did you begin as a social worker, and what brought you to the profession.

Mitchell I was actually a bit of a late bloomer to university, actually. I didn't start till I was I think about 23, and initially wanted to get into radiotherapy. My cousin, at a young age I experienced him go through testicular cancer, which was very difficult for his family, for our family, people around him. And watching him, you know, go through his chemotherapy and stuff like that. And I always wanted to try and help people in that space, and especially men, obviously, testicular cancer in that area. So I moved into university. And yeah, there was one day that I spoke to a few career advisors and stuff, and they were talking to me about, you know, what my aims were and what my, I guess who I was with what I wanted to do. And they referred me to social work. And I kind of read into it. And I thought, you know, that's something that I could see myself doing, and getting into. But I think in this space, you kind of start to learn about your own personal experiences as well, that you may have had, and I think that's probably why I'm in the space I am today, with my own personal, I guess, life journey as well.

Yasmine Had you known what social work was? Had you known anyone who was a social worker?

Mitchell I had an uncle who was a social worker, but I didn't really know what that even mean. Yeah, I guess the word social is a very broad term, as well. And I guess it's because what our job is, is very broad at times as well. So I think, yeah, I didn't really fully understand what it meant. And a lot of people would always say to me is, are you a psychologist? Are you a counsellor? And I'm like yeah, I'm kind of a lawyer, psychologists, counsellor, health specialist, I think as well. And so yeah, it's one of those fields that is not clearly, I guess, defined as a lot of others.

Yasmine Yeah, I can see how it'd be very confusing for people. What has then led to this point? What skills and experience have you been able to develop on your journey?

Mitchell Well, initially, while I was at university I was a disability support worker. I worked for House with No Steps in Newcastle, they are now called Aruma. I did a placement with a out of home care agency called Allambi Care in Newcastle, one of the biggest residential care agencies in Newcastle. And I had a really good supervisor there called Toni Carson. She was a really good supervisor, and she really guided me a lot while I was there, and really took me under her wing. It was my first job at a university, I had really no idea what I was doing. So I was a family preservation specialist. So I would go into homes that DCJ had been involved with, Department of Communities and Justice, that seek that, they would then pass it on to us to say what this family needs high support or intensive supports around issues, whether that was obviously drugs and alcohol, domestic violence, whatever it may be. And there was a parenting program that I helped formulate in the space to then take in, I think it wa,s ended up being, you know, 50-60 pages long booklet, and then we would then take it into houses and do obviously assessments and you know, effective questioning with families, around obviously, their behaviours and trying to get them to somewhat reflect on what they're doing. And trying to help them I guess, find their own answers and what they need to do. But at the same time, I was only, I think, 26, 25. And I would go into homes and speak to parents in their 40s and pretty much trying to tell them, without children as well, and trying to help them with their parenting skills. And a lot of the time, not always, there was a lot of people that were very cooperative, but a lot of the time you could feel some hostility from I guess questions back at you to say hey, do you have children? Do you know what this is like? And, and that was one that always I struggled with, because I can I can see their perspective in that situation. And obviously you can, you can be educated as much as you want, but when it comes to the real life experience of being a parent, it really changes how you look at the situation as well. It was a learning curve. And then so from there I actually met a girl in Sydney, who I'm no longer in a relationship with, and that was how I kind of fell into the space that I wanted to move into, child protection. When I moved down there and I started working at the Helpline. It's actually quite a process to get into the job as well. It's probably the most intense interviewing I've ever had in my life.

Yasmine Wow.

Mitchell So it was definitely challenging. And that's where I am now.

Yasmine Yeah. If we can step back just a second. So you had that amazing experience while you were still studying, you had the experience of working as a disability support worker. Did you sort of have an opportunity to step back and think, yes, I want to continue on the social work path, I'm already kind of working in a supportive role. What did you see as the value add of formalising your training by completing the degree if you were already kind of working in those spaces?

Mitchell Yeah, no, I can see what you're saying. I guess it was to have a formal formal education, obviously, first and foremost, but also something, experience obviously can build so much as well as education. But as two separate entities, they're not enough sometimes. So I think the groundwork of doing that prior to finishing your degree, rather than I don't know, not that there's anything wrong with working, I worked at Coles, and then I stopped that while at university to then move in, in my last two years into disability support, so I could try to get an understanding of when I came out. And obviously to have an experience of do I want to keep staying in this space. And in that space, I had some challenging times in residential care, but I also had some really positive times as well. And I had some really positive times in disability support, both with children and adults as well.

