



Protecting the health and wellbeing of Australians

A submission to Health Ministers on the
national regulation of the social work profession



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Foreword

By Professor Bob Lonnie, National President AASW

Social workers have a direct influence on the health and wellbeing of Australia's vulnerable citizens every year. The best in the social work profession are committed to the pursuit and support of wellbeing, together with the development of individual, family and community potential. Social workers achieve this by working to:

- support people to achieve their best possible levels of personal and social wellbeing;
- address and redress inequity and injustice affecting the lives of clients, client groups and socially disadvantaged people; and
- achieve human rights and social justice through social development, social and systemic change, advocacy and the ethical conduct of research.

The AASW provides strong self-regulation for those social workers who choose to be members. Among other programs, we do this through:

- a National Code of Ethics, ethics consultation services for members and an ethics complaints management system;
- the Social Work Education and Accreditation Standards, which apply to all 26 schools of social work in Australia and ensure that all graduates have the requisite skills, knowledge and values of the profession;
- Practice Standards for social work practice, including specific practice standards for Mental Health (with standards being developed for other specialisations).

However, the nature of contemporary social work practice with its mix of high-turnover individualised interactions in large health organisations and service agencies; long-term practitioner-client trust relationships; and reduced levels of managerial and professional supervision means that the quality of services can be compromised in many ways, leading to harm for a client. Alongside the obvious risks such as the blurring of boundaries between practitioners and clients, there are also the less obvious but equally dangerous risks, such as the failure to assess a hospital patient or welfare client properly, or to make appropriate referrals. Time and again, we have seen these systemic weaknesses played out, sometimes in the media, with devastating results.

Self-regulation has been trialled in Australia for half a century. It may have worked satisfactorily in the past, but, given the increasing complexities, pressures and demands of contemporary society, it is not working to the highest standards required now. In this submission, we will demonstrate why this is so, and establish that the groundwork is in place to take the next step. Social work is a well-defined, well-established profession with a long history in Australia; accepted practice standards, an ethics framework and accreditation processes are established.

The social work profession is ready to embrace a national regulatory framework for the benefit of its clients and the Australian community.

Introduction

Social workers are a key profession in delivering clinical health and support services to all Australians when they need it, but also to 'harder to reach' populations, including low income and disadvantaged Australians, who cannot access more traditional and costly services.

Professor Bob Lonne, President AASW

The Australian Association of Social Workers, its members and stakeholders are seeking the inclusion of the social work profession in the National Regulation and Accreditation Scheme. Social workers:

- work with individuals, groups and communities to shape and change the conditions in which they live;
- advocate for disadvantaged members of society;
- work towards the elimination of social inequalities in society to facilitate a more equitable distribution of resources;
- engage in research to build the social work knowledge base and understanding of society; and
- analyse, challenge and develop social policies.

Social work practice is informed by professional education based on an analysis and understanding of human behaviour and of complex social processes. It accepts a commitment to working within a stated value position and code of ethics. An integral part of the education of each social worker is the demonstration in practice settings of this analysis, understanding and commitment (AASW *Australian Social Work Education and Accreditation Standards*, 2010).

This submission addresses the criteria for inclusion in the national regulatory framework as required by the fourteen other health professions which have already been accepted into the scheme. The criteria are:

1. Responsibility of Health Ministers
2. Risk of significant harm to the public
3. Failure of other regulatory mechanisms
4. Possibility of implementing regulation

5. Practicality of implementing regulation

6. Benefits to the public.

In addressing these issues, this submission will illustrate that:

- As a profession which is focused on the health and wellbeing of Australians, and as the largest allied health profession in the country, social work fits squarely within the Health Ministers' portfolio.
- Social workers are highly skilled professionals who assist people in managing their daily lives, coping with issues, navigating relationships, and solving personal and family problems. There are many different kinds of social work careers. Some social workers work in hospital settings, helping patients and families understand and make difficult health care choices. Others work with families who are experiencing domestic conflicts. Others work in private practice. Others conduct research, work as administrators of social service programs, or are involved in social policy advocacy. Social workers may develop, implement, and assess programs to address social issues such as domestic violence, poverty, child abuse, and homelessness. Consequently, the level of trust and power invested in social workers combined with the vulnerability of their client group puts the social work profession in a high risk category for harm.
- The changing nature of social work practice—including the increased numbers of practitioners moving into the private sector where they work alone—means that traditional checks and controls such as organisational policies, professional and managerial supervision, and voluntary adherence to ethical frameworks can no longer be relied upon to uphold good practice.

- Despite best attempts, voluntary self-regulation has failed to protect the public. Social workers who fail to meet minimum practice standards and breach ethical frameworks continue to practice without sanctions or limitations. Self regulation offers no redress for harmed clients or protection for future vulnerable clients.
- The social work profession is a well-defined occupation, with an established body of knowledge and a long history in Australia.
- National regulation is a goal towards which social workers have advocated for a long time. The profession is ready and has the capacity to embrace the National Registration and Accreditation Scheme and abide by the processes of Australian Health Practitioner Regulation Agency (AHPRA).
- Significant long-term cost savings can be made by improving social work practice. If no change is made to the status quo, the most vulnerable Australians will continue to lose out; they will continue to be at risk of sub-standard, unethical and unqualified practice by 'rogue' practitioners.

The national regulation of the social work profession will pave the way for the better management of this workforce across Australia by clarifying the boundaries and distinctions between the social work profession on the one hand, and the more generic human services field of practice on the other hand. The national regulation of the social work profession would also increase the mobility of social workers across Australia, and develop the capability of this key allied health profession in delivering advanced services to clients.

Context

Australia's new national registration and accreditation scheme began on 1 July 2010. From this date, a new National Law (the *Health Practitioner Regulation National Law Act 2009*) came into effect and 10 health professions are now regulated by nationally consistent legislation. Ten National Boards, governed by the National Law adopted by all States and Territories, oversee the health professions. Each National Board is supported by the Australian Health Practitioner Regulation Agency (AHPRA). In May 2009, Ministers extended the scheme to take in a further four professions from 2012.

During 2011, Health Ministers are consulting the public about the adequacy of existing protections for consumers who use the services of unregistered health practitioners and ascertaining if further public protection measures might be required.

New South Wales is the only Australian state with legislation to protect the public against unethical or substandard practice amongst unregistered health practitioners, including social workers.¹ In all other states and territories, social workers who have performed unethically, and even those who have harmed clients, are free to continue to operate within our community across Australia, usually without redress or any additional checks and controls.

The Australian Association of Social Workers (AASW) has actively pursued statutory regulation of social work for the past 43 years. At the same time, it has been strengthening its self-regulation processes in an attempt to minimise the substantial risks to the public from poor or unethical social work practice. Self-regulation has always been viewed as an interim measure until statutory regulation can be achieved.

