



ACT Social Worker Background Paper

Final Report

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ACT Social Worker Background Paper

INTRODUCTION

This background paper has been developed to inform the Australian Capital Territory (ACT) Social Worker Working Group, a collaborative group of key stakeholders from ACT Health and the Australian Catholic University (ACU). The aim of this paper is to provide an overview of the social worker workforce within the ACT.

For the purpose of this paper, a social worker is a person with a tertiary qualification in social work that provides eligibility for membership of the Australian Association of Social Workers (AASW) and who is employed within a recognised Health Professional Officer Social Work designated position within ACT Health. This excludes social workers in Mental Health who work in multi-classified positions and social workers in Community Health who work in counsellor designated positions and this group will be considered separately within this paper.

It also excludes counsellors who provide specific crisis intervention/grief counselling for any sudden death, stillbirth, miscarriage, resuscitation, or traumatic incident. However, it is important to acknowledge and identify the group of people working in designated counsellor and drug and alcohol positions who have a social work qualification.

BACKGROUND

THE ROLE OF THE SOCIAL WORKER

Social Work is defined by the International Federation of Social Workers [2000] 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.

Social work in its various forms addresses the multiple, complex transactions between people and their environments. Its mission is to enable all people to develop their full potential, enrich their lives, and prevent dysfunction. Professional social work is focused on problem solving and change. As such, social workers are change agents in society and in the lives of the individuals, families and communities they serve. Social work is an interrelated system of values, theory and practice¹.”

In its simplest terms for Australian social work practice, social workers are employed in a wide range of settings in both the public and private sector and work to achieve social justice, an enhanced quality of life for community members, and the development of the full potential of each individual, family and group in society.

SOCIAL WORKER EMPLOYMENT IN THE ACT

In the ACT social workers are employed by the Australian Government, in health and community services within the public and with the private sector.

¹ International Federation of Social Workers [2000]

SOCIAL WORKER'S ROLE IN HEALTH

Within the health setting, social workers provide clinical services across the continuum of health care from primary care, acute care, rehabilitation and palliative care and in a range of settings including hospitals, community health centres and private practice.

In a clinical role in both hospitals and community health centre's, social workers work as members of multidisciplinary health teams offering the following interventions to or on behalf of individuals and families:

- advocacy,
- crisis intervention,
- psychosocial assessment,
- counselling,
- bereavement intervention,
- case management and discharge planning,
- service coordination,
- information about resources, liaison and referral².

This can be done individually, with families or groups. The primary 'driver' for social work intervention is not necessarily the health condition/issue, but rather the psychosocial issues that have arisen as a result of or are impacted by the health condition/issue and or hospitalisation.

In the health system, social workers working within primary health care services contribute to the development and delivery of community development and health promotion programs in partnership with other government and private sector agencies.

JOB SATISFACTION

Findings from a 2006 research paper into job satisfaction amongst school social workers highlighted the 'importance of job satisfaction amongst social workers in general because of the impact on turnover rates, absenteeism, client outcomes, and the recruitment of competent individuals to the field'³. The article goes on to say that 'burnout within the social work profession has been shown to be a substantial problem, and it has been suggested that job dissatisfaction may lead to burnout'.

EDUCATION

To become a social worker in Australia requires a minimum of 4 years of a tertiary level course, which meets the Australian Association of Social Work (AASW) determined standards. The AASW requires a minimum of 980 hours of supervised practice. However, commencing in 2008 the number of hours of supervised practice provided by the Australian Catholic University (ACU) will increase to 1000 hours.

Supervised practice is conducted over two placements and notes that health based agencies and health social workers provide (whilst not exclusively) a proportion of the clinical education of social workers. More than 20 Australian Universities are offering Social Work courses at a Bachelor level degree and higher. The ACT Australian Catholic University offers the only degree and Masters level social work qualifications in the ACT, although a number of clinicians are currently undertaking studies at this level through distance education.

The ACT has three pathways to gain a social worker qualification:

- A joint ACU and Australian National University four year combined arts/social worker degree
- An ACU 2 year undergraduate social work degree and
- An ACU bridging course that converts a Canberra Institute of Technology diploma health worker to a social worker degree.