Yasmine Yeah. And how did that then lead to what you're doing at the moment? What's the role currently, and what might a typical day look like?

Mitchell I guess I led to this role because working in disability, I worked at a day support center for about, I think it was about 12 months. You kind of see the other side of disability, obviously the good side, and you have fun, and you take them to the beach, and you know, but then you see the stories behind the scenes kind of thing about their families, and sometimes how those children or young people have ended up in a certain situation. And then you realise that you can, you can really make a difference if you're really trying to work in that space. And I think especially with my agency, with DCJ, you know, there's always going to be people that are always going to be negative about what we do at times, and not so much that we're trying to help families, but decisions that have maybe been made against someone they know, or family members. And that negative view and, and even sometimes working in the NGO space, there was a stigma sometimes with other, and I didn't really understand it at the time, but other workers who had had negative experiences, and I think it's one of those things that you know, you can sit back and you can whinge and complain and, and do this about something, but it also, if you want it fixed, you know, you go into the system, and you try and make that change. You try and be the person that changes that perspective, or you try and change these behaviours that they're seeing, or you know, whether or not you know, at times, people have said, or I've heard other agencies saying, you know, they're in trying to control they, you know, they're very arrogant. They're very eager, you know, because we're the government agency. So I guess, in my role now, I always trying to be more hospitable, I try to, you know, show my empathy, I try to understand people's perspective. And not just say, well I work for the government, I know what's best. And I feel like some people have had experiences with other workers in my particular agency, and they've felt that way towards them.

Yasmine And what does the day to day look like?

Mitchell So my day to day is working from home now. Today for example, I started work at 10:30. And then I obviously check my emails, and then I had an hour supervision with my manager. We just discuss where I'm moving, what my goals are I guess in regards to management. I also spoke about wanting to complete, so when you start at the helpline you do 11 weeks of training, which is quite extensive. But to be an actual field caseworker, you have to do another 5, so it's 16. So therefore, I was talking about how I wanted to do that because we have, obviously other areas within our agency such as after hours response team, which is our team that we refer to at night. Which during office hours, so nine to five, the local office obviously closes down, and if there's a 24 hour report that that child needs immediate response, our after hours team will go out and see if we can help in some way, we can mediate a situation or in obviously worst case scenario we need to remove that child effective immediately. And they may need to go into some form of emergency accommodation for that night or an extended period of time, depending on what the risk is, obviously. So I was talking about that in my supervision. And then I took a call today just after which, funny enough we just spoke about it. A male father who had his child removed was really not happy with the system. He believed there was allegations made against himself that were false. And pretty much started to get quite aggressive. Not necessarily towards me, but he became very heightened in his language and his tone, kept going, kept going, started to be very derogatory towards the agency, and putting other officers he's experienced, starting putting them down and putting people down. And I haven't got a call like this for a while, but sometimes you just need to, you know, obviously alert them that, you know, you keep speaking to me in this matter. And he calmed down initially. I mean he said look, I'm you know, I'm working myself up here. And as it went on, he didn't really focus on things. And then as it went on, he then became more angry. And I had to eventually

terminate the call due to obviously the productivity of my time being, I guess, wasted. It was something that he began venting rather than factual information of what his concerns were. And sometimes we do receive calls like that, rather than actual productivity of, you know, what's going on, you know, is there risks, is this child being harmed, rather than your personal opinion of how you were treated by the system. And I referred him to our complaints line. And again, he said, I've already made complaints, they go nowhere. So I kind of had my hands tied a little bit of what to provide. He really just wanted to speak to someone. And I think sometimes with those people they, I feel like they need some form of other outlet. And that's whether or not to voice his concerns, obviously, to the family law court, or that's their own personal issues that they need to maybe address in potentially a safer space, like a counsellor or something like that.

Yasmine Yeah. And if someone has had a child removed, what information can they gather? I'm just wondering from a privacy perspective, or even consent if it's a young child? I would imagine there's a limit to how much you can actually tell someone?