Despite the AASW's best efforts, self-regulation has had limited success. Public inquiries and commissions² have revealed that social work

clients continue to be exposed to harm. This is a worldwide issue related to the nature of social work practice and the vulnerability of its clients. Changing practices, including a relaxation of supervision procedures within organisations and an increase in private practice, have exacerbated these risks. Many countries have recognised the dangers to the public and have now moved to regulate the social work profession. In light of these developments, during the last decade the AASW has renewed its push for statutory regulation of social workers.³

COAG's 2008 announcement of national accreditation and registration arrangements for health professionals was met with relief by the social work profession. The new scheme offered a solid framework for advancing the national regulation of the profession. The AASW, its members and stakeholders see the inclusion of social work within the national health regulatory framework as the most practical and consistent way to strengthen the quality of social work practice and to protect the public from poor and unethical social work practice across Australia.

Social workers have a direct influence on the health and wellbeing of Australia's most vulnerable citizens every year. The AASW has conservatively estimated that social workers see approximately 500,000 people every year in direct practice in public, private and community settings.⁴ The nature of contemporary social work practice with its mix of high-turnover individualised interactions in large health organisations and service agencies; long-term practitioner-client trust relationships; and reduced levels of professional and managerial

Special Commission of Inquiry into Child Protection Services in New South Wales; the 2010 Northern Territory Board of Inquiry into the Northern Territory's Child Protection System.

3 The AASW's June 2004 submission to Health Ministers, *A Duty of Care: A case for statutory regulation of social work*, was a key point in this campaign. It proposed the regulation of the social work profession through a licensing arrangement. This submission builds on that earlier submission.

4 This is based on an estimate of 12,000 social workers working in direct service delivery, and does not take into account the very many social workers who move into management, policy, education and research social policy areas.

1 Note: South Australia is in the process of developing similar legislation.

2 For example, the 1988-90 Royal Commission (The Chelmsford Inquiry) into Deep Sleep Therapy; the 1997 Wood Commission in NSW; various coronial inquests across Australia into the death of a child or children; the 2008

supervision means that the quality of services can be compromised in many ways leading to harm for a client. There are the obvious risks such as when practitioners abuse the trust that clients place in their relationship, but also the less obvious and just as dangerous ones, such as the failure to properly assess a hospital patient or welfare client, or make appropriate referrals. We have repeatedly seen these systemic weaknesses played out, sometimes in the media, with devastating results. Some real instances are highlighted later in this submission.

Self-regulation has been trialled for half a century. It may have worked satisfactorily in the past, but given the increasing complexities, pressures and demands of contemporary society, it is not working to the highest standards required now. The groundwork is in place to take the next step. Social work is a well-defined, well-established profession with a long history in Australia. Accepted practice standards, an ethics framework and accreditation processes already exist; AASW members who complete additional professional development gain 'Accredited Social Worker' status. To gain accreditation, AASW members must earn twenty-five points in each of the three continuing professional development (CPD) activity categories for a total of seventy-five CPD points. Members gaining 'Accredited Social Worker' status can use the post nominal MAASW (Acc). Accredited Social Worker status is also a requirement for members applying for 'Accredited Mental Health Social Worker' status. This policy is designed to support social workers' commitment and obligation to lifelong learning by establishing basic professional development requirements for all AASW Members.

This profession is ready to embrace a national regulatory framework for the benefit of their clients and the Australian community.

Issues

1. Responsibility of Health Ministers to regulate social workers

Social workers mainly work in the health sector

Services provided by social workers are named as a health services in the legislation that supports the National Registration and Accreditation Scheme (NRAS).⁵

The health sector is the largest employer of social workers in Australia. Social workers work alongside the regulated health professions: psychologists, doctors, nurses, medical radiation practitioners, physiotherapists, and others. Social work practice is directed towards improving the health and wellbeing outcomes for individuals, their families and the community, across a broad and diverse range of circumstances. They work across the continuum of health care and in service settings such as community health, acute inpatient, rehabilitation, health promotion, mental health, end of life (palliative care) services, veterans' affairs, aged care and Indigenous health.

An issue of potential confusion is the growth of the human services industry. However, human services practitioners are not qualified to deliver those specialist services provided by social workers. To this end, the national regulation of the social work profession would provide greater definitional clarity by distinguishing between these two fields of practice. This is particularly important given the vulnerability of the client group.

The greatest cross-section of vulnerable people in our community are seen by social workers employed within the health sector. Indeed, social workers make up the largest group of allied health professions in Australia; recent Department of Education, Employment and Workplace Relations (DEEWR) figures indicate that there are about 19,300 social workers in Australia.

A further significant development is the growth in numbers of social workers working in private practice, offering services such as mental health clinical interventions. Over 1,000 AASW members are accredited to provide Medicare rebateable services through the Better Access to Mental Health Services program, and an unknown number of other social workers provide services through agencies including the Department of Veterans' Affairs, State Workcover authorities and transport accident commissions.

But all social work is about health and wellbeing

Social workers also perform their roles outside the traditional health sector, in places such as migrant centres, schools and prisons, but, regardless of the setting, *all* social work practice is about health and wellbeing. Social workers recognise that individual

Examples of social work services

Social workers provide professional health and well-being services such as:

- Co-ordinating the services required to support the transition from hospital for a patient with a spinal injury to living in the community.
- Counselling a new mother in a rural area dealing with a disability of her child.
- Counselling a client experiencing depression (often working as a private practitioner without organisational support structures) and making the appropriate referrals to medical practitioners and support groups or a community health support service as required.
- Negotiating the discharge arrangements and support services for an elderly person being discharged from hospital to an aged care setting.
- Advising and providing information to a nurse or other health professional concerned about a patient's drug or alcohol issues.

⁵ See for example the Queensland Legislation Section 5 (page 32) located at: www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNA09.pdf

needs are shaped by social and economic factors, which are, in turn, influenced by health factors. In recent years, health policy in Australia and around the world has focused much more on the social determinants of health, including health inequities and the pervasive health impacts of people's psychological circumstances. This goes to the essence of social work practice.

The World Health Organisation (WHO) defines health as *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*.⁶ The more recent WHO Ottawa Charter for Health Promotion (1986) says that health is a *resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources as well as physical capabilities*.⁷ Health is thus achieved through a combination of physical, mental, emotional and social well-being, which together is referred to as the 'Health Triangle'.

Social workers take a holistic definition of health and wellbeing in line with the WHO definition and the Ottawa Charter. Legislative definitions of 'health services' also now acknowledge the domains of the 'Health Triangle' and the contribution of a broad range of services in maintaining community health. Of all the health services legislation, the ACT Human Rights Commission Act most clearly articulates the contemporary concept of health services. It defines health services as services provided for the purpose of:

- (a) *assessing, recording, maintaining or improving the physical, mental or emotional health, comfort or wellbeing of the service user*
- (b) *diagnosing or treating an illness, disability, disorder or condition of the service user.*

Social workers perform all of the services outlined in (a) above.