² Australian Allied Health Classification System, NAHCC, 1997

³ Agresta, Jacqueline., "Job Satisfaction Among School Social Workers: The role of Interprofessional Relationships and Professional Role Discrepancy" pg 47 Journal of Social Service Research pp 47-52 Vol 33 (1) 2006 (The Haworth Press Inc, (2006)

It is important to note that there is a national trend in offering social worker qualifications at a master level. The Royal Melbourne Institute of Technology currently offers this, Griffith and Melbourne University will offer this in 2008 and the Australian Catholic University (ACU) is considering this for the future. This trend is expected to capture mature aged students who are moving from one health discipline to another. It is also expected to generate a group of students with different education expectations.

To be eligible to enter the ACT ACU bachelor program, which is a two year full-time work load, students must have completed at least a Bachelor degree or two-thirds of a recognised Bachelor's degree in a related discipline (which includes a year of each of psychology and sociology or equivalent).

Over the past 10 years since the social worker course commenced at ACU the number of graduating social workers has almost doubled from 15 to 27.

CLINICAL PLACEMENTS

Social workers in mental health, community health centres and the hospitals offer 14-week block placements to social work students from ACU and interstate universities that offer distance education programs. This assists with the promotion of social work in ACT Health and is a positive recruitment strategy.

The ACU provides a supervisor workshop which is a strongly encouraged prior to providing a clinical placement for their students.

At this stage students are provided clinical placements within different divisions. During their 14 week placement they receive a broad exposure across that service (for example within Mental Health or Calvary). However, there are no placements that cross several divisions.

To support student clinical placements ACT Health has a Deed of Agreement with the Australian Catholic University, Charles Sturt University and University of Newcastle.

STANDARDS

Social work is not a regulated profession within Australia. This means that the title is not protected. However, the AASW acts to self-regulate the profession and has developed the following measures to provide accountability to the public as well as development opportunities for social workers:

- Code of Ethics
(<http://www.aasw.asn.au>)
- Complaints process (By Laws on Ethics)
(http://www.aasw.asn.au/about/Ethics/By-Laws_on_Ethics2007.pdf)
- General practice standards
(http://www.aasw.asn.au/about/prof_practice/practice_stds.htm)
- Practice standards for supervision
(http://www.aasw.asn.au/about/prof_practice/practice_stds.htm)
- Continuing Professional Education
(http://www.aasw.asn.au/becomeamember/aaswmembership/continuing_prof_ed.htm)
- Accredited social worker status
(<http://www.aasw.asn.au/profdev/index.htm#Accredited%20Social%20Workers>)
- Assessment of overseas qualifications
(http://www.aasw.asn.au/adobe/emoq/INFO_FOR_APPLICATIONsr1181.pdf)

There is an international trend towards statutory regulation of the social work professions. 2003 saw the enactment of legislation to regulate social workers in New Zealand and a number of countries, including Canada, USA, United Kingdom and the Republic of Ireland have various levels of statutory regulation for social workers. There have been movements in Australia for social workers to become a regulated profession. However, an application to the Health Workforce Principal Committee Regulation Sub-Committee found that the profession did not meet the six criteria for regulation.

Competencies of social work practice in mental health are grouped into five areas:

- working with individuals, families, groups and communities,
- working with systems,
- social work management,
- professional practice, and
- social work evaluation and research⁴.

Each field is divided into elements, and then into performance criteria which attempt to spell out the activities of practice which comprise the element. Where there are aspects of practice that are based on special skill development and knowledge, these are listed as *advanced* criteria.

NATIONAL DEMOGRAPHICS

In its submission to the 2005 Productivity Commission health workforce review, the AASW notes that based on the profile of their members (n=6,300) the health social work workforce is predominately female (approx 80%) and there are large numbers of part time social workers.

NATIONAL WORKFORCE DATA

The AASW noted in its submission to the 2005 Productivity Commission health workforce review that currently there is very little known about the social work workforce as no data is collected nationally and any workforce related planning activity is limited to the activities of the branches of the AASW⁵.

While it is not possible to obtain precise national statistics of the number of social workers employed within Australia, the 2001 Australian Bureau of Statistics data indicated that 10,000 people held a tertiary qualification in social work. This suggests that the workforce is likely to be around 12 -14,000 people, based on numbers of graduates from schools of social work.

