



Australian Association of Social Workers

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Adjunct Professor Mike Wood
Commissioner
Productivity Commission
Health Workforce Study
PO Box 80
BELCONNEN ACT 2616

11 November 2005

Dear Commissioner Wood,

I am pleased to provide this response to the Productivity Commission's Position Paper Australia's Health Workforce September 2005 on behalf of the Australian Association of Social Workers Ltd. (AASW).

I note the earlier statement provided to the Productivity Commission dated 31 July 2005, outlining the AASW's position on a range of issues relating to the matters being investigated by the PC. I also note the AASW position paper on registration that was attached to the Association's submission to the inquiry.

The AASW notes the significant work undertaken by the PC in preparing the position paper and notes with the appreciation the opportunity to meet with yourself and other Productivity Commission Staff at the Health Professions Council of Australia (HPCA) roundtable in Melbourne in June 2005 and more recently with other HPCA representatives at the Sydney Roundtable.

Background to the AASW

The AASW is a national organisation representing over 6,500 social workers in Australia. It is the professional body responsible for the accreditation of all tertiary institutions offering professional social work education. It holds its members accountable to the AASW Code of Ethics and has excluded persons from membership for breach of the Code. When a person is excluded from membership, they are named in the National Bulletin of the AASW. Our members work in both government and non-government services and in health and non – health based services.

The Association as member of the International Federation of Social Workers (IFSW) is committed to achieving social justice through social development and change and in upholding the dignity and self-determination of the individual at all times.

The IFSW, as you may be aware, has special consultative status with the United Nations Economic and Social Council and is also accredited to the International Labour Organization, UNICEF, the Council of Europe and the European Union. It also has partnerships with Amnesty International, The Conference of Non Governmental Organizations Relationships with the UN, The International Association of Schools of Social Work and the International Council of Social Welfare. It is an organisation which encapsulates the importance of the social work profession's intervention with individuals families and communities.

Social Work in Health Services

As noted our earlier statement to the Commission, Social Workers provide clinical services under the title "Social Worker" 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 workers are also frontline workers in areas such as child protection, domestic violence, youthwork and family and relationship counselling. In these settings, social workers are often employed because of their qualification (eligibility for membership of the AASW), even though the title of the position is usually not “social worker”.

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.

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.

Response to the Productivity Commission Recommendations

The AASW as a member organisation of the Health Professions Council of Australia endorses and supports the specific recommendations outlined in the HPCA Response to the position paper (November 2005).

The AASW in general is supportive of the recommendations, however the Association queries the assertion that professional associations have failed to promote workplace innovation or job re-design. The very statement begs the question of “What is the role of a professional association?” and one wonders whether the legitimacy of a trade union’s role, or the role of a peak organisation such as the Business Council of Australia would similarly be questioned by the Commission.

The AASW notes the considerable work undertaken by the AASW in promoting professional practice and clinical research. The AASW does not support the proposal to create a number of new and separate governance and

advisory bodies, such as the proposed advisory health workforce improvement agency, the secretariat and the advisory health workforce education and training council. In fact, the creation of these additional bodies appears on the surface to be counter to the trend of the 1990's focus on self regulation within industries. It seems that a balance between the position of the 1990's and what is proposed by the Productivity Commission might be the more appropriate outcome. The AASW does however support the HPCA proposed Health Workforce and Education Improvement Agency to address health workforce supply and demand, monitoring the implementation of the National Health Workforce strategic Framework and facilitating workforce and educational innovation.

As a profession, social workers are employed in both health and non-health settings. The knowledge and skills provided through their professional training is, therefore, generic across these areas of practice. Therefore, the AASW acknowledges that there is a need for an explicit connection between the university place allocation system and workforce skills specific to health settings. The AASW supports the workforce skills need. But support the HPCA position that the Department of Education, Sciences and Training take advice from the HPCA proposed HWEIA rather than transferring in quantum the funding allocation for the university training of health workers to the Department of Health and Ageing.

As the body responsible for the accreditation of social work education, the AASW regularly negotiates curriculum content with tertiary institutions. All recommendations made by the HPCA would be incorporated into this process. Similarly-(should this be) AASW criteria would be applied to the consideration of social workers from other countries seeking eligibility for membership of the AASW.

Please see the HPCA response to the Commission's position paper for specific responses to the recommendations.

Social Work Specific Points of Response

The Silence on the Social Work Health Workforce in the Position Paper

As noted in the earlier statement to the Commission, the AASW advises that it is not possible to obtain precise statistics of the number of social workers in Australia. However, there the Australian social work workforce is large in number, the AASW believes the figure is likely to be in the vicinity of 12-14,000 based upon numbers of graduates from schools of social work. Social Workers are employed in significant numbers in the Australian public health system, often as the largest single allied health profession in many health services. Therefore, the AASW notes with significant concern and disappointment, the failure of the Commission to recognise the social work profession in the 340 pages of the position paper. This is particularly concerning as it misses the significance of the profession on the international stage and this could reflect badly on the Commission. The current IFSW President is an Australian and may be a person with whom the Commission may wish to consult in relation to the international context in which the profession functions. Australia generally has, in the past, been criticised for being parochial in its focus, so it is significant that Australia has been chosen to represent the world in relation to the voice of social work in such settings as the UN; it would therefore be unfortunate if the Commission was seen not to recognise the value of our country's contribution of the social work profession.

