



Australian Association of Social Workers

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**Adjunct Professor Mike Woods
Commissioner**

**Productivity Commission
Health Workforce Study
PO Box 80
BELCONNEN ACT 2616**

31 July 2005

Dear Commissioner Woods,

I am pleased to provide this statement on behalf of the Australian Association of Social Workers Ltd. (AASW) in reference to the Productivity Commission's inquiry into the issues impacting upon the health workforce in Australia.

Background to the AASW

The AASW is a national organisation representing over 6,500 Social Workers in Australia. Our members work in both government and non-government services and in health and non-health based services.

The AASW has endorsed the International Federation of Social Workers definition of social work as;

"The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work".

The social work profession strives to achieve social justice through social development and change. The focus of social work is on the individual, the family and the community, and the social systems with which these interact. Social work upholds the dignity and self-determination of the individual at all times.

Social Work in Health Services

The Australian Government has asked the Productivity Commission to undertake a research study to examine issues impacting on the health workforce including the supply of, and demand for, health workforce professionals and propose solutions to ensure the continued delivery of quality healthcare over the next 10 years. Social Workers have a critical role and invaluable contribution to make in this field.

The undergraduate social work course requires a minimum of 4 years and is regularly reviewed by the AASW to determine if standards meet the AASW eligibility requirements. The AASW requires a minimum of 980 hours of supervised practice and notes that health based agencies and health social workers provide (whilst not exclusively) a significant proportion of the clinical education of social workers. The clinical education of social work students in health services includes field based counselling, psychosocial assessment, family work, crisis work etc.

Social Workers provide clinical services across the continuum of health care from acute and sub acute hospitals, to rehabilitation and palliative care centres, in specialist hospitals such as mental health hospitals and in primary care and community care for example sexual assault services.

Social work services are available to patients/clients, their family and significant others to enable them to optimise social functioning, to deal with the impact of illness/injury/abuse, and achieve benefit from the available health care services, whilst respecting the individual's autonomy in these areas. Social work staff in the health setting provide assessment, counselling and referral to patients of the health service, where psychosocial and environmental factors are identified which may impact on the diagnosis, treatment, recovery and discharge.

Social Workers work in partnership with other health professionals in order to assist patients/clients, families and carers to participate in an informed and active manner. Social work as part of the multi-disciplinary health team will provide crisis intervention, psychosocial assessment, counselling, advocacy, mediation, case management, therapeutic counselling, and complex discharge planning. They deal flexibly with very multifaceted issues, and often deal with the person within their environment.

A core service of health based social work is a comprehensive psychosocial assessment, that includes the review of social role and functioning; psychological impact of illness and hospitalisation; environmental issues, including financial and other basic needs; presenting problems and strengths in the family and other social support systems and cultural factors.

Unlike some other health professions, a medical referral is not required, as appropriate referrals will be accepted from all health professionals, patients or family/carers.

Services are provided across all health sub-specialities from emergency departments, inpatient, and some out patient and ambulatory care clients. The social work service may involve engaging with individuals, couples or families or other groups, across all age groups. The social work profile at each health service facility will be dependant on the size and function of the particular hospital and the staff and financial resources at each facility. Social work services will predominantly be available within normal business hours – but increasingly there is limited after-hours crisis social work services are provided in health settings.

Social Work Clinical Services Provided:

- Psychosocial Assessment
- Crisis intervention eg following major trauma
- Post traumatic and acute stress management
- Supportive counselling for grief and loss, adjustment to illness or disability
- Assessment & intervention for “at risk” clients – eg child protection, domestic violence, victims of crime, elder abuse
- Group work – supportive, therapeutic and educational groups
- Complex discharge planning for hospital inpatients.
- Arranging services residential care for future management of the patients health problems – including ensuring family /carer input.
- Facilitating family conferences.
- Case Management – where the social worker is the designated case manager.
- Therapeutic counselling
- Telephone counselling/Call Centre responses
- Assessment and referral for socioeconomic needs – financial, legal etc
- Advocacy for clients with health, government and non-government agencies

Additional specialist clinical community may provide services based social work. For example:

- Community Aged Care - Home based care assessment
- Sexual Assault Services – Court preparation, and court reports
- Sexual Health – HIV testing counselling or sexual health counselling

Non-Clinical Services include:

- Community development and Community Capacity Building
- Education of students and other health workers
- Policy development and analysis
- Administration of social work
- Primary and Secondary Health Prevention Campaigns
- Health Promotion
- Youth Development
- Service Development

The Social Work Workforce

The AASW advises that it is not possible to obtain precise statistics of the number of social workers in Australia. The 2001 Australian Bureau of Statistics data indicated that 10,000 held a tertiary qualification in social work. The AASW believes the figure is more likely to be in the vicinity of 12- 14,000 based upon numbers of graduates from schools of social work.

The AASW notes that the health social work workforce is predominately female (approx 80%) and there are large numbers of part time social workers. Many of our members have significant career break time due to family and carer responsibilities. Whilst many health social work services have established work-life balance initiatives such as flexible work hours, the opportunities for return to work for social workers following such time away from the profession limit job opportunities. There are few Return to Work programmes for social workers.

The AASW notes that there currently is neither very little social work workforce data collection nor planning and any workforce related planning activity is limited to the activities of the branches of the AASW.

Social Work Registration

The AASW notes the important issue of the statutory regulation of social workers in Australia as we believe this to be a critical issue for the provision of safe and quality health based social work services and one of direct national workforce importance for Australian social workers.

Currently, anyone can practice as a social worker whether qualified or not.