The Australian Institute of Health and Welfare (AIHW) Health and Community Services labour Force Survey 2001 was a joint publication by the AIHW and the Australian Bureau of Statistics (ABS). It presents health and community services workforce data from the ABS Census of Population and Housing. Although this information does not specifically target social workers in health it does provide some information regarding general community workers.

According to this report, the supply of health practitioners in the Australian Capital Territory, at 2,378 per 100,000 population was just above the national average of 2,354 per 100,000 population. Furthermore, the ACT had an overall rate of 1,694 community services workers per 100,000 population, the highest overall supply of any state or territory. However, this figure is lower than any other inner capital city region except Sydney⁶.

⁴ The Development of Competency Standards for Mental Health Social Workers - Final Report, 1999. AASW website http://www.aasw.asn.au/adobe/about/mental_health_competency.pdf accessed 3 July 2007

⁵ Sue Maywald, A/National President, Australian Association of Social Workers (July 2005) 'AASW Submission to the Productivity Commission'.

⁶ Australian Institute for Health and Welfare (September 2003), 'Health and Community Services Labour Force Survey 2001'

GRADUATES

The Social Work Program at the Australian Catholic University

The School of Social Work at the Australian Catholic University in the ACT has offered a Bachelor of Social Work since 1995 and a Bachelor of Social Work with Honours since 1996. These programs were provisionally accredited by the Australian Association of Social Workers (AASW) and on the graduation of the first cohort of students the program received a full five-year accreditation from the AASW. The School has two other campuses one in Strathfield, NSW which was started in 2003, and the other in Brisbane, QLD which started in 2007. The program provides an intensive face-to-face education utilising adult learning principles and appropriate use of educational technology.

The social work program is unique in that it is the only program within a Catholic University; however the University is a public university and is open to all. The Commonwealth Government funds it on the same basis as the other public universities. The Australian Catholic University is a member of the Unified National System of Higher Education.

Table 1 provides information on the number and gender of graduates from the ACT campus since 1997. Of the total number of 210 graduates, twenty-five received a Bachelor of Social Work with Honours.

Table 1: Number and gender of graduates from The Social Work Program at the Australian Catholic University 1997- 2007

YEAR	Total Number of Graduates	Number of Female Graduates	Number of Male Graduates
1997	15	15	0
1998	20	15	5
1999	18	14	4
2000	23	22	1
2001	16	13	3
2002	22	20	2
2003	20	16	4
2004	17	13	4
2005	13	10	3
2006	16	15	1
2007	30*	27	3

*This figure reflects the outcome of the joint ACU and ANU double degree.

PROFILING SOCIAL WORKERS IN ACT HEALTH

(Note these figures exclude Calvary and casual staff)

ACT Health employs social workers in designated social work positions within Aged Care & Rehabilitation Service, Community Health, The Canberra Hospital and Calvary Hospital and they are employed in multi-classified positions within Mental Health ACT. These roles have been described in more detail in [Appendix 1](#).

As of 12 March 2007 ACT Health employed 37 full-time and 12 part-time social workers in nominal social worker positions providing a total Full Time Equivalent (FTE) of 43.86. Seven FTE of these work at Calvary, 7.5 within the Aged Care and Rehabilitation Stream and 29.18 in Community Health. Part-time positions were more common at the HP3 level with one at the HP4 level. There were also 23 social workers employed in multi-classified mental health positions which work a total of 22.4 FTE. This information is presented in diagram 1a and 1b.

It is important to note that the four HP2 designated social worker positions can, and have in the past, been re-designated as HP1 positions to allow recruitment of new graduates. For example in 2006 two positions were filled with new graduates who were then upgraded to the HP2 in 2007.

