

# swift

social work information, facts and topics

THE NEWSLETTER OF THE NSW BRANCH OF AASW

Spring 2010



## Working with Older People:

### CHALLENGES IN SOCIAL WORK PRACTICE





# Editorial

*I am very pleased to be the guest editor for this edition of SWIFT which has as a theme social work with older people. It has been a while since the NSW Branch newsletter published articles focusing on aged care. The idea for this edition arose from discussions at the Aged Care Social Work Practice Group. I attend this group, which meets six times a year. I am continually stimulated by the issues raised, the discussions and information shared re ongoing social work practice, changing systems and the challenges faced by people as they grow older. As a student one of my supervisors suggested that working with older people was a core function of social work practice. Older people have a wealth of life experience, may have faced crises, may be isolated or part of a network of complex relationships, and maybe are now facing the biggest challenge of loss in all aspects of life.*

*It is therefore exciting to have some wonderful articles in this newsletter on working with older people. Three of these are based on papers presented at the Ethics in Aged Care Social Work Practice Seminar held in April this year, and Catherine Quinn has written a short summary of this seminar.*

*Often as social workers we are aware of the vulnerability of older people. Robin Turnham's paper introduces the concept of "undue influence", explores this and highlights risk factors and possible action. Catherine Quinn writes about capacity and substitute decision-making and Julie Garrard about end of life decisions particularly in palliative care from her research into moving from hospital to nursing home care. It is good to hear in Cheryl Lasarow's article about her innovative group work project in helping people adjust to the move into residential care.*

*As usual the newsletter highlights AASW and NSW Branch activities as well as giving information on matters of concern to social workers. Fliers for two NSW Branch Professional Education workshops are included plus reports from Sydney, NSW and Western Sydney Universities. Our photos are mostly from a dinner held to celebrate 70 years of social work at Sydney University – a special occasion.*

*My thanks to Tereza Crvenkovic, sub editor. It has been lovely to work with Tereza again. Thank you also to Catherine Quinn for her assistance.*

**Leith Cooper, Guest Editor**

# Swift

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## New South Wales Branch

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# With the President

**W**ell I'm back from the pristine waters of the Adriatic and many a fine octopus salad enjoyed in the villages of Croatia. It's all about the islands: there are hundreds of them mostly accessible by the very efficient ferry system.

Our guest editor, Leith Cooper, is a pioneer of SWIFT and a very highly respected social worker. I trust you will enjoy this issue devoted to aged care. I welcome her involvement and input to this issue.

I arrived a week before the national election and caught the tail-end of the campaign and now join you all in wondering what it means and what will happen next. You will be pleased to know that our current branch management committee came through the election process with far

less drama, and remains in place. It will be interesting to see the outcome of the election for the directors, some eight candidates for only three places. I find it very encouraging that there is so much interest in the AASW and that so many people are willing to give their time and energy to the association.

I take this opportunity to congratulate Vittorio Cintio on his appointment as National Vice President. As you may know Vittorio is from NSW and has always kept a strong interest in the affairs of his home state.

Things have moved along in my absence. The Colleges of Practice implementation committee has convened, and I'm sitting on that committee as the representative for the branch presidents. This is a very significant development for the future

of the profession, so I will keep you informed.

The Pathways debate is also crucial to the direction that the AASW will take. I urge you to become involved in this debate and to register your position. The branch will keep all members informed of any opportunities to consult or provide feedback around this important issue.

The AASW (NSW) Supervisors' Register is now accessible to anyone in search of a supervisor on the AASW website. This has been a good branch initiative put together by our office administrator, Suraya Coorey.

I love to travel but it's good to be home.

**Annie Crowe, President  
AASW NSW Branch**

## Legal Education Opportunities

**Slater & Gordon**  
Lawyers

Slater & Gordon Lawyers is pleased to announce that its NSW Legal Education for Social Workers seminar series is now accredited with the AASW.

Our sessions have been designed to provide valuable information to assist your daily social work practice and better meet your patients' needs.

There are 9 seminars in the series on a range of legal topics including: Issues of Capacity; Confidentiality, Privacy & Consent; and, Record Keeping & Report Writing.

The seminars are cost and obligation free and can be provided upon request. AASW members will receive 2 CPE points per learning hour.

For more information about the seminars that may be of assistance to your practice, or to register your interest for the forthcoming Legal Education Forum, please contact Social Worker Olga Gountras at [socialworkservices@slatergordon.com.au](mailto:socialworkservices@slatergordon.com.au).



### Approved AASW Activity

Title: Slater & Gordon Social Work Legal Education Series (NSW)

Credits: 2pts per learning hour  
Appellation No: 00315  
Valid Until: July 2011

CWD2890\_AUG2010



# From the Director's Desk

It is with great sadness that I begin my column today with news of the passing away of Paul Norris. Many of us knew Paul as our National Manager of Client Services. I had the privilege of working closely with Paul in my role as the Chair of the Membership Committee. Paul's contribution to this group will be greatly missed.

Our National team has been working hard on a number of fronts:

## National elections

As most of you will know nominations for AASW national elections are being held at present. Members will be voting for the following positions:

- National Vice President
- National Board member (3)

For each of the AASW's 10 branch elections, nominations are called for:

- Branch President
- Branch Committee member (5)

Nominations closed on Tuesday 10 August at midday.

## Pathways into and through the Profession

A bold new proposal to strengthen the Social Work profession and the AASW. This is a very significant step for the AASW.

## The Consultation Process

The pathways consultation process will be extensive and comprehensive. Its aim is to explain, develop and refine the proposal. This consultation includes:

- Information through the National Bulletin, e-bulletins and the website
- Website members forum
- Focus groups and consultations with branches
- Meetings with key external stakeholders
- Refining the proposal

## Have Your Say!

- To make a comment or ask a question go to the Pathways Members Forum
- If you would prefer to email your questions and comments please email [maureenm@aasw.asn.au](mailto:maureenm@aasw.asn.au)

More information about the Pathways proposal can be found at:

<http://www.aasw.asn.au/whatwedo/consultations-pathways/#backgroundreports>

## College of Practice

This initiative was approved by the National Board and the membership at the end of 2009. For more information about this model please go to the following link:

<http://www.aasw.asn.au/blog/latest-posts/college-of-practice-draft-model>

## Medicare and Mental Health

### Our fight for the Better Access program

In the Federal Budget (May 2010) the Government proposed to remove Medicare rebates through the Better Access initiative. This measure was to be

put in place on 1 July 2010. However following some positive and productive discussions with senior departmental staff and with Minister Roxon's office, the AASW welcomed the announcement to defer the changes to the program until 1 April 2011. The AASW is fighting to overturn this decision.

This important issue has brought together many members, and the AASW has provided a forum area for discussion. We have also developed a template for members to use when contacting their local MP. You can access this information on the AASW website.

## Membership Committee

The national membership committee (formed in late 2009) has met regularly and has started to address a number of needs especially in relation to the provision of material for members. E.g. information material about the benefits of membership needs of BMC (Branch Management Committee) members who present on behalf of the AASW at events such as Open Days and employer events.

Consultation with BMC presidents and closer liaison with the finance committee has also taken place.