Mitchell Well, that, yeah, depending on their current relationship. For example today, this father didn't know where his child's mother and child resided. And he's obviously not allowed to, he only had supervised contact, for example. But if I go into the system, look up the child, I found the child's address right away where mum resides. But if any point he asked me where that child was, because he didn't know, at no point could I provide him that information. Because I know that obviously, the family law court has gone out of their way to obviously keep that confidential from him. Which speaks volumes, because it does take a lot to do that. So sometimes you take people's, parents' opinions at times with a grain of salt of what's actually, the full picture is, and you start to look at history and stuff like that. And you, you see, I'm hearing more of a one sided story here, of how you view the situation, rather than the factual information of what actually occurred in that relationship, or in that space of time. So it's yeah, it's interesting. And even when police call us even on the phone, you know, they'll say, I'm Sergeant blah, blah, blah, I've got a call, I'm looking to get information on this child, which is fine. But just as a safety concern, we have to say okay, here's my email address. I'm, you know, Mitchell blah, blah, blah at FACS, and I said look, give me your email, I'll email you back. And then you email me what information you want. It's a form of ...

Yasmine Verifying.

Mitchell Verifying their, who they are. So yeah, it's a fine line sometimes. And especially you can have, especially parents who are very angry, they want information that, you know, they may not be able to obtain. And they use us at times as a last resort to try and obtain that.

Yasmine Yeah, it's good to know that those safeguards are in place though, that you have to jump through hoops because of the sensitivity of the information.

Mitchell Oh, of course, of course.

Yasmine And the implications if it were to get into the wrong hands.

Mitchell Yeah, exactly. You know, like and this guy, he sounded like he was quite angry at the system, quite angry at the mother. And yeah, I do worry that if he was to get any information, there was nothing stopping him from potentially going to that house and potentially causing more harm to this child from being exposed to whatever may have occurred.

Yasmine Yeah. How do you come down from that sort of, like your response would have been quite heightened as well, I imagine. Do you jump straight back into another call, for instance?

Mitchell Once you take a call, so I usually write, like I take the details of the child, the reporter, parents or whoever else is involved, whether or not there's another party who's done something wrong, and they're you know, in there as well. And then I'll take the report, and I'll kind of write it somewhat verbatim, and kind of take points of what I'm talking about. And then once the call is completed, I go back, I'll rewrite pretty much everything kind of taken down into more of a structured report. I pretty much just write reports every day.

Yasmine Right.

Mitchell You learn how to do it a lot quicker. It's like writing an essay for your job, or for uni, like three times a day, but, four times a day, or how many you do. But you then have to go into the history of the child. So we then search the history, we see, I have to find if that child's on our actual system, because we connect them to the engagement, as we call it. And then we have to check what history has been reported, if that history has been reported before, it's usually considered a screen out. So there's no ROSH, we've already been made aware of it. The local office has already been made aware, so we don't need to keep them bombarding them with more information, if that makes sense. But if that child has an open case, with the local office, or if that's currently in the triage space, which is, the triage space is when it hasn't been assigned to a caseworker at the local office, but they're still having meetings around it, whether or not they think it's high risk, or they're able to allocate it to someone. So when it's in that space, even if that information has already been reported, we still send it off to the local office, or whatever other agency is currently working, there might be an NGO or whatever agency they're currently working with. And then they still receive that information, and they use that obviously for further information gathering. And if there's any other things that pop up, whether they be, as we say risks of significant harm, but there may be stuff like, there's concerns that, you know, in this new report that there's concerns with mum might be selling drugs out of the house. But at that point in time, when it's hearsay, it's very difficult to be able to assess that. So once, and that's set off to the local office, they are then able to look further into that. Because it doesn't necessarily meet ROSH, but it also informs them that someone has these concerns that may be happening.

Yasmine Yeah. And how long are details usually retained? For instance, if someone had a concern raised with your team, and they were four years old, and then when they're, let's say 14, someone new calls, is that information still readily available to you?