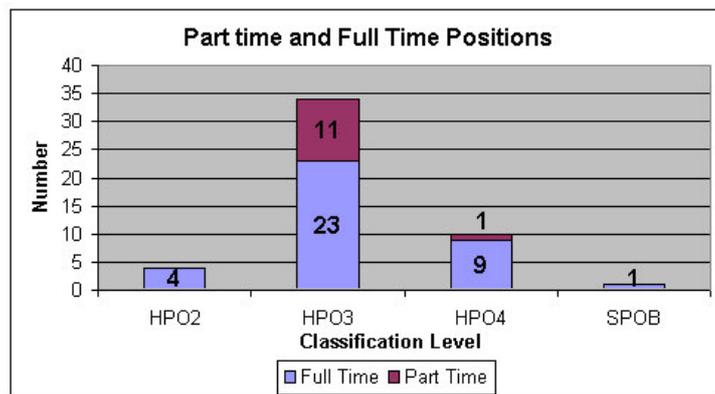


Figure 1a Designated Social Work positions - Full Time vs. Part Time

Source: Data extracted from the ACT Health Payroll System - Chris 21 on 20 February 2007

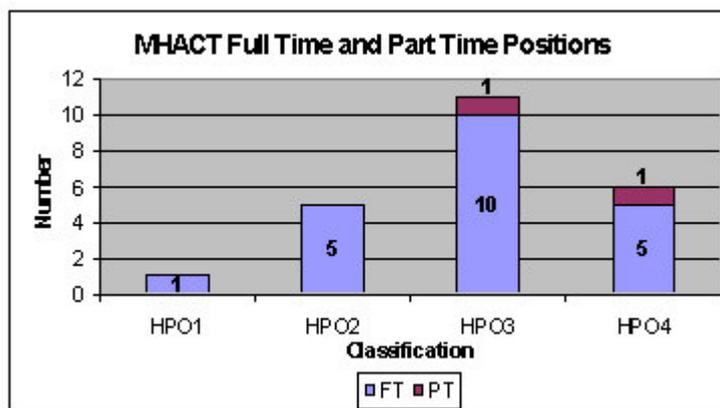


Figure 1b Designated multi-classified positions occupied by social workers - Full Time vs. Part Time

Source: Data extracted from the ACT Health Payroll System - Chris 21 on 20 February 2007

The majority of the social work workforce in ACT Health in nominal social worker positions and multi-classified positions are female (nominal - n=43; multi-classified n=20), with only 6 males at the HP3 and HP4 level in designated positions and 3 in multi-classified positions within mental health. This information is presented in diagram 2a and 2b.

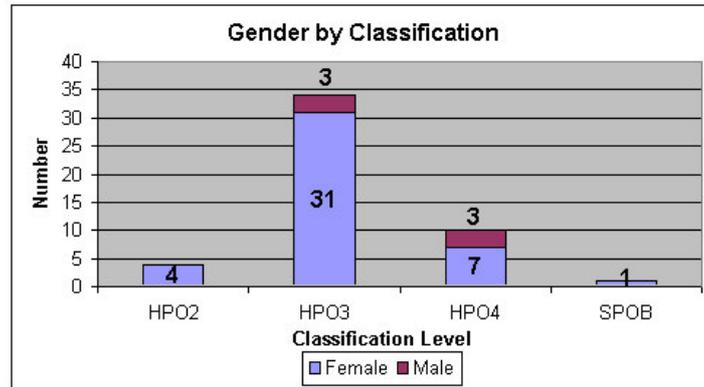


Figure 2a Designated Social Work positions by gender

Source: Data extracted from the ACT Health Payroll System - Chris 21 on 20 February 2007

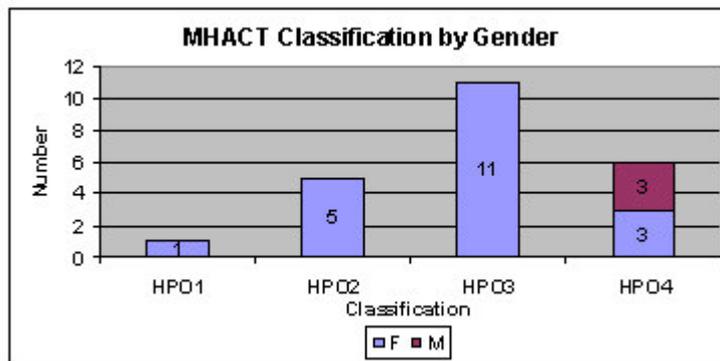


Figure 2b Designated multi-classified positions occupied by social workers by gender

Source: Data extracted from the ACT Health Payroll System - Chris 21 on 20 February 2007

The average length of tenure in nominal social worker positions is 7.2 years although 13 have been in the service for longer than 10 years. Within multi-classified mental health positions the average length of service is greater than 11.5 years. This information is presented in diagram 3a and 3b.