If you have any particular ideas please do not hesitate to email me on [jose@abalo.org](mailto:jose@abalo.org)

I can also be contacted on 0409 997 818.

Regards,

**Jose Abalo**, AASW Director

## DEACTIVATING THE BUTTONS: Integrating a Trauma Lens into a Counselling Framework

A two-day workshop with Laurie MacKinnon Ph.D. (Social Work)

5-6 November 2010 Crows Nest, Sydney

This workshop is open to individual, couple or family therapists interested in learning a range of trauma-based interventions. The workshop will outline:

- how trauma resolution happens successfully in the real world
- how unsuccessful resolution results in persisting symptoms and interpersonal difficulties
- theories of how traumatic memories are stored in the brain
- current therapeutic approaches to the treatment of trauma

Therapists will learn skills and techniques in:

- taking a trauma history and assessing the current impact of previous traumatic events
- identifying and accessing memories that underlie current difficulties or symptoms
- Rapidly resolving traumatic memories using an integration of EFT and other trauma - based interventions

Video of actual therapy sessions will demonstrate the process and outcomes.

Dr Laurie MacKinnon is a consultant family therapist in Sydney who has provided training and consultation to counselling organizations for over 20 years. She has published widely in the family therapy field and has advanced training in EMDR and EFT.



Book online at <http://insiteconsulting.com.au>

E: [training@insiteconsulting.com.au](mailto:training@insiteconsulting.com.au) M: 0401 087 737

Cost \$450 (Early Bird \$399 Until 10 Sept!)

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*If you have any ideas or concerns you'd like to discuss, or if you're interested in joining one of the branch sub-committees or the NSW Branch Ethics Group, please contact the appropriate convenor.*

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**Public Transport:** Catch a train to either Town Hall or Central station. From there, catch the 431 or 433. Once you reach Glebe Point Rd, alight at the first stop (cnr Glebe Point Rd and Mitchell St).

**Parking:** Four-hour metered parking outside the venue (\$2.20 per hour)

**Resources:** The AASW NSW Branch Office has a variety of social work journals and newsletters from 1958 to the present; conference papers dating from 1947; papers presented to the NSW BMC in the 1960s; NSW Branch Annual Reports; NSW BMC minutes and miscellaneous information from national office.

If you would like to use these resources for research, please call the AASW NSW Branch Office.

# Ethics in Aged Care Social Work Practice

## HOW FAR DOES OUR RESPONSIBILITY EXTEND?

A very successful full-day seminar on this topic took place at the education Centre at Liverpool Hospital on Wednesday, April 28 2010. The seminar was the result of more than 12 months planning and organising. It arose from an experience shared in 2009 by two of the social workers on the organising committee.

The issue concerned a woman in her late nineties in a residential care facility where she had been for more than 20 years. She had no surviving family. She was bedfast and suffered from dementia, depression, with no verbal communication. She had developed serious contractures and seven poorly-managed, deep pressure areas along with an untreated fracture of the wrist, probably sustained in a fall out of bed. The assessment arranged by one of the social workers found that she was in considerable pain and distress. An application for guardianship followed.

This woman did not suffer as she did because of professional social work short-comings, but the discussion that ensued at the Aged Care Practice Group meeting in the days following the hearing raised a number of questions:

- What ethical responsibilities do social workers have for a vulnerable aged person with no informal advocate; those who are unable to speak for themselves?
- What situations or events in the life of an older person should alert us to increased vigilance on their behalf?
- Do we have ethical responsibilities that extend beyond those of our colleagues in other disciplines?

It was decided to hold the seminar so that social workers from settings involving vulnerable ageing people could have an opportunity to explore some of the ethical issues and practice impasses encountered in such settings. About 70 social workers attended from throughout the metropolitan area and the Hunter region.

The contributions of the two keynote speakers were invaluable. Dr Richard Hugman, Professor of social Work at the University of NSW and Dr Imelda Dodds, CEO of the NSW Trustee and Guardian and until recently President of the International Federation of Social workers, addressed the principles, challenges, and tensions at the heart of social work practice in this area. They explored the issues of rights, dignity, the worth of the human person, and the social justice dilemmas faced in working at the interface of organisational requirements and individual needs.

The presentations given by the concurrent speakers examined four of these practice areas in particular: the question of “undue influence”; capacity and substituted decision-making; end-of-life decisions; and the limits of social work responsibility: “when is the case closed?”. The day concluded with a Geoffrey Robinson-style Hypothetical about “duty of care”. There remain, as one would expect, many unanswered and unexplored questions.

The Aged Care Practice Group warmly thanks the Social Work Department at Liverpool Hospital for arranging the venue and hosting the event, with special thanks to Marina Jurman. Thanks also to the organising committee, Leith Cooper, Garry Lavan, Stuart Pullen, and Catherine Quinn.

**‘THERE REMAIN, AS ONE WOULD EXPECT MANY UNANSWERED AND UNEXPLORED QUESTIONS.’**

## Operating in Aged Care – The Case of ‘Undue Influence.’

A PRESENTATION TO AASW AGED CARE INTEREST GROUP,  
ETHICS IN AGED CARE SOCIAL WORK WORKSHOP,  
LIVERPOOL HOSPITAL, 28 APRIL 2010.

*(Lydiatt was) an old man about the age of eighty years and being weak of body and understanding and having a great estate of goods and lands ...was drawn by the practices and indirect means of ... (Mrs. Death) to give his house in London and to come to sojourn with her at her house in the country... (although she was married to Mr. Death), and that she having him there did so work upon his simplicity and weakness and by her dalliance and pretence of love unto him and of intention after the death of her then husband to marry him, and by sundry adulterous courses with him and by sorcery and by drawing of his affections from...his kindred, telling him sometimes that they would poison him and sometimes that they would rob him.*

*After she had obtained control of his estate and property, Mrs. Death neglected such attendance of him as she had used before and used him in a most cruel manner reviling him and causing him to be whipped and suffered him to lie loathsomely and uncleanly in bed until three o'clock in the afternoon without anybody to help him so as all the skin of his loins went off, he being not able to help himself by reason he was troubled with a dead palsy and other diseases, and when at any time she did come to help him up she would pinch him and revile him and by such cruel and terrible courses kept him so in awe as that he durst not revoke what before he had done, neither would she suffer his nieces to come unto him lest he should make his moan unto them, for she said if they came there she would scald them out of her house.'*

(quoted in Abraham: 1993:2 from a case of undue influence decided by Chancellor Francis Bacon in the year 1617.)

This paper aims to explore the ethical issues for social workers when faced with evidence suggestive of the operation of undue influence in the lives of vulnerable clients or patients. It is informed by my experience working as a Disability Advisor (Social Work background) with the former Office of the Protective Commissioner (now NSW Trustee and Guardian) and my interest in the risk of undue influence in the relationship between people with disabilities and their carers, one aspect of my current research on community care workers. It focuses on barriers to addressing undue influence, some of these being ethical issues associated with conflicting principles and some being constraints within the environments in which we work – for ethical dilemmas do not exist in a social vacuum.