This creates unacceptable risk for the public, particularly the vulnerable or those in crisis, as many clients of health social workers may not be in a position to make an informed choice. Social work clients in crisis often aren't in a position to neither make necessary enquiries about the qualifications of the practitioner, nor assess the standard or appropriateness of the qualification nor identify whether the person is a member of a professional body and subject to a code of ethical practice.

Whilst some employers may have a staff code of conduct, not all do. It would also be unlikely that all self-employed Social Workers in Private Practice would have a code of conduct.

The AASW has pursued statutory regulation of social work in Australia since 1968, while simultaneously developing and strengthening self-regulation.

We are committed to increasing the protection of health consumers by ensuring minimum standards of social work practice and consistent standards of service for clients would exist amongst Social Workers. Regulation is a demonstrated way of achieving that sort of protection.

Clients who receive social work services are vulnerable to harm from improper professional conduct whether this occurs through incompetence, exploitation or unethical conduct. Details of known and potential harm have been outlined in the AASW's national submission on the statutory regulation of social work to the Commonwealth Government (June 2004).

The AASW is of the opinion that the public is entitled to protection from incompetent and/or unprofessional conduct and should have access to a transparent and effective mechanism for accountability. This requirement to protect public safety and well-

being was a critical one in the regulation of other allied health professions and is equally valid to the statutory regulation of social work.

The AASW has undertaken self-regulation in the absence of statutory regulation of social work in Australia. It has developed the following measures to provide accountability to the public as well as development opportunities for social workers:

- Code of Ethics
- Complaints process (By-Laws on Ethics)
- General practice standards
- Practice standards for supervision
- Continuing Professional Education
- Accredited social worker status
- Assessment of overseas qualifications

Self-regulation has obvious limitations in that the AASW's jurisdiction is limited to members of the Association. Those who are not members cannot be held accountable for their practice nor can they be required to maintain continuing professional education. The AASW also cannot currently control/assess fitness to practice through physical, psychological or cognitive difficulties. Its accredited social worker program is again limited to members. Self-regulation does mean however, that the AASW is the only professional body in Australia exclusively monitoring the practice of social workers and sometimes the only means to which the public can seek redress for a breach of ethics. It also means that the profession sets its own standards for practice as well as its own Code of Ethics.

The AASW notes the failure of existing self-regulatory mechanism to protect the public interest, with a number of social workers currently ineligible for membership of the AASW that however continue to practice as social workers.

Regulation is required to regulate the educational, professional and ethical standards of social workers for the protection of consumers. National uniformity for educational standards for social workers would be required to achieve regulation, and the AASW would need to consider carefully the benefits of its continuing with the accreditation of schools of social work versus lobbying for education standards to be enshrined in regulation legislation.

The AASW notes that one of the key arguments in favour of competition in the professions is that regulation should not be used unless to do so may cause harm to public. The AASW has found that harm is caused to the public without regulation as evidenced by the complaints received about non-members of the Association, which could not be investigated. The AASW also believes disadvantage to the public is an equally important argument and principle for consideration, especially when considering the problems faced by health service consumers attempting to negotiate the health system during circumstances of illness/disability/injury/abuse/grief etc.

The AASW therefore recommends the statutory of social work through licensing. Please see the attached submission for further information.

In supporting statutory registration for social workers, the AASW supports the view of other professions that there are benefits to both the consumers of health services and health professionals in establishing national registration for health professions (where appropriate) and then in consolidating the responsibility for such registration. Clearly, the mixed registration arrangements in Australia for health professionals serves as a barrier to the mobility of health professionals, adds unnecessary duplication and other costs and provides inconsistent protection for health care consumers.

The AASW supports other activities to promote the protection of health consumers and the provision of quality health services such as professional practice standards, specialist accreditation for advanced scope of practice, continuing professional education and professional supervision.

Additionally

The AASW notes the absence of the funding of clinical education of social workers unlike other professions which typically have access to resources to enable this.

The profession continues to grow with more than 20 universities offering social work courses at the bachelor and higher level. Many universities offer masters and doctoral programmes in social work.

The undergraduate social work course requires a minimum of 4 years and is regularly reviewed by the AASW to determine if standards meet the AASW eligibility requirements. The AASW requires a minimum of 980 hours of supervised practice and notes that health based agencies and health social workers provide (whilst not exclusively) a significant proportion of the clinical education of social workers. The clinical education of social work students in health services includes field based counselling, psychosocial assessment, family work, crisis work etc.

The AASW notes there are significant shortages for health social workers in rural, regional and outer metropolitan areas and this contributes to well documented shortfalls in the health and wellbeing of citizens in these locations, especially to particular vulnerable groups such as indigenous communities, the aged, mentally unwell and disadvantaged.

The AASW notes that many non-social work title positions in health such as case management positions, counselling, family services, child protection, domestic violence worker positions etc are held by social work trained and qualified practitioners. Many non-clinical based health positions such as health policy officers, health service executives etc are also held by social workers.

Finally I note the AASW is joint party to the Health Professions Council of Australia (HPCA) submissions to the inquiry titled: The Allied Health Professional Workforce in Australia: Challenges and Opportunities. The AASW is pleased to endorse and support the recommendations of the HPCA.

Thank you for the opportunity to provide comment on the inquiry into the Australian health workforce. Please do not hesitate to contact our AASW representatives Anthony Schembri and David Nilsson for any further information. Mr Schembri may be contacted on 02 9780 2737 or anthony.schembri@swsahs.nsw.gov.au and Dr Nilsson on 03 8345 6433 or David.Nilsson@wh.org.au.

Yours sincerely,



Regulation Final Submission.pdf

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