Turnover Rate - Based on the tenure information there has been a 4% turn over rate in the designated social workers group over the last 12 months. There was a higher turnover rate the 12 months before that at 16.3%.

For mental health, there was a 13% turnover during the past 12 months.

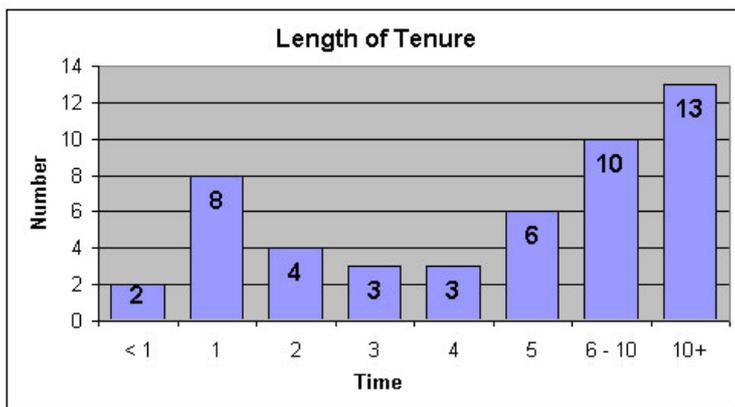


Figure 3a Designated Social Work position - tenure

Source: Data extracted from the ACT Health Payroll System - Chris 21 on 20 February 2007

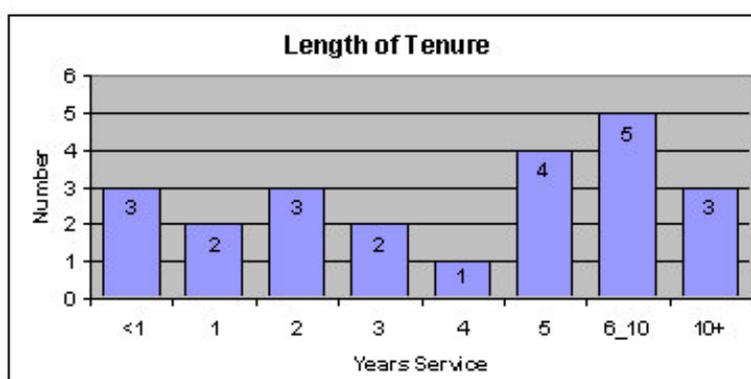


Figure 3b Designated multi-classified positions occupied by social workers – tenure

Source: Data extracted from the ACT Health Payroll System - Chris 21 on 20 February 2007

The average age of the profession within ACT Health in nominal social worker positions is 45.1 years. The distribution is not a typical bell shape with a group of younger people at the 25-30 age range and another group at the 56-60 age range.

Within the multi-classified mental health positions the average age is 41.1 years. Although the numbers are small there appears to be a peak at 30-34 years and another peak at the 45-49 years with a trough at 35-39 and 50-54. This information is presented in diagram 4a and 4b.

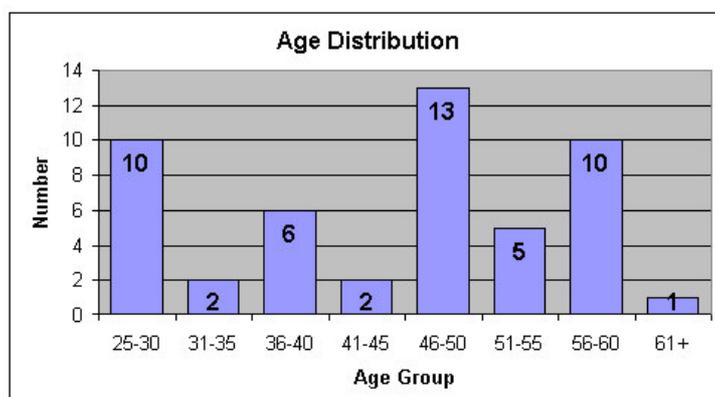


Figure 4a Designated Social Work positions age distribution

Source: Data extracted from the ACT Health Payroll System - Chris 21 on 20 February 2007