### Introduction

The introductory quotation illustrates that undue influence has been present in the lives of vulnerable people for hundreds, probably thousands, of years and arguably is an ever-present risk while ever the factors which predispose to it remain common. Presumably this particular matter came to the attention of the court through the action of concerned family, but in the 21st century a social worker is just as likely to be the agent of notification to legal authorities that a client, more often than not an elderly person, may have been subject to financial abuse via undue influence.

A brief exploration of the nature of undue influence and its relation to capacity is necessary background to identifying risk factors for undue influence and a discussion about how we respond to it.

### What is undue influence?

Undue influence is a complex, but sometimes quite subtle phenomenon. Quinn (2000) offers a simple definition of undue influence as ‘the substitution of one person’s will for the true desires of another.’ Singer (1996) defines it as exercising the ‘role and power to exploit the trust, dependency, and fear of others ... to deceptively gain control over the decision making of the second person.’

And ‘virtually any act of persuasion that over-comes the free will and judgment of another, including exhortations, importuning, insinuations, flattery, trickery, and deception, may amount to ‘undue influence’ according to West’s Encyclopaedia (2008).

Author Sue Grafton (2007) illustrates that undue influence is now the stuff of popular literature in her popular novel *T is for Trespass*.

Ultimately, as in the case of capacity, determination of undue influence is a matter for the courts. Yet it is often the role of those ‘on the ground,’ such as helping professionals, to contribute evidence suggestive of undue influence to courts and tribunals to assist in their decision making regarding the rights and best interests of vulnerable citizens. Such evidence is gleaned from our contact with, and assessments of, our clients and of their personal circumstances.

The legal literature contains a large body of knowledge and debate about the nature of undue influence and its overlaps with other concepts such as coercion, fraud, etc. The law distinguishes two main types of undue influence:

- **actual** (based on deliberate contrivance in a particular situation) and
- **relational** (based on a long relationship of trust) (Burns: 2002).

While capacity and undue influence are distinct phenomena which may operate independently of each other in any instance, it is important when considering whether a person has capacity for a particular purpose (especially in the area of the person’s decision making) to be able to recognise whether the behaviour and attitudes they display in our contact with them may also be reflective of undue influence. Thus any person may have the capacity for particular decision making or functional performance but not use that capacity because of psychological pressure or undue influence. So, for example, a person may cede responsibility for decisions about their financial affairs to an influential, more powerful, other or they may lose confidence in their capacity for self-care because that confidence has been deliberately undermined by an influential other. Yet, when the person is

*Continued page 8*

removed from the influence of that person it becomes clear that they actually have the capacity to manage their affairs or care for themselves independently.

### Examples suggestive of undue influence

1. A common example found in the world of adult protection concerns a person handing over their keycard to a relative or a 'new best friend' on whom they have become very dependent, out of fear of the loss of that person or fear that that person will carry out their threat to, for example engineer their placement in a nursing home when that is the last thing they want. The person however has the capacity to use the keycard and to understand basic banking but allows themselves to be exploited and abused because of what can best be described as 'undue influence'.
2. An elderly man with terminal cancer (prostate cancer primary with secondaries in the brain) and no family, is determined not to be placed in a residential aged care facility or palliative care unit in a hospital to die, adamant he wishes to receive the care he needs at home, pointing out that he has considerable funds to cover the cost of that care. He is discharged from hospital after his medical attendants have become persuaded that he will fulfil his promise to organise a formal fee for palliative care service at home. Little is heard of him for some time but concerns are raised when it becomes apparent that care costs have increased to an unsustainable point: invoices for \$10,000.00 per week are being forwarded to his private financial manager, a Trustee company, with the explanation from the agency that his condition is now so severe that he needs twenty four hour care and two staff present at all times. Concern increases when visiting relatives and old friends are turned away by his carers with the explanation that he is very ill and does not want to see anyone.
3. A bank representative persuades an elderly woman to take out a loan to set up a share portfolio, using her home as equity for the loan. The bank representative does not ensure she gets independent legal advice before signing the contract. (This is an example of actual undue influence in contrast with examples 1-2 which illustrate instances suggestive of relational undue influence.)

### Risk factors for undue influence

Impaired capacity is one of the most common risk factors for undue influence but it is not an **essential** risk factor for undue influence.

Cognitive impairment may result in increased anxiety, loss of self confidence, reduction in self esteem, etc., which combine to make that person even more open to undue influence and

**“Workers and neighbours alike can simply be reluctant to acknowledge evidence suggestive of impropriety or abuse – let alone take action and interfere in this private domain.”**

there is typically an unequal relationship between the person and potential abuser in terms of power. Other conditions which may facilitate undue influence include (the person) (Hall et al 2005):

- The person has become estranged from family and friends and there therefore is an absence of close monitoring by others who are committed to the person's rights and best interests
- The person is alone and readily accessible by other people who might exploit or abuse them – neighbours, care workers, new 'best friends'
- The person has property of value
- The person is financially independent with no financial caretakers
- The person fears any change in living situation, in particular being placed in residential care, i.e., institutionalisation
- The person has become physically frailer e.g. has a recent history of falls
- The person has experienced a major life transition – such as loss of spouse
- The person's nature and/or cultural background such that they tend to be generous and readily provide gifts to others
- The person is fearful, anxious, susceptible to suggestion/influence
- The person is experiencing unwarranted sensory deprivation – glasses, hearing aids are lost or kept from them, for example
- The person's behaviour towards 'carer' is problematic (person may be abusive, uncooperative or demanding which increases the sense of entitlement on part of the potential abuser).

### Agents of undue influence (UI)

- Actual UI – lawyers, bank personnel, tradespersons, etc.
- Relational UI – extends from one extreme of predators to the other extreme of unwitting undue influence by family member or friend who desists when properly advised.
- Some characteristics of an abuser:
  - usually cohabits with victim and is economically dependent on them,
  - has a sense of entitlement to receive rewards / recompense / assistance from the person
  - has a history of mental illness, substance abuse or gambling or physical health problems (espe-

cially in the case of family members),

- instils a sense of helplessness and dependency in victim and represents self as protector, the only person who truly cares for the person,
- isolates the intended victim. (stranger predators)
- History of similar predation with others whereby they gain control of assets through deceit, intimidation, psychological abuse (Hall et al, 2005).
- sociopathic, may falsify credentials

### Indicators suggestive of undue influence

- Single, key person or 'carer' involved in the life of the person and
- History of other parties being discouraged from involvement in the person's life – i.e. history of increasing isolation of the person
- Reluctance by 'carer' to allow professionals to be involved or 'carer' treats concerned others in a bullying fashion
- Visits to solicitors, banks etc., with the 'carer' clearly in charge
- Evidence of changes to the person's will, Power of Attorney, property title or bank accounts, in favour of the 'carer'
- Person looks to the 'carer' to answer questions for them
- Person tends to use the same language as the 'carer' when they do answer questions – suggestive of coaching
- Unusually rapid depletion of the person's funds
- Evidence of 'gifts' to the 'carer'
- Person shows loss of confidence, increased levels of anxiety and fear
- Deterioration in the person's functional capacity not clearly related to illness – i.e., the person has quickly become more dependent on the person and shows reduction in their independent living skills
- Unexplained deterioration in the person's physical health and appearance.