Mitchell Oh, of course, of course. The Helpline started, I think it was around 2002. The information is stored in our system. There was a period where we rolled over to a different system to Child Story, which was, about I think it's about six years ago, seven years ago, I think the majority of it went over, but I think some things were sort of missed. But from that period, so even if say Child Story was created in 2002, for example, when the Helpline started, that information would be readily available. So yeah, so all you have to do is to try and look up his child's name, as long as you've got the date of birth and the child's name, you're usually able to find them pretty easily. Obviously, a child, so say 10 years ago, that child may have lived in a different home and moved, which is more than likely in the last 10 years to live in a different residence, very unlikely that you would have a child with the same name with the exact same date of birth, it's very highly unlikely. So it's very easy to identify. And then our system, you open the profile, and the system has the name, it has every record that's ever been made about them,

every situation, as long as it's obviously in New South Wales. So this information is only obtainable for what's occurred in New South Wales. So if this child had been, you know, abused or something had been reported in Victoria, we wouldn't be made aware of that, unless that agency knew that child was moving or was going to move, and they still had an open case in Victoria, so they felt it was harmful. But yeah, unless it was, they were both it you know, very high risk, such as a change out of home care placements. Say mum got pregnant and she's lost kids before to the system in Victoria. And then she's pregnant now and she's run off to New South Wales, for example. So they're the types of reasons why we would have a exchange of information between states. But as long as the information or harm hasn't occurred in New South Wales, and the child doesn't permanently reside here, we wouldn't have any record of that information.

Yasmine Yeah, sure. That makes sense. It sounds as though you have to work with quite a few different government agencies in order to collect this information and be able to use it to support someone. You've already mentioned the legal system, police, health. What does that look like on the ground, and how do you find that works together?

Mitchell Yeah, I think it works well. I think especially in our JCPR team, which is our, well it used to be called Joint Referral Unit, JRU, which is the sexual abuse sector, where we have health, obviously DCJ caseworker, as well as police. So obviously you have the police, you know, legal ramifications, you have the health testing and analysing. And then you have the DCJ, who's I guess, the therapeutic specialists who can try and redact this information from the child in those situations. So I think it works well together. I think working within interagencies, as long as that person or worker is open to being understanding and not believing that their agency is any more important than another.

Yasmine It sounds like you've maybe had some of that experience.

Mitchell Yeah, from time to time, not too dramatically. But when I feel that way, a lot of the time, someone that's, depending on what agency, they may be from police, health, education, whatever, some people can get very demanding on what they want, or what they believe we should do, or gets to a point where they begin to tell us what we should be doing right now for them. So it can be a bit challenging they believe that, you know, this child should be more prioritised than others, or this is an immediate response you need to do and, you know, we obviously have a criteria that that needs to meet for us to say that that is the case. Which, you know, a lot of the time they believe obviously, in maybe in that world, such as education or something like that, may believe it's an emergency, but when it comes to our field expertise, and what we do and our criteria of how when we should respond straightaway may be different to their beliefs, I guess in that regard. Or their standard that they set maybe.

Yasmine Yeah, sure. And I guess everyone's got slightly different priorities and timeframes that they're working under.

Mitchell Exactly.

Yasmine Yeah. You mentioned that DCJ is kind of like the therapeutic arm of the support system. Within the team that makes up the helpline, what are the other professionals that you're working with? Is it quite interdisciplinary? Are they mostly social workers?

Mitchell From people that I have come across, and I think there's something like 200 of us that make up the entire thing just in the Helpline in Sydney. And obviously I don't know every

individual and what their background is, but I've come across, you know, managers and other fellow coworkers, obviously social work, we actually higher education teachers, psychologists, social science degrees, community service diplomas. Yeah, it's usually something around a similar field. But education was one that surprised me, that I didn't know that yeah, teachers were in that space that they began hiring. One of my good managers, Troy, he was a teacher. He did it for a while, and then he reverted back to the help line. And I don't think he's ever left.

Yasmine Yeah. I guess they do have some element of psychology and developmental in their training.

Mitchell Yeah. And I think that's the core of it. It's as if you've had core experience with child development, and you have some form of understanding with it, that's usually the basis. And obviously education and degrees and stuff like that get extensive training, with child development, of course, because they're the they're trying to mold young people's brains. So yeah, they would be one industry that would be very educated on the matter.

Yasmine Yeah, sure. And obviously we're biased, but why do you think social work, or social work training is relevant to this role in particular? What do you think it is about social work that makes you a good fit for this role?