6 Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June, 1946. www.who.int/about/definition/en/print.html

7 Ottawa Charter for Health Promotion First International Conference on Health Promotion Ottawa, 21 November 1986, World Health Organisation. www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Impracticability and danger of artificial distinctions

All members of the social work profession in Australia would be best regulated within a single, national health regulatory scheme. The argument for sectional regulation of social workers is unsound, not only because all social work practice is concerned with health and wellbeing, but also because of the mobility of the social work profession across the diverse areas of health and human services delivery. Some of the case studies that follow highlight the ability for rogue practitioners to freely take up work in other sectors when complaints are made against them. Sectional regulation could not guard against this.

In many states, the former Health Departments have combined with other government areas of human services to form large over-arching departments. Such departments include the portfolios of families, youth, and community services in recognition of the interdependence of social well-being and physical and mental health. Concurrently, many Australian universities have moved to locate social work schools within faculties of health sciences, in line with a general acceptance of social work being a health service.

England introduced legislation in 2005 to register social work as a profession under the Minister for Health. England has recently moved to abolish the artificial distinction between social workers and other health professionals. From 2012, the regulatory functions of the General Social Care Council (GSCC) in England will be transferred to the Health Professions Council (HPC), putting social workers on exactly the same footing as the fifteen other designated health professions regulated by the Health Professions Council. Significantly, the Health Professions Council does not prescribe the model or theoretical approach that people must work to. The professions regulated by the HPC do not all work to a 'health model' or consider themselves to be 'medical modalities'. For example, occupational therapists and art therapists have been successfully regulated by the Health Professions Council since 2003 and yet these professions do not work to a 'medical model'. The HPC sets broad, enabling standards for safe and effective practice and recognises that registrants might meet these in a variety of different ways, depending upon, for

example, their professional background or personal preference. The registration of social workers in England also brings the social work profession in line with European Union requirements.

Social workers are key members of health teams in every setting and work with colleagues in a range of disciplines. Differences between the way the social work profession and other similar professions (such as psychologists) are regulated causes confusion for clients and puts patient safety at risk (as illustrated by the hypothetical case study below). A 2011 survey of a representative sample of Australians

found that more than 90% of people believe that counselling professionals, including social workers, can be struck off or banned from practicing if they are found guilty of a serious issue.⁸ In fact, this is not the case for social workers; people think that they are better protected by legislation than they actually are.

In summary

Consistency of jurisdiction by Health Ministers not only makes practical sense; it would also offer the public greater confidence and transparency in the quality of their health services and strengthen patient safeguards.

Case study 1: Inconsistencies in practitioner safeguards ... leading to client risk

A 32-year-old female client experiences significant distress during a marriage breakdown. She begins to drink to unsafe levels, to neglect her children and have suicidal thoughts. She is referred for case management. A team comprising a psychologist, a social worker, a nurse and a psychiatrist is appointed. One team member is selected to be care coordinator.

A sexual relationship ensues with the care coordinator. Later, upon being rejected by the practitioner, she attempts suicide. When she is well again, she wants to make a complaint about how she was treated.

If the care coordinator was a **psychologist**...

... the complaint process would be clearly articulated on the AHPRA website and the client could submit a complaint online. Since sexual misconduct is a notifiable offence, the matter would be investigated. A likely outcome would be the deregistration of the psychologist.

If the care coordinator was a **social worker**...

... the client might find the AASW website and make a complaint. However, the social worker in question has chosen not to be a member of any professional association, let alone the AASW. Consequently, the AASW has no jurisdiction to investigate and the client has no viable alternative pathway for redress. The social worker continues to practice.

⁸ Roy Morgan Catibus Survey, conducted March 22-24 2011, commissioned by the AASW, forthcoming publication.

2. Risk of significant harm to the public

Particularly vulnerable clients

Social work services are accessed by the most vulnerable people in our society. Clients include people who are poor, homeless, refugees, victims of sexual assault, addicts, survivors of domestic violence, people with a disability, people who have a mental illness and their families. In many instances people are unemployed, or are reliant on income support payments of some sort.

Social work services are also accessed by people who live normally functional lives but have hit a low point and need help. These are clients who are temporarily experiencing extreme stress or emotional trauma and may as a result be unusually vulnerable. They might be dealing with the death of a loved one or a terminal illness or be affected by a natural disaster. In the 2009 Victorian bushfires, social workers were by far the most used case management service at 24%, followed by psychologists at 6%.⁹

Furthermore, the vast majority of social work clients come through public systems. These are people who turn to a social worker for help because they have no place else to go. They are not people with resources who can pay for the services of private practitioners and negotiate for remedies when they are the victims of wrong-doing.

The point is, amongst all clients of health practitioners, social work clients are particularly vulnerable.

Range of potential risks

The risks posed to vulnerable social work clients can be financial, mental and emotional. These risks include:

- **Abuse of a long-term trust relationship between the client and social worker.** This is probably the most significant and potentially damaging risk (see Case Study 2 and discussion below). This risk is exacerbated by the fact that social workers regularly visit vulnerable clients in their homes without any direct supervision. Of all the professions, social workers are probably the

most likely to be doing their work in people's home and this practice is increasing. For example, there are now 1,200 social workers operating in the Medicare funded Better Access to mental health services, providing 177,301 client services in 2010.¹⁰

- **Inadequate assessment of client's needs.** The social work assessment is a fundamental tool of practice. Inadequate assessment can place clients and others at risk, e.g. the failure to identify post-natal depression followed by the concomitant failure to make the appropriate referral and identify the necessary support services for the mother and newborn child.
- **Lack of experience or judgment by the social worker who does not recognise the limits of their scope of practice.** This can place both the individual client and community at risk, e.g. the failure to refer clients for urgent medical and psychiatric care, particularly when the client is threatening either self-harm or harm against others (see Case Study 3 and discussion below).
- **The current unrestricted use of the title 'social worker'** by people with widely divergent training (or even lack of training) claiming to be counsellors. The absence of protection of title means the community is not able to be certain what qualifications or standards someone who identifies as a social worker actually has. For example, people who have completed even just a short training course in counselling feel free to use the title 'social worker'. A recent Roy Morgan survey revealed that over 60% of respondents assume that a counsellor or therapist has at least a bachelor degree in a relevant discipline.¹¹ This, of course, is not the case. It is only social workers, psychologists and psychiatrists that have this level of training. This has implications, which rebound not only upon the integrity of the social work profession but also upon the health, mental wellbeing and physical safety of clients.