### Barriers to addressing undue influence

As undue influence typically involves a meaningful relationship between the person and their abuser – a relationship usually represented as a form of **caring** – there is a great reluctance on the part of professionals to question or **interfere** in that almost sacred kind of relationship. Care itself is by definition about caring, about the carer being a caring person, and it is seen as a private, personal thing. And often it is a rare, and therefore very valuable, commodity in the lives of our clients. Workers and neighbours alike can simply be reluctant to acknowledge evidence suggestive of impropriety or abuse – let alone take action and interfere in this private domain.

*Continued page 9*

And people who use undue influence are not all predators (Sklar, 2000), or set out to abuse. Some mean well and do not recognise that their actions are disadvantaging the person: they may find themselves on a slippery slope of borrowing money, accepting gifts, endearing themselves to the person at the expense of family members, and convincing themselves that they are entitled to greater benefit for their commitment to the person.

**Making a judgement about taking action** to address abuse in such instances can be very complex and grey. Our decision making is further complicated by:

- Awareness of a close tie between abuser and abused person which suggests that the loss of that relationship would be very distressing for the abused person
- Abused persons being reluctant to admit they have been mistaken when faced with the evidence, and continue to defend the person
- Conflicting attitudes of professionals or concerned others about identifying/ reporting the abuse – we experience confusion over relevant principles such as dignity of risk, disability / human rights, self-determination, family preservation, the least restrictive alternative (Kinnear & Graycar, 1999), which are in conflict with other equally relevant principles such as best interests, protection of the vulnerable, duty of care, etc. We all struggle with these conflicting principles in our everyday work and if unable to resolve the conflict may do nothing (Bergeron & Gray 2003)
- Bureaucratic risk aversion – social workers may be deterred by the process they are expected to follow before they are allowed by their superiors to take action on undue influence
- Concerns about possible costs of action – abuser may remove the person to another state, abuser can threaten social worker with being sued for defamation, worker may no longer be allowed any access to the

client to monitor his/her welfare, authorities receiving the report may be reluctant to take action and for example insist that the worker engage in mediation or other action or simply discount the evidence supplied and believe the account of the abuser. And so on.

And it is not easy to demonstrate evidence of undue influence.

For these reasons and more, social workers may simply do nothing. Our inaction is an ethical issue.

### So what can we do to address undue influence?

- Name it as such
- Collect evidence from our observation of the person and their 'carer'
- Wherever possible see the person alone
- Confront the abuser about the implications of their behaviour – they may desist
- If the person is contemplating an action in favour of a potential abuser, one which might significantly disadvantage them, ensure that they receive the information they need about the consequences of their action and encourage them to consider seeking independent advice
- In legal matters the person should receive independent legal advice and good lawyers will encourage the person to write down their request. Writing down their intentions is less likely to be affected by coaching from an abuser or potential abuser.
- Consider whether an application for a Guardianship or Financial Management Order might be needed and how that might be achieved
- Formal adult protection provisions deter predators and reduce risk of further abuse
- A court may disallow a contract or Will entered into as a result of undue influence.

### Some issues for discussion

- Is there such a thing as benign undue influence?
- Does the person's age make a differ-

ence when we consider our response to possible undue influence?

- Issue of cultural relativism vs. universalism in regard to undue influence, e.g., the tendency of Greek elders in Australia to sign over their homes to children (with or without encouragement/pressure from them) in the expectation, based on hundreds of years of cultural history, that they will not be disadvantaged in doing so and that their children automatically will care for them and house them for the remainder of their lives. Increasingly in Australia, especially when the elder becomes subject to some form of dementia, this is not always the case and the elderly person may have difficulties with Centrelink provisions, entry to aged care rulings etc., plus no funds to give them greater choice about the care they wish to receive, and to allow for reasonable general quality of life enhancements over and above the paltry minimal level of care offered currently in Australian residential aged care facilities.

### Conclusion

I have illustrated the complexity of the concept and presentation of undue influence and the barriers experienced by Social Workers and others when dealing with it. Yet we have an ethical responsibility to protect vulnerable elders from undue influence, from being abused or exploited. I would argue that deciding it is all too hard, understandable as that is, is not ethically defensible for Social Workers and have offered some suggestions as to how we may respond.

### Robin Turnham

Senior Disability Advisor  
NSW Trustee and Guardian  
Member of the Australian Association of Social Workers  
robin.turnham@tag.nsw.gov.au

### Some useful references on undue influence

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\*recommended

# Capacity and Substituted Decision-making

## APPLICATIONS FOR GUARDIANSHIP

THIS IS AN EDITED VERSION OF THE PAPER GIVEN AT A CONCURRENT SESSION BY CATHERINE QUINN, WHO IS A COMMUNITY MEMBER OF THE NSW GUARDIANSHIP TRIBUNAL AND A DOCTOR OF SOCIAL WORK.

The social worker in a multi-disciplinary setting is often the professional who will be asked to make an application for a guardianship or financial management order for an older person or to assist a family through this process. Social workers stand professionally in a unique relationship to their clients and to their clients' context. It is an ethical responsibility for social workers to advocate for their clients' rights, and to understand and represent honestly their clients' history, needs, wishes, and values. The professional report to the Guardianship Tribunal is the social worker's opportunity to do all this by presenting a comprehensive picture of the subject person and their situation, both current and past, and to contribute the best possible information to the deliberations of the Tribunal. The report is also an opportunity to speak for the client and his/her rights.

What is an application for Guardianship? It is "in effect, asking the Tribunal to take away a person's rights to make their own lifestyle [and financial] decisions and to give those rights to someone else" (Annual Report 2004, p.14). It is therefore a measure of last resort.

Applications for guardianship require that:

1. the subject of the application has a disability which
2. results in an inability or incapacity to make decisions on certain matters and that
3. there is a current need for the appointment of a formal substitute decision-maker.

This final point is the crux of the matter: is there a current need to take away the person's right to make certain decisions? Does the person need a formally appointed decision-maker or are informal, and less restrictive processes available, appropriate, effective, and in the person's best interests?

In other words, why Guardianship? Has everything else failed? Whose interests are prompting this? Applications must relate to the interests of the person, not the convenience or anxieties of others, either individuals or organisa-

tions. Guardianship Orders cannot be made on a "what if..." or "just in case" basis.

In the case of a Guardianship Application, disability must be proven, and that disability must be the cause of the person's lack of capacity. The most complex and contentious situations involve people whose capacity or lack of it is unclear or disputed.

**Capacity** is like innocence: presumed until proven otherwise. It is first and foremost a legal concept. However it is a concept that is not quantifiable.

The bio-medical view of capacity focuses on the person's deficits rather than on their strengths and abilities. There is no objective medical test that can conclusively establish capacity where there is ambiguity about this. What does a capacity assessment actually assess? Does the MMSE (Mini-Mental State Examination) or RUDAS (Rowland Universal Dementia Assessment Scale) indicate whether the person has capacity?

Some criteria for capacity according to Roth, Meisel, and Lidz, (1977) are these intellectual functions:

- Evidencing choice
- Understanding relevant information
- Appreciating the significance of this information to one's own situation
- Demonstrating the ability to reason.