Mitchell I think it's having a therapeutic background. Because I think a lot of the time, I think you have to be compassionate and understanding and softly spoken. And, I guess, within the training that I did personally, and obviously, you know, I'm sure universities vary from place to place, but we were very, at Newcastle we were very intensely trained on interpersonal skills, which I know a lot of universities are more theoretical. But having that therapeutic experience, because you have things like mums call up who are very distressed, very upset. You have dads, parents in general, and you have to have the certain skill that you're able to be understanding and compassionate. But you also have to be able to manage retracting information at that same time, which sometimes is a very complex task when someone is either very heightened or emotionally with aggression or heightened with emotion or sadness, I've had parents cry to me, I've had kids ring up and tell me what dad's doing. So it's, you know, it's those things that, you know, grandmother's worried about their grandchildren, and things like that. So it's, it's a very complex situation at times to be able to manage all that.

Yasmine Yeah. I just feel like there are so many challenging things about your work. And I'm especially hearing there's a lot of negativity relating to the reputation of DCJ. In addition to that, and the difficulties that people will call you with, and the fact that you're not able to relate as easily over the phone, what do you find difficult about the work you're doing?

Mitchell Like I said before, I think it's the individual way that you hold yourself in regards to other agencies, and how you speak to others. And I think we've, there's been a reputation or not a reputation, but there's things that people believe outside of it. And that might be their own bias around their children or whatnot. But believing that they were hard done by, we were the bad guys. And I think it's made me realise every single piece of work that I do, I know that I have to give it my absolute all in focusing, because this isn't just work that I'm doing, this is some child's life that's a result of what may come of this. I think people that have done the job for a long time, I think people believe that, you know, they may become desensitised or may become, I think in especially in social work the word burnout is used quite a lot. And you know, and you always hear that person's probably burnt out. They're probably that's why they're doing it, they're burnt out. Or I think it's just about making sure that you know, you identify those things in your practice, and you're always reflective of how you're working, how you're assessing

situations. And that you're, just because you've seen a million of those situations before, you're not giving some expected bias that you've believed this is the result because of this.

Yasmine Other than being really conscious of how something affects you and being reflective, as you mentioned, what can you do, like what what are your mechanisms, it sounds like you've got a lot of support as well, some good supervision. But what are some ways that you try to avoid that burnout or that vicarious trauma?

Mitchell I think it's just things that people generally do in regards to their own health and managing their own mental health. And for me, I think my advice is F45. I still, every morning, I try to get to F45. Yeah, not a sponsored plug here, yeah. But I try and get to F45 probably once each morning before I start work. So there's a class I can do at 8:45. Try and do that, I get my coffee and just build a good routine. And obviously, if there's things that sit with me, or I feel myself feeling a little bit frustrated maybe at times, or a bit angry at the world sometimes with the things I hear, I reach out to my manager. And I think it's just being conscious of that and knowing when you do need time away from work. And that's, you know, leave and whatnot and taking time for that. We are provided within the Helpline, we're provided supervision by a manager, but we're also provided technically external, but it's through our work, an external supervisor or external counselling, once per fortnight she's in, and she's really good. And she, you know, it's obviously personal or professional matters that can be discussed, and that can be utilised quite freely. But I just make sure, especially working from home, I think it got a little bit, not worse, but it gets a bit more full on. And just making sure that you keep in touch with your team around experiences and what you're going through. And, you know, when you've got a team around you that are going through the same thing, they can relate and understand that. And sometimes you just need someone who can talk about it. Because I always find when you discuss with people who aren't in the field that I do, or in the yeah, in the particular work I do, sometimes when you say child protection, and then you kind of go into what you do, it can be a bit full on for them. So I think it's good to speak to people who truly understand as well, is a big factor.

Yasmine Yeah, that's a good call. My experience of telling people, you know, just stories of what I do is either they're horrified and can't imagine why you would want to do that, or they just want to know everything about it. So you kind of get these two, these two different types of people, and even the people that really want to know all about it, it's a great opportunity to be able to say, this is what it's like. It's not like what you expect it to be based on movies or media or whatever it is. And that's a good opportunity for education and awareness. But still, it's hard unless you're working in that area to really understand what the implications are as a person and as a professional.

Mitchell Yeah.

Yasmine Yeah. What is the favorite thing about your work? What do you enjoy most? What keeps you going?

