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Earlier this year, I took up the position of Professor of Social Work in the School of Sociology and Social Work, University of Tasmania (UTAS). I was returning to the state after ten years of academic teaching and research in Queensland. Not long after my arrival at UTAS, I was invited to become a member of the Editorial Board of *Children Australia* to represent Tasmania and the School of Sociology and Social Work at the University of Tasmania. Whilst I am still orienting myself to this new position, as well as the Tasmanian context, I look forward to encouraging and working collaboratively with colleagues in order to increase Tasmania's contributions to the journal and to the many contemporary debates and discussions that are occurring in relation to the children, youth and families fields. It is important that Tasmanian 'voices', accounts and critiques regarding policy, service delivery and professional practice associated with child and family wellbeing are well represented in the journal.

My own practice as a social worker extended over many years, primarily within health-related services in New South Wales and Tasmania. Such services included community-based health and mental health, acute hospitals and disability, and my practice inevitably involved the privilege and rewards of working with families, children and young people. My last practice position before moving into academia involved working in the Tasmanian government health service for individuals and families affected by inherited diseases, in particular Huntington disease. People with genetic risks of developing inherited disorders can have varying information, clinical and support needs regarding the disorder they are at risk of developing and its implications. While information about most conditions and disorders is now readily accessible on the internet, people's need for support as they digest and process such information and its implications for them and/or their family can be great. This can be particularly true for young people and adolescents as decontextualised information about illnesses, treatments and prognoses can be very stark and frightening. Providing age-appropriate information and support is important, as is assisting parents in meeting the difficult challenges associated with informing their children of a future risk of illness. When one adds cultural or ethnic background diversity (including that of the worker who is likely to be located in a dominant Western framework of

health beliefs and service delivery models), additional awareness is required. Developing effective social work practice with individuals and families facing health care challenges has been important to me for many years.

While working with families affected by Huntington disease in Tasmania, I gained a good sense also of the rewards and challenges for families and communities in rural areas, as well as the nature of social work practice in those contexts. While many families and communities in Tasmania feel a strong sense of community, the lack of resources and services for people living in rural areas, as well as additional costs associated with living away from larger centres, can significantly exacerbate social and economic disadvantage. Nearly 60% of the Tasmanian population live outside the capital city of Hobart, making Tasmania's population the most dispersed of any Australian state. Literacy, school retention rates and the proportion of people with post-school qualifications are all lower in Tasmania than national averages, as is participation in the workforce. Unemployment is slightly higher than average in Tasmania, as is the proportion of people who are dependent on government pensions and allowances as a principal source of income. All of these factors are strongly associated with the potential for increased disadvantage and social and economic exclusion which, in turn, have significant implications for the life chances, health, happiness and productivity of Tasmanian families, children and communities (Department of Premier and Cabinet 2009).

On the other hand, however, Tasmanians, generally speaking, have strong attachments to the notion of community, of shared family history, networks and connectedness, all of which can be strong assets within families and communities and can help provide significant buffers against exclusion.

In terms of services for family support and child protection in Tasmania, significant changes and revisions are currently taking place. These changes to service systems and structures are being introduced following a 2006 inquiry into child protection in Tasmania (Jacob & Fanning 2006) which graphically described the problems associated with an overloaded child protection system. The policy strategy for reformulating child protection services in Tasmania, entitled *New directions for child protection in Tasmania: An*