However decision-making is not only a function of the intellect. It is also a function of emotion, of social pressure or expectations perceived or otherwise, personal tastes, preferences, and values (which apply, among other things to decisions about risk). It is the executive functions of the brain (located for the most part in the frontal areas of the brain) that determine capacity in decision-making.

It is the processes by which a person makes decisions that indicate capacity. The decisions and choices that a person makes are not in themselves indicators of lack of capacity. As Dārziņš et al point out "the majority of apparently incapable decisions are made by capable people" (p.3). We all have the right to make poor, unwise, inappropriate decisions. We all have the right to fail. We all have the right to take risks. Substitute

decision-making should therefore be the least restrictive of rights and freedoms. A need for support to make decisions does not imply lack of capacity.

What about assessments that do not maximize performance? Many assessments of capacity take place in sub-optimal situations, for instance, while the person is in hospital recovering from surgery or other trauma or serious illness, in some other crisis, among strangers or in unfamiliar settings.

Barriers to the exercise of full capacity in decision-making include:

- **Physical state:** pain; sight and hearing impairments; the unfamiliar or unexpected;
- **The environment:** technology such as ATMs and phone systems; poor lighting, noise and bustle in public spaces, such as shopping malls, car parks, dealing with things like escalators, travelators, traffic either vehicular or pedestrian.
- **Emotional state:** stress, anxiety and fear, fatigue, depression, grief, agitation, etc.
- **Social expectations:** that everyone has access to the internet, a mobile phone, can read, can hear, can see, can understand, can speak, read and understand English, and can cope. Impatient, unsympathetic, or pressuring/intimidating behaviour on the part of others, or not being given enough time can impede decision-making.
- If a person with dementia protests or disagrees it is often seen as indicating lack of insight or a behavioural problem.
- **Social isolation:** exacerbated by sensory and mobility impairment and lack of meaningful social stimulation and interaction (How do you know what the day or date is if nothing marks the days as different from the previous days? How do you receive meaningful information?)
- **Organisational and cultural attitudes:** interpretation of behaviour and communication; the mores of the person's own culture or the sub-

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culture of their family (those who are capable but vulnerable: the person who is easily persuaded, or the self-fulfilling prophecy, i.e. what is expected is what you get). There is a fine line where undue influence is concerned.

Other matters that affect perceptions of capacity: eccentricity in appearance and behaviour, and other personality traits.

Capacity is decision-specific, not an all-or-nothing concept. Some decisions that require capacity are:

- To manage finances and make financial decisions:
- To consent to treatment (What about those who refuse to consent because of fear?)
- To consent to participate in research
- To consent to sexual contact
- To consent to marriage
- To vote
- To drive
- To make a Will, P.O.A., etc.
- To instruct legal counsel.

Legal capacity also differs according to context, i.e. decision-specific; it does not require enduring understanding. When these factors are considered it can be seen that many people may have capacity to make effective decisions in some areas but not in all.

The areas of decision-making about which the Guardianship Tribunal appoints substitute decision-makers are usually: Accommodation, health care, consent to medical and dental treatment, and access to or the receipt of services. Within these functions are some adjuncts: coercive powers within accommodation to authorise others to remove, retrieve, or restrain a person; access, to determine who may have contact and under what circumstances; to override objections to dental and med-

ical treatment; the use of restrictive practices in behaviour management. The Tribunal also makes decisions in relation to major and special medical treatments.

Applications to the Guardianship Tribunal for the appointment of a substitute decision-maker for a person with a disability often take place in the context of a crisis. There can be pressure to make the application. The social worker should ask: Is this really a crisis? Is the sense of urgency obscuring the issue? What if we wait? Why are you to be the applicant? Are you professionally convinced of the need?

Many reports received by the Tribunal begin with the current crisis and give a very incomplete picture of the person whose capacity is questioned. The social work report should present the Tribunal with as complete a picture of the person as possible. The language for reports does not have to be quasi-legal. The Tribunal prefers plain English and "everyone concerned said they agreed" is better than "This was verbalised to be accepted by both parties."

As a social worker, you have an obligation to indicate your opposition to the making of an Order and your reasons if, in your professional judgment, an Order is not in the person's best interests.

Social workers have the facility to refer to the theoretical underpinnings of their professional knowledge when considering issues like this. We can weigh up our own decisions in the light of such constructs as dementia as a social construction, the social model of disability, systemic disadvantage, disempowerment, disability or gender discrimination, citizenship theory, and so on. We have learnt to consider the balance between protection and self-determination. We should be considering the person's right to justice and advocacy. Above all we should, where at all possi-

ble, ensure that the person is enabled to participate and express their views to the best extent possible and have access to support.

The Guardianship Act (14, 2, & 4,d), the Powers of Attorney Act 2003, (36,4), and the Convention on the Rights of Persons with Disabilities, articles 12 &13 all require the real involvement of the person. This includes their attendance at the hearing if at all possible, especially an initial hearing

*The NSW Guardianship Act (1987)* requires that the Tribunal give paramount consideration to the welfare of the person; seek the least restrictive impact on the person's freedom of decision and action; encourage the person, as far as possible, to live in the community and be self-reliant; take the person's views into account; preserve family relationships and respect cultural and linguistic environments; and protect people from abuse, exploitation, and neglect.

More recently, the United Nations Convention on the Rights of People with Disabilities recognises that "disability is an evolving concept" and that "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others" (Preamble). One thrust of this document is a move from the idea of substitute decision-making to assisted decision-making. This reflects the shift in philosophy from welfare to rights and is something which the social worker can encourage in the presentation of the case. (*See Hyung Shik Kim's article in Australian Social Work, Vol.63, 1, March 2010, pp. 103-116*).

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# Workshop on End of Life Decisions from a Palliative Care Perspective

BY JULIE GARRARD, SOCIAL WORKER AND RESEARCHER, CALVARY HEALTH CARE SYDNEY AND MEMBER OF THE NSW GUARDIANSHIP TRIBUNAL.

This is a brief summary in note form of the workshop presented by Julie Garrard from Calvary Health Care Sydney at the Ethics in Aged Care Seminar on 28 April 2010. It is based on the PowerPoint slides. This was an interactive workshop with vigorous discussion throughout on ethical issues of concern to the audience. The slides were used as a spring board for this discussion.