¹⁰ See www.medicareaustralia.gov.au/cgi-bin/broker.exe?_PROGRAM=sas.mbs_item_standard_report.sas&_SERVICE=default&DRILL=ag&_DEBUG=0&group=80150%2C+80155%2C+80160%2C+80165%2C+80170&VAR=services&STAT=count&RPT_FMT=by+state&PTYPE=calyear&START_DT=201001&END_DT=201012

¹¹ Roy Morgan Catibus Survey, conducted March 22-24 2011, commissioned by the AASW, forthcoming publication

⁹ Department of Human Services (Vic) (2010) – PowerPoint slide

- **The rise in private social work practice.** The risks to clients of poor and unethical practice are compounded in private practice environments, where social workers are not necessarily subject to the normal standards of formal supervision, organisational practices and peer engagement.
- **The increase in the outsourcing of social support and health services into unregulated environments.** Public health organisations often refer patients to social workers working in private practice and non-government organisations. This practice is increasing. In these cases the accountability is transferred to an external organisation or individual that does not have the resources to implement the safety checks that public organisations do. The recent Productivity Commission Inquiry on the Contribution of the Not for Profit Sector¹² found that the cumulative effects of underinvestment in workers, technology, and planning is putting pressure on the quality and sustainability of service delivery in the non-government sector. For social work patients, this situation compounds the risk to their safety.
- **Inappropriate or unskilled use of certain therapeutic techniques.** Social workers do not generally use invasive equipment. However, certain therapeutic techniques, if used inappropriately or without skill, can cause damage and distress to clients (and their families). These techniques include the use of Eye Movement De-sensitisation and Reprocessing (EMDR, which can cause a reaction in clients with epilepsy), hypnosis, primal therapy, guided visual imagery and psychodrama. The latter techniques may seek to use the client's 'recovered memories' as a tool to address the client's present circumstances. This has been a particularly controversial matter played out in the civil and criminal courts where adults allege they have 'recovered' their memories of childhood abuse. The Report of the 1997 Wood Royal Commission in New South Wales discussed this matter at some length, warning that practitioners needed to adhere to strict guidelines when working in this area. However,

there is still no national regulation to ensure adherence to appropriate standards by the social work profession.

Data does not show the depth of the issue

In the last three years (2007–2010), the Australian Association of Social Workers received an average of 54 complaint enquiries a year about social workers. While these numbers may not seem great, the true extent of grievance is likely to be much deeper. Complaints records do not provide an accurate picture of the extent of the problems because:

- social work clients face more barriers to reporting complaints than clients of other health professions. The majority of aggrieved clients would be unlikely to register a complaint because they lack the skills and sense of power to engage with the complaint process;
- most social workers work for government organisations and government complaint reporting systems do not publish complaint data by occupation. In 2010, 3,500 complaints were received about Queensland Government employees alone.¹³ It can be reasonably assumed that some of these might be about social workers, but the absence of occupational identification means that it is not possible to establish how many. These complaints also go unaccounted in the AASW figures.
- many social workers work for not-for-profit organisations which operate as legal entities. These organisations do not publish complaints data and such data cannot be accessed through such mechanisms as Freedom of Information legislation.

When harm occurs, it is serious

The complaint records that are available show that when poor social work practice occurs, the effects are not trivial; clients experience significant harm. Breaches of the Code of Ethics recorded over the last three years against AASW members relate to issues like sexual conduct with clients, inappropriate professional boundaries, not acting in the best

¹² Productivity Commission (2011). *The Contribution of the Not for Profit Sector*.

¹³ Crime and Misconduct Commission Queensland (2010). *Annual Report*.

interests of clients and not protecting client's privacy and confidentiality.

One of the reasons the social work profession poses high risks is because social work often requires the establishment of long-term trust relationships with vulnerable people. It has long been established by research that significant harm results from situations when therapeutic and other 'power-imbalanced' relationships are abused.¹⁴

Case study 2: Trust relationships open to abuse

For 20 years a NSW social worker used his professional role and position of trust as a lure for young victims. During this time a number of allegations of improper sexual contact with children were made, but were never properly investigated.

When the social worker was confronted with the complaints he would resign from his position and begin work as a social worker with a new employer. During this time, his employers included the Department of Child Welfare as well as various hospitals and schools.

His crimes against children were not addressed until they were publicly broached during the Royal Commission into the NSW Police Force.

Wood Royal Commission into the NSW Police Force 1997: Volume IV, The Paedophile Inquiry

Violations of practitioner-client boundaries (i.e. when a practitioner takes advantage of his or her professional relationship with the client to behave inappropriately towards that client) represent a high proportion of complaints made to the Australian Association of Social Workers. Six breaches of the sections of the Code of Ethics relating to boundary violations have been found in the last three years. This is likely to be just the tip of the iceberg.

14 E.g. Boeckenhauer, Michael, Ormerod & Wansbrough (1998). *Violating trust: Professional sexual abuse*. Committee Against Health Professional and Clergy Abuse, Sydney; Dawson E (1994). *Professional Misconduct in Psychiatry: sexual behaviour with patients*, A report on recent NSW findings, Australian and New Zealand Journal of Psychiatry 28(2): 197-204.

One American survey found almost 2% of clients experienced erotic contact either during or after treatment by social workers.¹⁵ Nearly a third of ethics complaints about American social workers involved boundary violation and of those 73% involved some form of sexual violation.¹⁶

The impact of practitioner-client boundary violations by social workers—sexual or otherwise—have long-lasting effects for the individual, and reparations are costly not just for them but also for society. Recent inquiries into children in care in a number of jurisdictions have starkly illustrated this. Case study 2 above shows the extent of damage that can be caused when these cases are not properly acted upon when allegations are first made.

Social workers often work under extreme stress, managing emotionally hostile environments day-in, day-out. The risk of unchecked stress is high in this profession. This can lead to errors of judgment and drug and alcohol use, compromising the social worker's practice and jeopardising the health and safety of the public.¹⁷ Case study 3 illustrates the potential consequences of poor judgment by social workers.

Workforce issues exacerbate the risks

Compounding these risks is the rise of social work services being delivered in increasingly unregulated environments. Social work has been a mostly public sector or not-for-profit sector profession in Australia, with private practice being rare. However, changes to Medicare and other workforce changes have seen a rise in private practice. In 2006, there were about 100 social workers in private practice

15 Gechtman, L (1989). Sexual contact between social workers and their clients. In G O Gabbard (Ed). *Sexual exploitation in professional relationships* (27-38). Washington, DC: American Psychiatric Press.

16 Strom-Gottfried, K (1999). Professional boundaries: An analysis of violations by social workers. *Families in Society*, 80 (5), 439-449.

17 A recent US study (Siebert 2003) found 12% of social workers were at serious risk of drug and alcohol abuse and 25% at moderate risk. Hawkins and Shotet (1989) drew explicit links between work-related stress and moral indecision amongst social workers. Other literature suggests that these personal and professional impacts of stress may be increased or minimised depending on a worker's supervisory networks (Pines et al. 1980)

Case study 3: Potential implications of negligent practice

In a tragic case involving a parent murdering their children, an allegation was made that the social worker who interviewed the parent for a medico-legal assessment report had failed to ask the necessary questions about the parent's mental health state.

Whether the questions were asked or not, there was nothing in the report to indicate that the parent was seriously unstable in their mental health and needed supervision if awarded any custody.