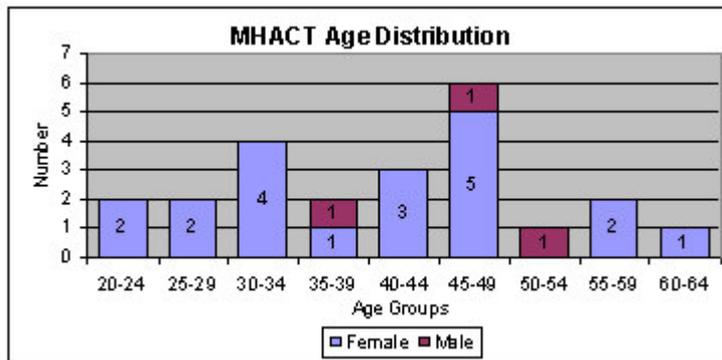


Figure 4b Designated multi-classified positions occupied by social workers age distribution

Source: Data extracted from the ACT Health Payroll System - Chris 21 on 20 February 2007

Over the past two years social work has emerged as an increasing area of workforce pressure.

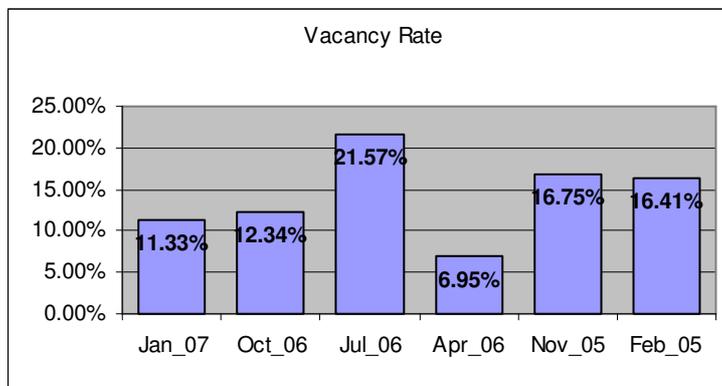


Diagram 5 Social Worker Vacancy Rate 2005-2007

Source: Data extracted from the ACT Health Workforce Quarterly Report

AREAS OF GROWTH THAT WILL IMPACT ON SOCIAL WORK

Demographic projections indicate that the ACT population is the most rapidly ageing of any jurisdiction in Australia: The key projections for the period to 2011 are:

The ACT population is projected to grow by 8 per cent to 347,000.

There will be a 30 per cent increase in the number of people aged over 65.

The number of people under 18 will continue to decline.

Other characteristics of the ACT population that have implications for health services are:

Cancer is the most common cause of death for both men and women, followed by ischemic heart disease.

The incidence of diabetes, particularly Type Two diabetes, is rapidly increasing.

The ACT has the highest rate of breast cancer in Australia.

ACT women more frequently have their first child at an older age than elsewhere in Australia.

Based on this information it is projected that the provision of acute inpatient services by ACT public hospitals will increase in the next four years, although most chemotherapy and renal dialysis will be defined as outpatient services (at an average growth rate of 3.3 per cent per annum). The most significant growth is predicted to be in day-only separations.

The ACT provides tertiary hospital services for significant numbers of people resident in the Greater Southern Area of New South Wales. The broad implications of these factors are that preventive and early identification services and services frequently required by older people will need to grow.

Growth is projected to occur in renal dialysis, medical oncology, radiation oncology, chemotherapy, ophthalmology, orthopaedics, cardiology and interventional cardiology, and non-subspecialty surgery services (cancer-related surgery) and rehabilitation services.

The need to provide geriatric and mental health services for older people can be expected to increase. The focus on management of chronic disease is also expected to increase, including in the promotion of approaches to chronic disease self-management.

Some hospital services required by younger people will reduce, but specialised services, such as those for premature babies, are likely to increase.

It is also recognised that there is a potential for significant growth in mental health.

For current planning purposed it is agreed that ACT Health will grow 3% each year across the areas mentioned above. Based on this estimate, the social worker FTE should increase by at least 2 FTE p.a.