## Outline of Workshop:

1. Summary of Julie Garrard's research findings on
  - Transition to Nursing Home from Palliative Care and
  - Uncertainty at End of Life (EOL)
2. Observations from clinical practice re:
  - Inadequate resources
  - A good discharge
  - Social worker's role
3. Discussion of Ethical Issues arising

## 1. BRIEF SUMMARY OF RESEARCH FINDINGS:

### Transition to Nursing Home Research

- > Members of the NSW AASW Social Work Interest Group in Palliative Care observed poor outcomes and poor practices regarding transfer to nursing homes; created an ethical dilemma for social workers
- > Small group of social workers formed a research group and collected data and interviews from family members
- > Reported negative patient and family experiences regarding transfer and short survival times
- > Applied for grant to fund Social Work project coordinator position for 3 years
- > Demonstrated improved model of care for transition to nursing home from palliative care
- > Evaluation positive: marketed results
- > Widely adopted changes; better outcomes
- > New 3 year COAG social work position to develop the role further in Calvary area

### Uncertainty at End of Life (EOL)

- > Current research on impact of changing care planning decisions at EOL
- > Are we causing harm to some patients by proposing Nursing Home Placement (NHP) in Palliative Care?
- > Many deteriorate and die after NHP raised
- > Bereaved family carers perceptions of impact of NHP conversations etc
- > How can we practice ethically given system constraints on hospital beds?
- > Possible new aspect of Social Work assessment

## 2. OBSERVATIONS FROM CLINICAL PRACTICE RE:

### Inadequate resources

- > Bed shortages in hospital system
- > Reduced Length of Stay in acute and sub acute settings; "bed block"=ageist views; early d/c from hospital
- > Lack of discharge options; services not available or not adequate; carer unable to cope
- > Transfer to Residential Aged Care Facility often only option, but not desired. Some services have "1st available vacancy" policies, lack of choice
- > Ethical dilemma: Social Worker as agent of the system vs. advocate for patient choice

### A good discharge

- > Dignity of risk vs. focus on safety and risk management
- > Health professionals driven by need for eliminating risks. Whose need?
- > Patient and family preferences (e.g. for place of death) often at odds with safe discharge plan
- > Social Work role in mediating system needs and patient/family self determination. How far do you go?

### Social worker's role

- > Social Worker as convenor of Family Conference for discharge plan or bad news
- > Often patient and family fear the Family Conference
- > Previous therapeutic relationship may be damaged/ended by discharge focus
- > How do Social Workers juggle an ongoing therapeutic role with "moving them on"?
- > Perceptions of patients and families of "system imperatives" driving care

## 3. DISCUSSION

- > Many points were discussed including ethical practice in a difficult system, use of advocacy, social worker's role within the team and inadequacy of resources
- > Suggested strategies using the social work code of ethics and being aware of what ethical principles are being used in decision making. Making a full assessment and providing full information to patients and families.
- > Future recommendations: develop knowledge through research of who has potential to adjust well to transfer to a nursing home and who may not. Advocacy and planning re limited resource but need for humane approach.

*Julie is planning to publish her full research in the next 6 – 12 months. You can contact her at [julie.garrard@sesiahs.health.nsw.gov.au](mailto:julie.garrard@sesiahs.health.nsw.gov.au)*

# The Need for Intervention

## THERAPEUTIC GROUPWORK IN LOW-CARE RESIDENTIAL AGED CARE FACILITIES

**A**s Social Workers we are well aware of the psychosocial context impacting on quality of life. It is well recognized that there is a high level of depression in our elderly population including those living in residential Aged Care facilities. It is equally well known that isolation is a risk factor for depression. Despite our awareness of the above facts many elderly residents living in hostels suffer daily. Even though they sit together each day with other residents at mealtime they often interact superficially or have very little interaction with others in all the hours between these events. This may be partly due to their physical deficits such as deafness or macular degeneration and declining mobility. As a result their confidence in their ability to cope and navigate their environment declines.

Many seniors of this generation value privacy and do not want to pry into other people's business or to be seen to be doing so, or to be seen as imposing on others. Many misunderstandings occur as well-meaning and friendly 'hellos' are ignored by other residents for no other reason than they may have not been heard or seen and thus do not reply. I have come to realise that in many cases no opportunity has been provided for the resident's blindness to be explained to others so that the rejection might have been avoided in the first place. No time or opportunity has been available for the deaf resident to explain how people are best able to communicate with her/him, let alone the opportunity to vent about the frustrations of this chronic deficit.

Working in private practice and visiting residents in several facilities, I noticed that residents tended to be medicated as a solution to mental health problems often not in conjunction with counselling. In addition, my colleague Lynne Harrold and I are of the view that many of our seniors are generally not psychologically minded, and thus deny the need for counselling. It is therefore not surprising that there are

a lack of services tailored to meet the needs specifically of our elderly [in residential care].

It was with these issues in mind that Lynne and I were inspired to develop a range of small therapeutic group interventions. We use a graded approach with respect to mental health content and interventions in order to engage members in a safe, enjoyable and structured environment. The aim is for participants to get to know each other on a deeper level, at the same time addressing common issues and assisting them to adjust to a changing lifestyle.

We have found the use of small groups to which residents were invited reduced the stigmatization at the prospect of seeing an individual counsellor. An additional benefit is that through the group process, the group facilitator is easily able to identify members who would benefit from ongoing individual counselling. As well as this, the member is more likely to continue with counselling as a relationship has already begun to form with the facilitator during the group process.

Participants were all nominated by staff /GPs at the residential facilities as 'at risk' of mental health problems or already experiencing problems with regards to adjustment difficulties and isolation. We individually assessed each resident for suitability prior to the group. People with advanced cognitive deficits were excluded amongst other eligibility criteria.

Two groups were developed:

- *The Wellbeing Group* – for residents with adjustment difficulties primarily related to chronic illness/disability
- *The Changing Times Group* – for those residents experiencing adjustment difficulties related to their move to Residential Care.

The major aims of these groups were to:

- Facilitate the socialisation of isolated residents and to create new informal ongoing support networks.
- Provide a supportive framework to address common adjustment issues.

A strengths-based model underpinning this model was used to identify and develop skills and coping strategies. Each group ran once a week for six consecutive weeks.

Content of the groups also included psycho-education, dealing with grief and loss, stress management, coping with depression, identifying individual strengths and support networks and problem-solving strategies amongst other discussions/activities.

The effectiveness of these groups was evaluated both quantitatively and qualitatively. Pre and post group standardised measures were implemented in order to produce evidence-based outcomes. This included:

The k10 [The Kessler Psychological Distress Scale] where the majority of residents showed a reduction in severity of symptoms for both sadness and depression in the post group individual assessment. Also a self-rating scale administered pre and post the groups showed all residents felt an increase in connectedness with other residents in the group and with others in the facility in general.

Both residents and staff noticed improvements and increased interaction and support amongst participants during usual daytime activities. One group has continued to meet to this day, at the same time and place without a facilitator.

Lynne and I [T/A Grouplinks Northside] together with Dougherty Low Care facility in Chatswood were excited to be awarded first prize in our category for a NSW health funded award at the 'Positive Living in Aged Care' awards in August last year. Overall, these small groups are an effective method of meeting the complex needs of these older people living in residential low-care facilities- by assisting to improve quality of life, reducing concerns of family and staff and most importantly empowering and encouraging residents to remain in control of their lives and future as far as possible.

**Cheryl Lasarow is a mental health accredited social worker.**

# AN INTRODUCTION TO UNDERSTANDING AND WORKING WITH DISSOCIATIVE IDENTITY DISORDER

Presented by Bronwyn Cintio

DATE:	FRIDAY, 15 OCTOBER, 2010.
TIME:	9.30 A.M. TO 4.30 P.M.
VENUE:	AASW NSW BRANCH OFFICE 123A MITCHELL ST, GLEBE (CNR DERWENT ST – ENTER FROM DERWENT ST) (FOUR HOUR METERED PARKING OUTSIDE THE VENUE; NON-METERED PARKING A COUPLE OF STREETS AWAY. PARKING ALSO AVAILABLE AT BROADWAY SHOPPING CENTRE CAR PARK, BROADWAY. ENTRANCES LOCATED ON BAY ST AND FRANCIS ST)
COST:	AASW MEMBERS: \$110.00 (INCL. GST) SOCIAL WORKERS WHO ARE NON-MEMBERS: \$149.00 (INCL. GST)
CPE POINTS:	THIS COURSE ATTRACTS 12 AASW CPE ACCREDITATION POINTS

Dissociative Identity Disorder is not rare. Most social workers who work in mental health, sexual assault or drug and alcohol services would see clients who have dissociative identity disorder. However, it is frequently unrecognised.