Sauvage, D. (2011) Preliminary findings from interview transcripts, plus other published and unpublished sources, Research Project HSV 17 09 HREC, Griffith University.

in Australia; the number of private practice social workers is now in the range of 1,200. These social workers see around 35,000 clients a year.¹⁸ Studies suggest that private practitioners are most at risk for engaging in unethical behavior with clients because of the lack of organisational support and professional mentoring oversight in this setting.¹⁹ Independent practice may also allow troubled or impaired professionals to escape notice because of the relative isolation in which they work.²⁰

The Government has recognised and mitigated the risks of social workers working in private practice for the delivery of one of its own programs. Under the *Better Access to Mental Health Services* initiative²¹, the Department of Health and Ageing has implemented a quasi-regulatory system. To be

18 Based on Medicare's figures of 177,000 client visits in 2010.

19 Berkman, C S, Turner, S G, Cooper, M, Polnerow, D, Swartz, M (2000). Sexual contact with clients: Assessment of social workers' attitudes and educational preparation. *Social Work*, 45 (3), 223-235; Jayaratne, S, Croxton, T, & Mattison, D (1997). Social work professional standards: An exploratory study. *Social Work*, 42(2), 187-199.

20 Kagel, J D, Giebelhausen, P N (1994). Dual relationships and professional boundaries. *Social Work*, 39(2), 213-220.

21 The MBS Better Access Initiative aims to improve treatment and management of mental illness within the community, with general practitioners encouraged to work more closely with social workers, psychologists and other mental health professionals.

eligible to deliver services under this initiative, the AASW has been commissioned to run checks on applicants to ensure they:

- are 'accredited' members of the AASW, meaning they need to have met continuing professional development requirements;
- have evidence of at least two years (post qualifying) social work practice experience in mental health or a related field;
- are able to demonstrate how their experience meets the standards outlined in the *AASW Practice Standards for Mental Health Social Workers (2008)*; and
- have a testimonial from an employer or supervisor.

This indicates that parts of government understand the potential harm caused by poor social work practice and have taken steps to mitigate those risks given that the profession is currently unregistered. But such safeguards are not applied by other parts of government that outsource mental health and other services to private social workers in areas such as veterans' affairs, workcover, employee assistance and motor traffic accident assistance.

Government and non-government organisations that employ social workers directly have traditionally monitored practice standards through a requirement for regular 'professional supervision'. But in recent years this practice has fallen off. Social workers are increasingly managed from an organisational/risk management perspective and the professional practice element is neglected. Qualified social worker managers are being replaced with less highly trained, more technical positions. This is a particular problem for social workers who are employed in rural and remote areas where adequate professional supervision has always been difficult to access. Social workers themselves are often now expected to organise and pay for their own professional supervision. This does not appear to be happening. The AASW is receiving an increasing number of calls to its consultation service about ethics issues that might previously have been handled through professional supervision. Last year the AASW

received about 300 contacts from social workers seeking an ethics consultation.²²

Case study 4 illustrates how poor management of social workers can have an adverse impact on clients.

Case study 4: Unethical practice, poorly managed

A 24-year old woman experiencing alcohol addiction and the impacts of childhood incest sought the services of a social worker who worked in a sexual assault unit of a public hospital.

It is alleged that the social worker began to describe her client as 'special', sessions increased to twice weekly, contact began outside of sessions, and then sexual contact began during and outside of sessions.

The client eventually disclosed this to the unit manager. The unit manager informed the social worker of the complaint. After that discussion the manager allegedly told the client that they had 'got confused'. The client lodged a complaint with the health department complaints unit and the AASW. The health department undertook a full investigation including obtaining case file notes and witness interviews.

As a result the social worker is no longer eligible for employment in the public health sector. But she is still free to practice as a social worker elsewhere as neither the health department nor the AASW has the power to prevent her from doing so.

Boeckenhauer, C, Michael, L, Ormerod, N, Wansbrough, A (1998). Violating trust: professional sexual abuse, Sydney: Committee Against Health Professional and Clergy Abuse

In summary

Social workers have enormous influence over vulnerable people; most are highly professional and balance their roles well. But, as in any profession, a small minority fails to meet fitness of character, professional standards and ethical values. Changes in the structure of the workforce and the way social workers are monitored compounds the risks to clients. In the absence of a monitoring regime that enforces minimum qualifications, professional supervision and practice standards, the public cannot be protected from the damage that occurs from negligent or unethical social work practice.

22 AASW (2010), *Annual Report 2009-10*, Canberra. 293 requests were made to the service, an increase of 22% on the previous year. The three main reasons for contacting the service were: (1) information privacy / confidentiality, (2) records, (3) professional integrity and boundary issues.

3. Failure of other regulatory mechanisms

Current mechanisms are not adequately addressing the health and safety issues of vulnerable clients. These include the failure of established institutional controls; the failure of self-regulation by the social work profession; and the failure of consumer laws and regulations. This mirrors the experiences of other countries including New Zealand and the United Kingdom.

Failure of established institutional controls

Social workers employed by government agencies and authorities are subject to certain behavioural standards and disciplinary procedures within their agencies and through Ombudsman investigations. However, this has never covered all social workers. In addition, governments are increasingly reducing their direct service delivery provision, and funding non-government agencies to provide services. As a result, social workers employed in the non-government sector are not subject to any consistent, reliable and effective complaint, investigation and disciplinary processes.

These complexities are exacerbated by the large and growing number of social workers in private practice, those in rural and remote settings and recent graduates who work in settings without consistent social work support and supervision. The AASW is aware of members whose practice has raised concerns, for example, a member in private practice who claims to see 10 mental health clients in 10 hours on one day.

Furthermore, while internal investigation processes within employing agencies may result in the dismissal of a social worker following a serious complaint, this does not prevent that social worker from applying for, and being employed in, positions elsewhere, especially in the absence of thorough reference checks. There are few and limited mechanisms by which such information may be held in a central register for the protection of the public. This limitation is all the more glaring since it is difficult to either credential or censure a social worker who is not a member of the AASW. There are several examples of social workers who have been found to have acted inappropriately and

have applied successfully for similar jobs in other departments and in not-for-profit agencies. An example is provided in Case Study 5 below.

Failure of self-regulation

Knowing all this, the Australian Association of Social Workers has worked hard to implement self-regulation through its Code of Ethics (up-dated in 2010 and launched by the Minister for Mental Health in Brisbane) and By-laws, Practice Standards and a Continuing Professional Education Program.

However, the AASW is constrained in what it can do to monitor compliance with these frameworks and standards. Whilst the AASW complaints-investigation processes are sound, they are also expensive and difficult to enforce, and so cannot be seen as providing the general public with any sense of protection. Of the 163 potential complainants

Case study 5: Ongoing implications of lack of redress

A complaint was made about a member of the AASW in relation to appropriation of monies. The complaint was investigated and ultimately led to permanent expulsion from the Association. But the social worker continued to seek employment as a social worker and obtained positions as a counsellor and welfare worker.