Table 2: Estimated growth in Social Worker Positions, 2007-2011

Year	All SW Positions	Increase (3%growth)
2007	66.25	2.2
2008	68.45	2.3
2009	70.75	2.35
2010	73.11	2.43
2011	75.54	2.5

RECRUITMENT MODEL

ACT Health has a workforce planning cycle that was developed with the production of the ACT Health Workforce Plan 2005 – 2010. It is recommended that this planning cycle is used to determine the number of health social workers required by ACT Health in the future.

The cycle consists of 4 phases:

- Determine Strategic Direction
- Conduct Workforce Analysis
- Develop and implement Strategies
- Evaluation

Phase One: Determine Strategic Direction

To determine a vision for the future ACT Health social workforce we need to understand the context in which the health social workforce operate.

Phase Two: Conduct Workforce Analysis

Modelling can be undertaken and strategies can be put in place to increase university places, and establish recruitment and retention policies.

Note- due to the small workforce size accurate modelling cannot be conducted. However, the workforce requirements can be aligned to clinical services planning.

Phase Three: Develop and Implement strategies

Regular meetings of the Health Social Workforce Working Group will ensure that strategies are co-ordinated and any learning's are shared.

Phase Four: Evaluation

The progress will be evaluated with a formal evaluation produced for the ACT Health executive.

SUMMARY

Social workers provide a valuable service within ACT Health.

There is very little data about the social work workforce. Although the AIHW Community Services Labour Force Survey 2001 does not specifically target social workers, the ratio of community workers in the ACT was reported to be slightly higher than the national average at 2,378 per 100,000 population was just above the national average of 2,354 per 100,000 population.

ACT Health, including Calvary Health Care, employs just over 66 FTE social workers. These people work in either designated or multi-classified positions. There is only 1 HP01 classification, which is in mental health, and the majority of positions are at the HP03 level.

Most of the ACT Health, including Calvary Health Care, social workers are female and more work part-time in the designated positions as compared to the multi-classified positions in mental health.

For social worker in nominal positions the average age is 45.1 years where as in mental health the average age is 4 years less (41.1 years). It is concerning that approximately 20% of the designated position social workers are over 55 years.

The distribution for the nominal group is not a typical bell shape with a group of younger people in there mid to late 20s and another group in the mid to late 50s age range. Within the multi-classified mental health positions the distribution has a peak at the early 30s age group and the mid to late 40s. There is expected to be growth in the social worker workforce to meet growth in clinical services as identified in the ACT Health Clinical Service Plan. If these services grow at a rate of 3% p.a, the number of social workers will need to increase by at least 2 FTE each year.

In recent years, attracting social workers to ACT Health has been an increasing challenge. Although there is no ideal turn over rate the national average for all industries is around 14%⁷. The turnover rate for designated social worker positions between 1 and 2 years ago was 16% although this has improved to 4% more recently. Within mental health multi-classified positions the turn over rate has been stable at 13% over the past 2 year.

Possible reasons for turnover:

- Better salaries and career advancement opportunities within Australian Government
- Perceived or actual lack of adequate supervision and support.
- Potential for burn out in clinicians carrying a workload that is caseload driven with no agreed recognition of a clinical care vs. non clinical care ratio
- Lack of rotational opportunities throughout ACT Health
- Hours of Work: Demands for 7 day week service increasing, particularly in acute care sector. This may/may not meet with the family friendly requirements/options for many
- For mental Health pay parity for multi-classified positions between HP and Registered Nurse (RN) positions
- Perceived access to flex leave entitlements in some areas across the entire service.

⁷ Graffam, J. (2004) Unpublished work for the ACROD Conference, Deakin University.

RECOMMENDATIONS

RECOMMENDATIONS FOR UNGER-GRADUATE EDUCATION

It was noted that a working group is currently mapping the student clinical placement capacity for allied health and nursing students across ACT Health.

In addition it is recommended that a working group be established to:

- examine models of clinical placement, including, but not limited to, the timing of placements in the academic year
- explore greater flexibility through part-time options
- consider inter-agency student placements (eg Therapy ACT) and across ACT Health (eg including Mental Health policy)
- consider the new ASW guidelines scheduled for release in November 2007
- explore simulation as a learning option
- ensure that clinical placements provide a broad experience that is more than observational learning
- consider the health curriculum component of the undergraduate course and
- review the supervision model.