This workshop will explore the core principles of working with this client group. In particular, it will focus on how to identify dissociative identity disorder and will provide a framework for intervention. It will also cover techniques that can support the client and assist in recovery.

**BRONWYN CINTIO** is a social worker in private practice providing counselling and professional supervision to individuals and agencies. Bronwyn has had more than twenty-five years experience working in a variety of settings with children, adolescents and families as well as survivors of abuse and trauma.

**CLOSING DATE FOR APPLICATIONS: Friday, 24 September 2010.**

Enquiries: AASW NSW Branch, tel. 02 9518 4944, fax. 02 9552 3005, email [info@aswsw.com.au](mailto:info@aswsw.com.au)

PLEASE NOTE: 1. Full Payment by closing date is required to secure a place.  
2. Cancellations after the closing date and non-attendance are not eligible for refund

## Registration Form and Tax Invoice

### An Introduction to Understanding and Working with Dissociative Identity Disorder

AASW ABN 93 008 576 010 • Friday, 15 October 2010.

Cost for cheque/money order/direct deposits: **Members: \$110.00** (incl. GST); **Non-members: \$149.00** (incl. GST)

Cost for credit card payments: **Members: \$113.00** (incl. GST), **Non-members: \$155.00** (incl. GST)

For credit card payments or direct deposit please call the AASW NSW Branch Office

NAME	MEMBER NO.	
WORKPLACE		
ADDRESS		
PHONE	MOBILE	EMAIL

Please send registration form and cheque payable to AASW NSW Branch, PO Box 838, Glebe NSW 2037.

# ASSESSMENT ON THE RUN

## ONE-DAY WORKSHOP

Presented by Robyn Bradey and Priscilla McCorriston

DATE:	THURSDAY, 4 NOVEMBER, 2010
TIME:	9.30AM TO 4.30PM
VENUE:	AASW NSW BRANCH OFFICE 123A MITCHELL ST, GLEBE (CNR DERWENT ST) (FOUR-HOUR METERED PARKING OUTSIDE THE VENUE)
COST:	AASW MEMBERS: \$110.00 (INCL. GST) SOCIAL WORKERS WHO ARE NON-MEMBERS: \$149.00 (INCL. GST)
CPE POINTS:	THIS COURSE ATTRACTS 12 AASW CPE ACCREDITATION POINTS.

Most social work and social work assessment occurs in settings where clients present in crisis or in the short to medium term. As a result, social workers need to develop concise assessment processes to meet the challenges of the settings in which they work.

This workshop will provide participants with the opportunity to review the assessment processes they already use and to develop some new skills. The presenters will provide concrete information on assessment and interactive exercises in the course of the day. They will also explore how to:

- Recognise a mental illness
- Take a specific history eg, sexual history, drug & alcohol history
- Ask tricky questions
- Tailor their assessment processes to fit with their agency or setting
- Present their assessment to their team or referral source'

**ROBYN BRADEY** is a social worker with 30 years experience. She has been in private practice for the past 20 years. Robyn is a trainer for various organisations including the Australian College of Applied Psychology and Mission Australia. She also supervises social workers in a range of settings including Health, Disability and Private Practice. She has published three books and several papers.

**PRISCILLA MCCORRISTON** is a social worker with 18 years experience. She currently works part-time in a health based counselling service and part-time in private practice. Priscilla has provided training for a range of organisations including the Department of Ageing & Disability, the College of Sexual Health Physicians and the Education Centre Against Violence.

## CLOSING DATE FOR APPLICATIONS: Friday, 22 October 2010.

Enquiries: AASW NSW Branch, tel. 02 9518 4944, fax. 02 9552 3005, email [info@aswsw.com.au](mailto:info@aswsw.com.au)

- PLEASE NOTE: 1. Full Payment by closing date is required to secure a place.  
2. Cancellations after the closing date and non-attendance are not eligible for refund

## Registration Form and Tax Invoice

### Assessment on the Run

AASW ABN 93 008 576 010 • Friday, 15 October 2010.

Cost for cheque/money order/direct deposits: **Members: \$110.00** (incl. GST); **Non-members: \$149.00** (incl. GST)

Cost for credit card payments: **Members: \$113.00** (incl. GST), **Non-members: \$155.00** (incl. GST)

For credit card payments or direct deposit please call the AASW NSW Branch Office

NAME	MEMBER NO.	
WORKPLACE		
ADDRESS		
PHONE	MOBILE	EMAIL

Please send registration form and cheque payable to AASW NSW Branch, PO Box 838, Glebe NSW 2037.

## OBITUARY

# MARGARET LEWIS

(1937–2010)

SOCIAL WORKERS WHO KNEW MARGARET AS A FRIEND, TEACHER AND COLLEAGUE WILL BE SADDENED TO KNOW THAT SHE PASSED AWAY ON JUNE 1, 2010 AFTER MORE THAN TWO YEARS CONFRONTATION WITH CANCER. THEY WILL NOT BE SURPRISED THAT SHE FACED HER ILLNESS AND THE TRYING NATURE OF ITS TREATMENT WITH HER CHARACTERISTIC COURAGE, GOOD HUMOUR AND RESILIENCE.

**‘Margaret was absolutely committed to whatever task she undertook and always ready to help in her well-organised and straightforward way.’**

**M**argaret was born in Manly, then a semi-rural suburb on the fringes of Brisbane. She spent her early childhood in Tingalpa where her father had a poultry farm, reared in a family described as ‘founded on love, respect, hard work and truth’. Subsequently the family moved to a dairy farm in Warwick where Margaret was encouraged to finish her schooling. She moved to Brisbane and worked as a secretary in the Queensland health system, becoming secretary to Alma Hartshorn who undoubtedly encouraged her further education. She graduated with a Bachelor of Social Work at the University of Queensland.

After graduation Margaret joined the Department of Social Services (now Social Security) working in Adelaide. However, she aspired to further education moving to Sydney in 1970 to work on a Master of Social Work by research at the University of New South Wales. Her supervisor, John Lawrence, described her work as falling ‘not far short of a PhD’ and added that it was ‘a particularly remarkable achievement in view of the heavy domestic responsibilities Mrs Lewis assumed in the course of her research’, for during this time Margaret had met and married David Lewis, acquiring five stepchildren and giving birth to a daughter. In 1974 Margaret joined the School of Social Work at UNSW as a lecturer in the areas of social welfare policy and the social work profession. She was a loyal member of AASW, at one point being the convenor of its national Professional Education and Accreditation Committee. She represented the AASW on the federal

government’s Council on Overseas Qualifications. This was challenging. At the time there was a proliferation of new schools of social work. In addition there was an increasing influx of overseas qualified social workers from the Latin Americas, Asia and South Africa, different from Australia’s traditional sources of migrant social workers such as the UK and USA. Furthermore it was a time when social work at the University of Sydney was under increasing pressure and at risk of losing its professional accreditation. Margaret managed these challenges with her usual clear-sightedness and competence.