Mitchell I think it's knowing that there's is an outcome at the end of the day, or hoping. Hoping there's a positive outcome. I remember when I first started at the Helpline, I remember, I got a call from this lady who was calling up, she just had a counselling session or psychology session with the mother of the child. So the child has returned home from Tasmania with the grandfather, she's disclose some things in regards to sexual abuse of the grandfather to the child. So obviously I've made a report. The abuse has occurred in Tasmania, but the child lives in New South Wales. I've set off the information to Tasmanian authorities and whatnot. And then

about two weeks later, which at the Helpline, it's just like roulette, you don't know what you're gonna get, you know what I mean? Like, it's whatever time you take a call, whoever's on the end of the line, you never know who it's going to be, could be anyone. And the chance of getting someone twice is probably like one in a million. Like theoretically, when you think about. So anyway, I got this report, sent it off. And it kind of sat with me a little bit. And I was like, there's reports you hear sometimes, and you're like oh, I wonder what, what ended up happening with that. And I think it was about three weeks later, I was at the at my work literally about same time. She much just do her all her reports at the same time or something overnight. And I answered a call and I said, Hi, this is Mitch on the Helpline, how can I help you? And she was like, I think, I think I've called you before? And I said, I don't know, have you? And she said, I had the report about the young girl in Tasmania. And she kind of like rehashed it a little bit, because we take five calls a day, you know, and in three weeks that's you know, she's 100 calls ago or whatever. So she kind of hashed it and I was like, oh, yeah, no, I think I do remember, I think I do remember what you're talking about. She goes yeah, well, the report you made or the report I made you sent off, went to Tasmania, they investigated it. Grandfather was sent here, was actually in New Zealand, and he was extradited, sent back to New Zealand and he was imprisoned. And it was yeah, it was quite good knowing that I just made such a significant change in this kid's life.

Yasmine And was she just calling because she wanted someone to know what the outcome?

Mitchell No, no, no, no, no, she had another report about a different family. And so she was making another report about another client that she had.

Yasmine Okay.

Mitchell So I was a bit, I ended up taking, obviously, that call and whatnot. And that was yeah, that was really good.

Yasmine That wouldn't happen very often.

Mitchell No, and I even said it to one of my managers. And I said, you know, who'd worked there for 10 years, and even she was like, that's never happened to me, I've never got the same caller twice. So it was a very rare experience in my field of work to know the outcome of what happened. And it was quite rewarding and quite fulfilling, I guess, that yeah, I found that out when a lot of times you don't. So yeah, I definitely loved that about my job.

Yasmine It must be hard working just at the tip of the iceberg. I can imagine it's similar to working, say, in an emergency department in a hospital where you get that initial crisis response and, you know, you triage as best you can, you try to move it along and handover and provide that initial support. But yeah, you're left wondering have I done enough or, you know, is the person I'm handing over to able to follow through? So that must be incredibly rewarding having had that opportunity.

Mitchell Oh for sure, for sure.

Yasmine Have you had enough time in the role or have you spoken with colleagues who are able to give you an idea of what changes have taken effect in this area of work over time? Because I imagine, even you mentioned kids are calling the helpline, I don't know if that's

always been the case. Or in terms of the way that the department can respond, have there been changes that have been for the better?

Mitchell I think this field of work is continually adapting. I think society is constantly changing, and we constantly are adapting our practice. And I know that years ago, for example, we have obviously our criterias of sexual harm, physical harm, neglect, psychological harm, prenatal and things like that. And obviously children who self harm as well. But for a long time, what I remember one of my colleagues who'd been there for years, psychological harm was not actually seen as a form of abuse. Because, you know, with neglect, you can see if a child's malnourished, poorly clothed, physical abuse you can see bruises. Psychological was always that sort of gray area and it, for a long time that wasn't actually, and now obviously domestic violence is something that we, you know, I feel like the mainstream media is finally starting to actually really talk about and address. I think for years it was a very taboo topic for the general public and a very hard thing to sort of work with, as well. So I think now with the emphasis on psychological harm, I think that is something that now is really starting to be addressed more. In regards to our processes and our assessments and obviously, even though there's no, the child's not being physically abused, but being exposed to domestic violence is just not as, I wouldn't say as bad, but it's just as bad for their development in the long term, of being exposed to that on an ongoing basis.

Yasmine So there's greater awareness of the impact on a child, which then hopefully translates into more opportunities for support and more opportunities for that criteria to be met.

Mitchell Yeah, for sure.