RECOMMENDATIONS FOR NEW GRADUATES

It was noted that ACT Government has established sponsoring and bond options within other departments to attract new graduates to the workforce and that this could be a strategy that ACT Health could explore for Social Work, if required in the future. In addition to this it is recommended that a working group representing Mental Health, Calvary, Community Health and TCH is established to:

- develop a proposal for a new graduate program that maximises the capacity of ACT Health to employ and support newly graduated social workers.
- Support establishing an ACT health wide formal new graduate program that has the capacity to provide both a foundation year and a career pathway option (It was agreed that both options were necessary).
- Support a research project that formally maps what education new graduates need to support transition to practice.

RECOMMENDATIONS FOR RETENTION

- explore supervision through a research project (Priority 1).
- explore a conjoint appointment between ACT Health and ACU with a role in supporting transition to practice.
- explore establishing a joint ACU and ACT Health scholarship for PG education and market this.

OTHER RECOMMENDATIONS

- support ACU's exploration of a joint health post-graduate course with UC.
- establish a reform group to progress a model of supervision review.
- include establishing the social worker working group as part of the TELC work program.

APPENDIX 1

SOCIAL WORK ROLES ACROSS ACT HEALTH

Disasters

Within the ACT Emergency Recovery Plan and the ACT Health Emergency Plan and divisional sub plans, social workers have a primary responsibility for providing psychological first aid and counselling in the event of a disaster.

Service planning

Social workers are members of service planning committees convened by ACT Health, ACT Disability Services, Australian Government and private sector.

Clinical Educators/Project Officers

Within ACT Health there are no funded designated social work clinical educator, social work researcher or social work policy/project officers that sit within divisional staff establishments.

Health Professional Rotation

ACT Community Health and Aged Care and Rehabilitation Services have a rotation policy that allows for the rotation of health professional officers, particularly at the HP1 and HP2 level. However this has not taken place in social work, as the hospitals currently are the only divisions that employ social workers within these classifications.

Mental Health

Social workers are employed in a multi-classified role within mental health. A multi-classified role can be occupied by a social worker, psychologist, occupational therapist or registered nurse. In this role at an RN3 or HP3 level the RN clinician role is to provide holistic nursing care in a community setting and undertake complex assessment, treatment and clinical management of persons with moderate to severe acute and long-term mental illness. For HP3 the role is as a member of a multidisciplinary team to undertake complex assessment, treatment and clinical management of clients with moderate to severe acute and long-term illness.

Social workers employed in mental health practice within the social context and social consequences of mental illness. The purpose of practice in this specialty is to restore individual, family, and community wellbeing, to promote the development of each individual's power and control over their lives, and to promote principles of social justice. Social work practice occurs at the interface between the individual and the environment: social work activity begins with the individual, and extends to the contexts of family, social networks, community, and the broader society⁸.

Calvary Public Hospital

Within Calvary Public Hospital the social worker role spans both the acute in-patient mental health service and the wider mental health stream. In this domain social workers fill the roles of counsellor (for crisis intervention/grief counselling re any sudden death, stillbirth, miscarriage, resuscitation, or traumatic incident); Therapist (for ongoing therapeutic intervention with long term clients including women in the antenatal period, cancer patients/outpatients; therapy associated with helping clients develop skills re resilience building, problem solving, increasing coping strategies); Group facilitator (different therapeutic and/or rehabilitation groups such as: overcoming Depression, Pulmonary Rehabilitation, Cardiac Rehabilitation, Managing Anxiety; as well facilitating family meetings and multidisciplinary case conferences); Community Education and Development (through facilitating above groups, participating in antenatal education sessions, community groups and networks); professional promotion (promoting social work profession/department within the

⁸ The Development of Competency Standards for Mental Health Social Workers - Final Report, 1999. AASW website http://www.aasw.asn.au/adobe/about/mental_health_competency.pdf accessed 3 July 2007

multidisciplinary team, hospital, agency and the community); clinical manager (discharge planning which includes performing comprehensive bio-psychosocial assessments and followed with appropriate interventions and referrals).

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