Subsequent allegations were made about this person having inappropriate relations with a client and he was eventually sacked from a counselling position after admitting to providing a patient with extra medication the day before she died. A coronial inquiry ensued.

Further allegations have recently emerged about this social worker taking money under false pretences, fraudulently claiming money from the government, and residing with clients.

These additional, more serious, crimes would not have occurred if the social worker had been barred from practicing when the first crime was uncovered.

Australian Association of Social Workers, (AASW) (2011) Complaint management statistics.

enquiries over the past 3 years, 122 (or 75%) could not be handled by AASW for various reasons. The AASW's self-regulatory mechanisms have failed to protect the public for several reasons:

- **Membership of the AASW is voluntary.** The AASW represents only a third of the social workers in Australia and has no influence over non-members. Non-members are not obliged to comply with the AASW Code of Ethics and the Association has no power to investigate complaints about them. Of the potential complaints recorded so far this year, only 12 related to members and 21 related to non-members. The AASW is not able to proceed against social workers who are not members. Social work students are often not members and so the AASW cannot pursue client or employer complaints against them.
- **Investigations do not always proceed.** A further challenge for the AASW in investigating complaints is that it has no authority to compel people to cooperate; this weakens the AASW processes. Moreover, some social workers who are AASW members will deliberately terminate their membership when a complaint is made to avoid having to be investigated. Members subject to a complaint can leave the Association or let their membership lapse in order to avoid investigation. In addition, the AASW cannot pursue or investigate a social worker suspected of unprofessional or inadequate practice without a complaint from another party. Nor is the AASW able to address 'fitness to practice' issues unless a complaint is received.
- **Refusal of membership is the strongest penalty available to the Association.** Since 2002, sixteen social workers have been found ineligible for membership of the AASW but this does not stop them from practicing as social workers (see case study 6 below).
- **Continuing professional development is voluntary.** A 2009 review of the professional development policy identified strong member support for the introduction of the requirement of all AASW members to undertake CPD, to aid meeting of our ethical obligations. The CPD policy establishes requirements to support AASW

members to reflect on their practice and career needs, maintain and develop their skills and knowledge and contribute to the development of other social workers and the social work profession. In 2011, the AASW introduced the requirement for its members to adhere to a certain level of CPD. However, this CPD requirement only applies to AASW members. While the AASW has campaigned to encourage its members to maintain their professional skills to achieve accredited social work status, to date only a third of members have signed up for accreditation. Accredited social workers currently account for less than 10% of the overall social work workforce. For non-AASW social workers, there is no regulatory requirement to commit to lifelong learning. The AASW would like to see all professional social workers held to a high standard of CPD practice so that vulnerable Australians can be protected and those using the services of professional social workers can be assured of a benchmarked level of skill and ability.

Failure of consumer laws and regulations

Consumer protection laws are designed to ensure that the goods and services a trader offers are without defect and are fit for purpose. These laws

Case study 6: Limitations of self-regulation

A social worker was working with a program that involved counselling of young women from a non-English speaking background. Over time a number of young women complained to a voluntary professional association about his behaviour, which included sexual comments and inappropriate touching.

The social worker refused to comply with requests made by those investigating the allegations and did not attend at hearing or respond to any questions. His membership of the voluntary professional association was terminated but in the absence of legislation he still practices as a social worker.

Sauvage, D. (2011) Preliminary findings from interview transcripts, plus other published and unpublished sources, Research Project HSV 17 09 HREC, Griffith University.

also provide redress when reasonable consumer expectations are not met. However, they do not operate well in the case of health services. AHMAC itself has noted that consumer protection law is *broad in scope and does not provide a singular or targeted focus on health services; that resources required for investigation and prosecution are scarce; and given the complexity and cost of cases, the specialist knowledge that may be required, and the absence of a history of enforcement activity in the health area, such cases may be afforded a lower priority than perhaps they should be, given the potential for harm.*²³

An alternative for some complainants is to use the health complaints commissions operating in some jurisdictions. However, these mechanisms are not well-resourced and the services have proved inconsistent and patchy. The ability of health care complaints commissions to perform their role effectively is under question yet again after it was recently revealed in the media that the NSW HCCC was unable to meet several targets in terms of the time it took to investigate and finalise complaints.²⁴ Clients in rural and remote areas of Australia have particular difficulty accessing these complaints mechanisms. AHMAC has noted that state-based health complaints commissions *do not offer any avenue, except in NSW, through which a prosecution and hearing may be conducted and sanctions imposed.* In short, these commissions are primarily concerned with safety, rather than quality, and, even in NSW, do not provide barriers to prevent a rogue practitioner from continuing to practice until they cross the very high threshold for action, once the harm has been done.

The final avenue for complainants is to take civil action against a practitioner, but, as noted above, social work clients tend to be less well resourced than other clients and lack the emotional and financial reserves, sense of power and ability to pursue this potentially costly path. Research suggests that social work clients rarely exercise this option.²⁵

23 Australian Health Ministers Advisory Council (2011). *Options for regulation of unregistered health practitioners*, February 2011.

24 Cordery, A (2010). 'Medical watchdog lacks resources', article in *Sydney Morning Herald*, 6 December 2010, www.smh.com.au.

25 Swain, P (2001). *Business Under New Management – lessons from Canada on regulation of the social work profession.*

The response in other countries

Countries around the world have grappled with these issues and many have now chosen to implement mandatory social worker registration. These include Canada, England, Japan, the United States of America (in all but seven states), France, Finland, Hong Kong, Iceland, Israel, Brazil, Lithuania, Northern Ireland, Russia, Romania, Scotland, Slovakia, South Africa, and Wales.²⁶

New Zealand is the latest country to consider a shift to mandatory registration. It is in the process of reviewing its *Social Workers Registration Act 2003* as a result of concerns that the current voluntary system of registration does not provide enough protection for the public. New Zealand's Mandatory Registration Discussion Paper points out that most countries implement mandatory registration (or licensing) in order to improve social work practice and, in so doing, improve the safety of the people who use social work services.

The AASW believes that the risk of harm to the public is the most pressing reason to implement mandatory registration. However, there are other sound reasons to join other countries in going down this path. Other purposes cited in the literature for why countries implement mandatory social worker registration include the capacity to:

- increase public confidence in social work services;
- improve the quality of social work practice through agreed educational qualifications;
- support continuous professional development;
- provide a means to remove social workers who are found to be unsuitable;
- improve the professional identity and status of social work with the public;
- improve the public's understanding of what services are appropriately delivered by social workers.

26 Social Workers Registration Board (2011). *NZ Mandatory Social Worker Registration: Discussion Paper*, New Zealand Government.