Yasmine You just made me think of perhaps someone who might not have the language or the cultural awareness, is there a way for someone if English is not their first language, for instance, to call the helpline and they get put through to someone who speaks their language? Or do you need to use an interpreter in between?

Mitchell Depending on what language that person speaks. So being in Liverpool we, being a white male in Liverpool is very, it's a very multicultural area. The people that I work with are very multicultural, very rounded, very understanding. So it makes up this amazing team, that they're very in tune with other people, and there's women at our agency that can speak Mandarin, there's women that can speak Chinese, there's, like all these diverse languages. But at the same time, you can't guarantee that that person's free at that point in time. So you can't be like, oh yeah, if you can wait 20 minutes, they'll be like oh, I'd rather just get an interpreter. But we also have the service TIS, so that's our interpretation service. So we have to put them on hold, and then call an interpreter, and then get the interpreter on the phone and do kind of like a three way chat. So then I asked the interpreter something, interpreter asked the caller, interpreter ...

Yasmine It's quite disjointed.

Mitchell Yeah. But to be honest, that hasn't happened to me a lot in my time here, so.

Yasmine Do you think it's not necessarily that the people don't need the support, but that there's a reluctance maybe, because they know, they're not guaranteed to have someone who understands them on the other end of the line?

Mitchell Oh, for sure. I think that would definitely play into it. I think that they know that they have the language barrier, and they can't, and obviously in Australia, majority spoken language is English. So I think that people that can't speak it, one have a language barrier, but also may be have some reservation of reaching out to a government service as well at the same time.

Yasmine Are there any other areas of social work that interest you? You've got your background in disability work. Are you interested in maybe working face to face with families again? If you weren't doing what you do now, where would you be?

Mitchell I have a drive for men's mental health, especially in domestic violence as in working with perpetrators. And then it was something in my first job, it was kind of like more of a research sort of area, which I kind of got half sort of started on before I left. And there was definitely a lot of correlation that I saw between what they were exposed to as a child, which led to, you know, anxiety and depression, which led to self medication of drugs and alcohol, which led to a cycle of similar behavior that they may have been exposed to when they were younger. And I think it's, yeah, I really want to work with men to sort of try and break that stigma, I think, as well of not talking to people. Because we, obviously men are the highest rate of suicide, well I don't know if it's just in Australia, but I know it's definitely Australia, we have the highest rate of suicide. And it's men 18 to 43. So it's, it's something that needs to be talked about. And I think for a lot of spaces I think it, as a male myself, I feel like you'd need a male in that domain to speak about it. And I think now we're even now just talking about women as victims of domestic violence really in mainstream media. The problem with our system at the moment is that it's a victim based mentality. So what we're doing is we're putting a bandaid over the situation that okay, this male is the problem. He's beaten his wife, kids feel unsafe, he smashed up the house. So what we're going to do is we're going to take her out of the house, out of the safety, or we're going to take him out of the house and he'll either be removed or jailed, or she will escape a violent relationship and have an AVO and try and be moved and hope that he doesn't find her. But that's all well and good, but the core of the issue is this male's behaviour. And just because you've now removed this woman from him and the child, they are protected, but what's to say he's not gonna get into another relationship and do this to another woman. So he's, at the end of the day, he's the core problem. He's the common denominator in all these situations. So we're not actually addressing it, we're not actually fixing the problem. And I'm not saying all perpetrators are men, but statistically we know, men. But let's just say perpetrator for argument's sake, but when the perpetrator in that situation isn't having their own behaviour addressed, we're not actually fixing society's problem, which is them. And that's why we see these forever cycles that aren't really ever fixed. They're just Band Aid solutions, to try and do it. So it's something that, yeah, I hope to potentially move into it. I feel like I'm definitely not educated enough, maybe, or experienced enough at this point in time to fully understand it. But you start to see reoccurring patterns when you do multiple reports and lot of times.

Yasmine And like most things in social work, you're not going to have that experience or skill until you're working in that field. So it's not as though you need to have all that training and knowledge in order to work there.

Mitchell Yeah, yeah, for sure.

Yasmine Yeah. Are there any good resources that people can check out if they're wanting to know more about the type of work that you do? Or even some of the roles that you were in before? I'm thinking maybe even parenting programs?

