

APPENDIX to Denise M. Quintal
Further evidence to my original statement to the Joint Standing Committee

There are no formal protocols for Workers Compensation on Norfolk Island. However, there is the Norfolk Island Employment Act 1988.

The *Act* is interpreted, on a case by case basis, primarily by the Employment Act 1988, sub-section COMPENSATION FOR WORK RELATED ACCIDENTS ETC.

Within this Act - Item 26 – Interpretation 1(a) compensable conditions are identified as “*a physical or mental ailment disorder or defect or morbid condition whether or sudden or gradual development.*”

Within Item 36 (b – d) the *Act* describes the provision of treatment by a range of services or specialists, with, (e) identifying the provision of rehabilitation services within the meaning of Section 38.

Currently no formal assessment process is in place and, while treatment can and is offered through the limited resources of the Norfolk Island Hospital, no rehabilitation services other than physiotherapy, are currently provided, even when requested by both injured parties and or the relevant health practitioner.

The most significant lack, within workers compensation services on this island, is that there is no provision for, what is the norm in all Australian States and Territories, of the appointment of a suitably qualified case manager. Currently the primary coordination of all workers compensation cases on the Island are managed by the Employment Liaison Officer, who is appointed to that role by the Administration of Norfolk Island.

This has created a situation whereby a person without appropriate qualifications can, and does, make decisions which impact upon the medical services provided to an injured worker.

As a specific example, during a period where both the doctor responsible for my medical health and the counsellor, who has been supporting me through this difficult period, were off island, the Employment Liaison Officer made a decision to cease payment of my workers compensation benefits. As you can imagine both the counsellor and the senior medical officer were, on their return, affronted that their professional judgment would be questioned both during their absence and with no consultation. During this very difficult period I was fortunate to have support to lodge a complaint against this decision which, surprisingly, resulted in an immediate resumption of my benefits. As I am a middle class, educated woman, despite the fragility of my condition, I was able to understand the complexities of workers compensation activities on Norfolk Island resulting in a favorable outcome. As part of this process, at my own expense, I sought formal legal advice.

I am aware of a number of other people who have either had workers compensation denied or removed without notice, who simply do not have the capacity to deal with these issues and have been severely disadvantaged as a result.

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With regard to the provision of rehabilitation services section 38 of the *Act*. There appears to be no formal process by which rehabilitation assessment and treatment can be provided. At the time my benefits were terminated the major reason given to me was that I had not accepted assessment. The assessment that had been offered to me was an informal chat and not within the hospital grounds with a person directly related to a member of the Legislative Assembly. No details of her qualification were provided and the medical officer responsible for my treatment was neither advised nor consulted. When I sort his advice as to the appropriateness of my attending such a meeting he was extremely displeased that his medical competence had been questioned and his role as my medical adviser had been ignored in this matter. I therefore under his direction did not attend the meeting however, he had already, knowing that there were no appropriate rehabilitation serviced available here made a formal assessment to be made by a specialist in Australia.

Currently I am still despite a number of requests, awaiting approval from the Employment Liaison Officer for my airfare to be provided and an agreement to pay the specialist.

If I was resident in mainland Australia at this time and as is the normal, a case manager would be appointed to me. I would automatically be provided with a full assessment early in the process and further assessment for rehabilitation for process provided and paid for. As you can imagine the lack of clarity regarding my future health and welfare is not assisting my recovery.

I have found it extremely difficult to identify a formal mechanisms by which either I as a patient or my health practitioners, in the provision of treatment can identify the appropriate protocols under which my treatment should be managed.

In conclusion, as Ms. Adams pointed out in her address to the JSC -

“However, our system can and does create a conundrum for those who come from an adversarial party system of government, as is used in Australia and New Zealand, which in turn can cause newcomers to agitate to change our system to mirror what they left behind. To understand why our system has evolved as it has one needs to appreciate *‘the Island way’*. Our survival on Pitcairn and on our arrival on Norfolk down to the present day depends on our ability to work together in order to survive. That is our fact of life. Our isolation demands we work together, and that ability to work together is mirrored in our parliament. We cannot afford to be adversarial in how we go about business. The Island parliament and how it works mirrors how the *Island families* solve their problems around the kitchen table—by consensus.”

Therefore, I feel it is my *‘duty of care’* to provide this paper to the JSC. The future health and welfare of persons who have illness on the Island would be best addressed in the Territories Reform Bill. It is important that individuals on Norfolk Island have the same rights to seek access to services as other Australians. It is obvious that the health and wellness of our community is suffering because of the lack of accountability and oversights. These oversights are outlined in Ms. Adams statement to the JSC. The consensus of who is an *‘Island family’* and how a problem is solved around a kitchen table is comforting - if you are part of *‘the family’* and appreciate *‘the Island way’*. The Reform Bill will address the equality of the individual and the mechanisms to treat those that are ill in a dignified and respectful manner which is unbiased or impartial. There is no avenue presently in place to complain, as the decision making process is being contaminated by *‘the family’* as explained in Ms. Adams statement.