The omission of social work from Table 1 (page xxi) is unfortunate and needs to be rectified in the final report.

Social Work Registration

Registration of social workers is a critical issue for the provision of safe and quality health based social work services and one of direct national workforce importance for the Australian community. There is no doubt that many consumers of health and other services within the Australian community genuinely believe they are receiving assistance from professionally qualified people, usually social workers (as defined by eligibility for the AASW)...

The Commission argues that 'registration aims to protect the community by assuring the quality and safety of health services provision' (page 103). We strongly support this assertion noting the importance of the need for the registration of social workers in Australia.

The Commission's failure to adequately recognise the importance of statutory registration for Australian social workers is concerning. Anyone can practice privately as a social worker whether qualified or not. This creates great 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, 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.

The AASW has pursued statutory regulation of social work in Australia since 1968, while simultaneously developing and strengthening self-regulation. We are committed to this pursuit so as to increase the protection of consumers by ensuring minimum standards of social work practice and consistent standards of service for clients would exist amongst social workers.

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). This has been provided to the Commission.

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 tantamount to the regulation of other allied health professions and should include statutory regulation of social work.

The Commission has argued that 'extending registration requires careful benefit-cost analysis case by case, preferably on a national basis. Protecting public health and safety and providing consumer protection must be weighed against the potential for reducing workforce flexibility and supporting anti-competitive behaviours, as the as the administrative and compliance costs involved' (page 107). We would be keen to understand whether cost benefit analysis has been applied to the medical profession and other allied health professions, or whether an assumption has simply been made that registration is achieving cost benefits, within those settings. The AASW simply asks that the same standard be applied evenly when the Commission asks these questions. Too often questions such as the one posed by the Commission in this instance reflects convenience of analysis rather than a capacity to truly understand the complexity of the quality of services provided to the community and the need for the protection of the community. Our understanding is that no cost benefit analysis has been made in relation to currently registered professions.

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 notes the failure of existing self-regulatory mechanism to protect the public interest and the consumers of health social work services, with a

number of social workers currently ineligible for membership of the AASW that however continue to practice as social workers. Therefore, despite the Commission's assertion that alternative methods of ensuring appropriate quality and safety standards and including, 'the discipline exerted over professions through self-regulation activities' (page 108). As we argued in our earlier submission, self-regulation has obvious limitations in that the AASW's jurisdiction is only 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, during the 1990's, actively embraced the mantra of Self Regulation, having accepted that the will of the federal government was against registration. Social work in the Northern Territory, the only geographical area within Australia where social workers were registered, was de-registered. It may be useful for the Productivity Commission to review the cost benefit gain from this action as it unclear to the AASW whether there has actually been a benefit to the community.

During the 1990's, the AASW adopted an aggressive self regulation strategy which included a CPE strategy and revision of the Code of Ethics. This simply served to make members of the AASW more accountable but had no impact neither non members, nor non social workers who were masquerading as social workers, or whom the community believed were social workers. The Commission appears to be unaware or oblivious to these developments and runs the risk of being seen to be ignorant in its understanding of the

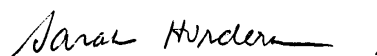
complexity in delivery of health and social services in which social workers play a crucial role.

The Commission seems not to recognise that an AASW member who is under the investigation by the Ethics Committee of the AASW can simply resign from the AASW and cease to have any form of scrutiny on his/her practice, other than by criminal investigation, which is applicable to all citizens. The Australian community has a right to expect that the Commission would recognise is a problem in terms of community safety. The AASW in recent years has revoked the membership of several Members for unsound practice and has had to discontinue investigations into the behaviour of many others because they have resigned their membership

Regulation of social workers is required for the protection of consumers and to ensure that the title "Social Worker" can be benchmarked in the community. This at least will hold accountable a portion of the very diverse group of service providers who involve themselves in the physical, psycho social and material well being of a large percentage of the Australian community.

Thank you for the opportunity to provide comment on the Commission's Position Paper. Please do not hesitate contact AASW representatives Anthony Schembri and David Nilsson for any further information. Mr Schembri may be contacted on 02 9780 2737 or anthony.schembri@swhs.nsw.gov.au and Dr Nilsson on 03 9845 6433 or David.Nilsson@wh.org.au

Yours sincerely,



Sarah Hordern

Acting National President

Australian Association of Social Workers