In summary

A problem with having assorted mechanisms to provide varying levels of protection is that consumers, even those with the capacity and motivation to complain, do not know where to go. Recent Roy Morgan research found that less than 45% of clients of counselling services thought they could complain to a government agency such as the Australian Health Practitioner Regulation Agency (AHPRA), a workplace or employer or a professional association.²⁷

Voluntary arrangements and legal avenues have failed to adequately protect the public and ensure a minimum standard of social work practice. A negative licensing scheme, without any measures to ensure quality, will not protect the public from harm until after a high level of harm has occurred at least once, and relies on the client to take action, which, with social work clients, is unlikely. Australia, like many other developed countries, will be best served by moving to mandatory registration.

4. Possibility of implementing regulation

Well-defined profession

The social work profession in Australia adheres to the definition of social work jointly agreed to by the International Federation of Social Workers and International Association of Schools of Social Work in 2001:

*The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing. Utilising theories of human behavior 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.*²⁸

Social work operates at the interface between people and their social, cultural and physical environments. Social work practice may include:

- engaging in interpersonal practice including casework, counselling, clinical intervention; work with individuals, families, partnerships, communities and groups; advocacy; community work; and social action to address both personal difficulties and systemic issues.
- undertaking research, social policy development, administration, management, consultancy, education, training, supervision and evaluation to further human wellbeing and social development.

In all contexts, social workers maintain a dual focus on both assisting human functioning and identifying the system issues that create inequity and injustice. To accomplish its aims, the social work profession pursues the development and application of knowledge, theory and skills regarding human behaviour, social structures, systems and processes.

Tertiary degree courses and professional associations define and govern the social work occupation in over 90 different countries. It is a truly global profession with established professional bodies in Western and Eastern Europe, Africa, North, South and Central America, the Middle East, Asia and Australasia. Many

²⁷ Roy Morgan Catibus Survey, conducted March 22-24 2011, commissioned by the AASW, forthcoming publication.

²⁸ Australian Association of Social Workers (2010). *Code of Ethics*.

of these countries have now moved to mandatory registration of the profession.

Social work education has a 60-year history in Australia, and a four-year degree program has been the standard qualification since the 1960s. Achievement of the four-year social work degree represents a clear-cut, unambiguous way to define social work professionals in Australia.

Teachable and testable skills

Social work deploys teachable and testable skills, techniques, and activities consistent with its holistic focus on persons and their environments. Social work graduates must demonstrate:

- Knowledge of social work ethics. The *AASW Code of Ethics* expresses the values and responsibilities which are integral to, and characterise, the social work profession. It is intended to assist all social workers, collectively and individually, to act in ethically accountable ways in the pursuit of the profession's aims. The social worker's practice responsibilities are divided into six main categories: General ethical responsibilities; Responsibilities to clients; Responsibilities to colleagues; Responsibilities in the workplace; Responsibilities in particular context; Responsibilities to the profession.
- Specific skills and knowledge about mental health, Aboriginal and Torres Strait Islander cultures, cross cultural practice, and child protection.
- Methods of social work intervention including community work, casework, group work, social planning and social action, research, social policy analysis and development, and management.
- Practice skills, including interpersonal skills; communication skills—both oral skills for counselling, and written skills for case noting and report writing; plus skills of reflective and critical thinking and analysis; data collection and management; advocacy, negotiation and mediation.
- Skills of making assessments and deciding on the most appropriate intervention, along with skills required in the process of making judgments and recommendations.

- Understanding of the context of social work practice— structure of society, particularly dimensions of power and disadvantage, age, gender, class, ability, sexuality, race and ethnicity.
- Experience with different fields of practice, settings and geographical locations.
- Understanding of the major insights provided by sociology, anthropology, social theory, history economics and political science.
- Knowledge of the individual including human behaviour and development, personality development, life-cycle stages, family and social networks, physical health and ill-health, mental health problems and mental disorder, disability, vulnerability and resilience.

Long established body of knowledge

The social work profession's long established body of knowledge draws from the humanities and social sciences. There are numerous, well regarded scholarly journals on social work theory and practice, including the AASW's own *Australian Social Work*, an international peer reviewed journal reflecting current thinking and trends in social work.

The professionalism of social work is evidenced by the high proportion of social workers who choose to deepen their skills and practice through undertaking higher degrees. The recently established Australian College of Social Work provides a new way to recognise and support those social workers who have achieved advanced qualifications and skills.

Existing professional standards and practices

The AASW has established an accreditation process for all social work programs. To be accredited, social work programs must articulate an explicit curriculum that leads to the achievement of specified learning outcomes, as they relate to each of the main areas of social work practice.²⁹

The Australian Association of Social Workers has also established a set of practice standards that articulate the minimum expected performance

²⁹ AASW (2010). *Australian Social Work Education and Accreditation standards*, Canberra.

Main areas of social work practice

- Direct practice (including work with individuals, groups and communities)
- Service management
- Organisational development and system change
- Policy development, implementation and change
- Research and knowledge generation
- Education and professional development

of social work professionals. The standards were developed in 2003 following extensive consultation with members and consumer groups. The standards³⁰ provide a:

- guide to practice;
- measure of accountability for members;
- basis for standardisation of practice across Australia;
- basis for quality guarantee, expectations and accountability for clients, employers and other professionals;
- benchmark for assessment of practice; and
- guide for ongoing professional development.

The AASW is practised at assessing the professional requirements of social work practice. As well as assessing practitioners against the standards for eligibility for membership of the organisation, the AASW is the official assessing authority for overseas migrants wishing to practice social work in Australia and as such has documented processes for assessment. This includes assessments for specialist areas of practice within the social work profession, such as school-based social work and mental health social work. (For AMHSW members it is a requirement of maintaining AMHSW accreditation that you earn twenty-five points in each of the three

CPD activity categories for a total of seventy-five CPD points. This must include thirty points relevant to mental health practice, including the completion of 10 hours of Focused Psychological Strategies related CPD to meet the mandatory Government requirement). The Federal Government has also commissioned the AASW to act as the accrediting body for social workers applying to work in the Better Access to Mental Health Services initiative.

In summary

The groundwork for a national social work registration scheme is already in place. The profession is well-defined with an established body of knowledge and long education history in this country. A set of teachable and testable professional standards relating to all areas of social work practice has been developed. These standards are based on extensive consultation and have been in operation for eight years. The profession is ready to take the next step in assuring consistently high quality practice across the social work workforce.

³⁰ AASW (2003). *Practice Standards for Social Workers*, Canberra.

5. Practicality of implementing regulation

Strong support from the sector and the public

A recent AASW survey indicated that 89% of members support national registration of the profession. Social workers have long been concerned about protecting their clients and have been working nearly half a century for a scheme that can provide such a safety net. Surveys of AASW members show overwhelming support for statutory regulation, including a willingness to contribute to the cost. Nearly two thirds of those surveyed believe registration will lead to better protection for clients and the community.