Mitchell Well, I think parenting programs, but that's through an agency. And then there's, I was in a documentary, actually, the other week, month, called The Department. So it was a full documentary, moreso for my space right now. There's resources for mental health, you know, is the 1800RESPECT, Lifeline, Kids Helpline and things like that. But I guess in understanding the role that I do personally, yeah, The Department would be more sort of ground. And there's also another documentary called The Oasis, that shows the Salvation Army working with homeless young people, supporting them on the streets of Sydney, which would also be a good watch to really look into the area, I guess the reality of what we do every day. But The Department that was again, not a sponsored plug, so they were done by Shark Island, who were really good creators, who put in a lot of effort and time into filming us. And then they went to local offices and filmed as well. And they showed day to day, and they got approval from families to pretty much record their lives and interviews and what they went through on a daily basis in trying to get the kids back. I won't give too much away of what happens. But even for someone that works there, I've never personally worked in the field at DCJ. So even that gave me more understanding of my position, and actually what happens after once they receive a report and they go out and the day to day job. So if that's something I guess if people were more interested, I would definitely watch the documentary The Department, and that would give them a more insightful view into what's going on.

Yasmine Yeah, I've seen it myself and it is quite insightful. There was also a three part documentary series, also with SBS, it's called See What You Made Me Do. And a lot of the time I go into this sort of thing thinking, what am I going to learn? I already know this stuff. This is, you know, social work 101. But I was surprised. There was a lot of stuff in there around just some of the case studies and things that were discussed where it just really hits home that complexity and the confusion around when do I intervene and the role of family and guilt and all that survivor stuff. So yeah, I definitely recommend that as well. You mentioned that the interview process for DCJ was quite strenuous, and recruitment and intake seems quite competitive. I know that there is a lot of interest from new grads to try to get into DCJ and want to make a difference. How would you recommend someone could prepare for going for that sort of role?

Mitchell For me personally, I was informed that my previous case work experience with an NGO was quite a good start. So I think if you want to get into DCJ, and I know a lot of like you said, a lot of graduates just want to go straight off the bat. I would probably recommend to put yourself forward, obviously having experience as I did prior to finishing your degree. Whether that's disability, and that's something that people can get in pretty tightly or even residential care, be a good avenue. And if you're able to get, you know, a few years experience of working for an NGO under your belt, does sit well with the agency that you've already got some form of casework experience to base. Because not only does it give you experience, but it also gives you an understanding of report writing, and how to formulate and terminology and those sorts of basic fundamental understandings. Because obviously you can learn a lot, but it is good, because you've already got some form of knowledge base when you do come in, outside of university as well.

Yasmine Yeah, of course. You're clearly trying to represent the role in a positive light and the government in a positive way, but I guess what I'm hearing is that even though you are that tip of the iceberg, you're that immediate crisis response, you seem to really be passionate about giving your all to each interaction. So there's so much on the line, you know that every interaction with a government or non government department, after you have that interaction with someone is going to rely on the information that you take down. It's a lot of pressure, but it

sounds like something you're really, really wanting to get right. And you understand the importance, and it really gives you a great sense of satisfaction doing that.

Mitchell Yeah, for sure. For sure.

Yasmine Yeah. It's a tough job. It's a really tough gig. And I think, you know, you clearly just take it in your stride and you try to do the best you can and you have amazing supports around you to make that happen. And, yeah, regardless of where you are, I think it's great contributions that you can make, whether it's here or in working with men and mental health and people who have experienced violence and continue to perpetrate violence.

Mitchell Well thank you.

Yasmine Pretty excited to see where it takes you.

Mitchell Yeah, me too. Me too.

Yasmine Thank you so much for taking the time. I really appreciate you doing this, and it's wonderful to meet with you and hear a bit more about your journey.

Mitchell Yeah, well, thank you so much for having me and I really appreciate it.

Thanks for joining me this week. If you would like to continue this discussion or ask anything of either myself or Mitchell, please visit my Anchor page at anchor.fm/socialworkspotlight, you can find me on Facebook, Instagram and Twitter or you can email swspotlightpodcast@gmail.com. I'd love to hear from you. Please also let me know if there is a particular topic you'd like discussed, or if you or another person you know would like to be featured on the show.

Next episode's guest is Jerome, who has worked in Sydney's mental health inpatient units as well as community mental health teams. He is currently the Senior Social Worker at the Forensic Hospital, a high secure mental health facility on the Long Bay Correctional Centre campus.

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