It is not only social workers who support statutory regulation. Since the mid-1980s, several Inquiries have made recommendations for stronger accountability and monitoring of the profession, including the 1988-90 Royal Commission (The Chelmsford Inquiry) into Deep Sleep Therapy; the 1997 Wood Commission in NSW; various coronial inquests across Australia into the death of a child or children; the 2008 Special Commission of Inquiry into Child Protection Services in New South Wales; and the 2010 Northern Territory Board of Inquiry into the Northern Territory's Child Protection System.

A recent national survey indicates that the public assumes that the social work profession is already a registered profession.³¹

- 87% of respondents believe the professional development is mandatory for counsellors, social workers and therapists;
- 91% believe that a counsellor, therapist or social worker can be 'struck off' or banned from practice;
- 63% believe that at a minimum a degree qualification is required to practice as a counsellor, therapist or social worker.

³¹ Roy Morgan Catibus Survey, conducted March 22-24 2011, commissioned by the AASW, forthcoming publication.

A professional association to drive change

The AASW is in a strong position to support compliance by practitioners with statutory regulation. The AASW has been representing the social worker profession since 1946. It is a single national organisation with 10 branches throughout the country, with each geographical region having established professional communities.

The AASW has already shown leadership in implementing principles and guidelines across the profession, well beyond its membership base. For example, the National *Code of Ethics* developed by the AASW expresses the values and responsibilities which are integral to, and characterise, the whole social work profession. The *Code* is intended to assist all social workers, collectively and individually, to act in ethically accountable ways. The values and practice responsibilities outlined in the *Code* assists the social workers and their clients and employers in:

- identifying the ideals and purpose of the social work profession;
- recognising the professional obligations of social workers; and
- understanding what constitutes ethical social work behaviour.

The Code of Ethics is reflected in the Education and Accreditation Standards³² for social work courses and as such influences all people entering the profession, whether they choose to become members of the AASW or not.

In addition, the AASW inaugurated the Australian College of Social Work on 1 July 2011. The Australian College of Social Work will promote, demonstrate and recognise the highest professional standards of social workers, and thus promote social work excellence and expertise to clients, employers, governments and the Australian community. It is envisaged that the College will recognise the broad specialist roles undertaken by social workers through the establishment of Specialist Divisions.

Highly skilled social workers will be able to gain 'fellowship' of a specialist division of the College

³² AASW (2010). *Australian Social Work Education and Accreditation Standards*, Canberra.

through a rigorous and transparent entry process that will be based upon education and practice standards that identify the skills required to be an expert practitioner. It is likely that the first Specialist Division of the College will be Mental Health as considerable work has already been undertaken in this specialty.

Ability to support cost

There are more than enough social workers to support the costs of regulating the profession. Some 19,300 social workers practice in Australia. There are more social workers than most other registered professions, including chiropractors, occupational therapists, medical radiation practitioners and podiatrists.³³ And the sectors in which social work operates are growing. ABS data shows the health and community services sector experienced the second largest growth in the workforce between 1996 and 2006. This is a greater growth than education and mining, and second only to construction.³⁴

The introduction of statutory registration will not provide any material benefits to the Australian Association of Social Workers. In fact, the costs of registration may discourage social workers from paying an additional fee to join a professional association. However, the AASW favours public interest over self-interest and considers that uniform, national statutory registration is the best way to ensure the health and safety of the public.

33 Australian Institute of Health and Welfare (2006). *Health Workforce*, data drawn from ABS Census.

34 ABS (1996 and 2006). *ABS Census of Population and Housing*, Canberra.

6. Benefits to the public

The status quo does not work

Incompetent social work practice has emotional and financial impacts on the individual and community that can also have broader ongoing social and economic repercussions. There is strong evidence to suggest that members of the public have been subject to improper practice by qualified social workers over and over again.

Every effort has been made by the AASW to implement self-regulation but it is impossible to monitor the standards of practice of those that work outside this framework. Existing legislation is fragmented and inconsistent, making it difficult for consumers to understand their rights and choices. For example, the research shows that people do not realise that social workers are not bound by the same system of penalties for poor practice as other health professions.³⁵

The current arrangements mean that there is no independent arbiter of social work practice. This situation does not instill public confidence in the profession. The public is rightly concerned when their complaints go unheard because they do not fit within existing administrative systems, and when social workers found to have been practising

The problem with the status quo

“(The current) situation encourages clients to be deceived about the qualifications, training, skills and ethical obligations of those represented as social workers. It also reinforces the public and media perception that anyone can do ‘social work’ ...

The public has an understandable scepticism about the self regulatory efforts of professions who look to themselves alone to determine what is and what is not acceptable professional behaviour.”

Swain, P (2001). Business Under New Management – lessons from Canada on regulation of the social work profession.

35 Roy Morgan Catibus Survey, conducted March 22-24 2011, commissioned by the AASW, forthcoming publication.

unethically continue to work with vulnerable clients, without adequate checks or controls.

Public benefits are multifaceted

The benefits for the public of regulation of the social work profession are multifaceted:

- Clients of social work services will have a greater level of confidence about the standard of practice offered, wherever they are in Australia, in whatever setting (public, private or non-government organisation; hospital, school or prison etc.).
- Clients will have a clear, consistent and independent avenue for redress for poor practice.
- Clients will receive a higher quality service because qualified social workers will be required to maintain a contemporary knowledge base and appropriate standards of ethical practice.
- The public will have access to transparent, reliable and consistent information about the services and qualifications of a social worker as distinct from other human services, and will be able to distinguish competent service provision.

The long-term savings will outweigh the costs

Clearly, there are costs associated with the establishment of a regulatory framework. Some of the costs will be offset by the registration fees levied on practitioners. The significant groundwork already undertaken in the development of standards, ethical frameworks and professional communities will serve to reduce the establishment costs.

In considering the overall monetary value of introducing such a scheme, the long-term savings to the community generated by improving social work practice need to be factored in. We know that social work services save the public money by creating supportive environments for people to live functionally in the community and thus reducing the incidence of serious and costly health problems. A scheme which demands high quality practice across the social work workforce will increase the effectiveness of services, creating greater long-term savings for the community. A process which weeds out unfit practitioners *prior* to any serious harm

occurring, will improve the quality of the social work professional workforce and save the community significant money in costly inquiries and reparations to potential victims of inadequate or damaging social work practice.

Conclusion: Looking to the future

The social work profession is a vital partner in meeting Australia's health challenges arising from population growth, the ageing population, the increase in disability, closing the gap in indigenous health, protecting Australia's children, managing chronic disease, treating alcohol and substance abuse and servicing our progressively more diverse population. Social workers provide and coordinate the range of services and care that our changing population needs for long-term health and social outcomes.

Their influence over people's lives means that professionalisation and scrutiny of the social work profession on a national basis must be ensured. The penalties for maintaining the *status quo* would be felt directly and over long periods of time, by members of the public who are subject to sub-standard, unethical or unqualified practice.

For all these reasons, the Australian Association of Social Workers submits their case to Health Ministers for the national regulation of the social work profession.