After Margaret resigned from the university as senior lecturer in 1985 she joined the Veterans Review Board and later moved to the Administrative Appeals Tribunal as a senior member where she stayed until retirement. Again, Margaret continued to pursue her education, graduating with a Master of Law at UNSW in 1994. She brought to these tasks her sharp intellect, integrity and deep sense of social justice.

Margaret Lewis was hardworking and a supportive colleague and friend, although she was disinclined to suffer fools gladly, a trait that was not always appreciated. On the other hand she was absolutely committed to whatever task she undertook and always ready to help in her well-organised and straightforward way. Her strengths sustained her through her final illness and she will be much missed by her family and those who knew her well.

### **Elspeth Browne**

*(with thanks to Margaret’s family in particular to David, daughter Anne and grandson Paul and to John Lawrence)*

# Treating PTSD

## 2011 trauma education

presented by  
**Dr Leah Giarratano**



Leah is a Sydney based doctoral-level clinical psychologist with 17 years of clinical and teaching expertise in CBT and traumatology

28 AASW CPE points approved.

Sydney CBD, 12-13 May

Perth CBD, 9-10 June

Limited positions.

Melbourne CBD, 26-27 May

Adelaide CBD, 16-17 June

Register early or reserve your place today.

Brisbane CBD, 2-3 June

For more details about this workshop and books by Leah Giarratano refer to [www.talominbooks.com](http://www.talominbooks.com)

### Clinical skills for treating posttraumatic stress disorder

This two-day (9am-5.00pm) program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. Techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The program includes handouts and numerous case examples. The emphasis is upon imparting practical skills and up-to-date research in this area. This program is suitable for all mental health professionals.

#### Day one topics include:

- Treatment maps and planning strategies
- Psychoeducation and motivation tips
- Analysing and targeting dysfunctional behaviours (e.g., substance abuse, self-harm)
- Arousal reduction strategies (including breathing retraining, grounding and distraction tasks)
- An introduction to anger management

#### Day Two topics include:

- In vivo exposure therapy (reducing avoidance behaviours)
- The fundamentals of exposure therapy for traumatic memories (prolonged imaginal exposure)
- Cognitive challenging of negative self-statements related to the traumatic event
- Contraindications and complex case issues

### What past participants have said about this program

*"Fantastic workshop. The program was well structured. Leah provided a thorough understanding of the material and this was supported by research and case studies"*

*"Leah- without a doubt this has been one of the most relevant and useful PD activities I have done. Thank you for sharing your expertise, knowledge base and practise material. I will be recommending this course and resources to my colleagues"*

*"This was an outstanding workshop! The blend of clinical experience, with research knowledge was fantastic. Very practical – will draw on these concepts/tools often and highly recommend this workshop to others"*

### Program Fee

+ Single: **\$660 Early Bird** (when you pay up to 3 months prior to the workshop date) or **\$720 Normal Fee**

+ Pairs: **\$1200 Early Bird** or **\$1320 Normal Fee** when two people register and pay together by fax or mail

Program Fee includes GST, program materials, lunches, morning and afternoon teas on both workshop days

Please direct your enquiries to Joshua George on (02) 9823 3374. Email: [mail@talominbooks.com](mailto:mail@talominbooks.com)

### Treating PTSD Registration Form

Sydney 12-13 May; Melbourne 26-27 May; Brisbane 2-3 June; Perth 9-10 June; Adelaide 16-17 June

Please circle the workshop you wish to attend above and return this page with your payment

Name:

Address:

Phone:

Email (\*essential\*):

Special dietary requirements:

Method of payment (circle one)

Visa

MasterCard

Cheque

Please reserve my place & I'll pay during Early Bird period

Name of cardholder: (if using a credit card)

Card Number:

Expiry Date:

Signature of card holder: (if using a credit card)

Debit amount: \$

Cheques are to be made payable to Talomin Books Pty Ltd and mailed to PO Box 877, Mascot NSW 1460

If payment is made with a credit card (or if you are reserving a place), simply complete the information above and fax this page to (02) 8786 1361.

A receipt will be emailed to you upon processing. Note: Attendee withdrawals more than one month in advance attract a processing fee of \$44. No withdrawals are permitted in the month prior to the workshop; however positions are transferable to anyone you nominate.

# Notice Board

## New Motor Accidents Authority (MAA) Guidelines for Providing Services to Clients with Compulsory Third Party (CTP) Claims

The Motor Accidents Authority of NSW (MAA) is a statutory corporation that regulates the NSW Motor Accidents Scheme. We are committed to encouraging early and appropriate treatment for people who have been injured in motor accidents, and to providing guidance for health professionals working in the scheme. The MAA is pleased to announce the release of a new publication: A guide for psychologists and counsellors to providing treatment in the NSW Motor Accidents Scheme. These guidelines have been developed by the MAA in consultation with the Compulsory Third Party (CTP) insurers, the Australian Psychological Society (APS) and a group of psychologists and counsellors who have worked in the CTP scheme. Designed primarily for use by practising psychologists and counsellors, they provide a framework for the provision of psychological and counselling services under the Motor Accidents Compensation Act. They can also be used by insurance staff in their decision making processes about treatment requests.

The guidelines aim to promote effective communication between practitioners and insurers to ensure injured people obtain appropriate cost-effective treatment leading to the best possible outcomes. Their use will also facilitate timely approval of services and payment of accounts. The MAA has provided training to CTP insurer staff in the application of the guidelines and the treatment principles.

The guidelines are based on treatment principles for the provision of psychological and counselling services. These principles were developed in collaboration with WorkCover NSW and in consultation with relevant industry stakeholders, which has resulted in the document.

Copies of the guide, incorporating the treatment principles, template forms and sample plans can be downloaded from the MAA website <http://www.maa.nsw.gov.au/> by following the link to A guide for psychologists and counsellors or by contacting the MAA's Claims Advisory Service on 1300 656 919.

## AASW (NSW BRANCH) SUPERVISORS' REGISTER

The AASW (NSW) Supervisors' Register is now available on the AASW website as a resource to identify individual social workers who provide supervision in NSW. To view and download the register please go to: <http://www.aasw.asn.au/document/item/512>

## JOURNAL NUMBER 10 CALL FOR PAPERS

We are seeking articles for the tenth edition of the Women in Welfare Education Journal, due to be published later in 2011. The editorial committee is especially interested to encourage women practitioners and students, as well as academics, to submit papers for publication. A broad range of articles relevant to women's perspectives on social work and welfare policy, practice and education have been published in previous editions. (You may have a recent conference paper you could rework as a journal article.) This is a peer-reviewed journal which is now published electronically and available free of charge via the WIWE link on the website of the Australian Association for Social Work and Welfare Education (AASWWE) at <http://www.aaswwe.asn.au/>

Notes for contributors are included below. Please check that your reference list includes all works cited in your article, and that all required publication information is included. Manuscripts which do not comply will not be forwarded for review.

We would appreciate you circulating this information to other women practitioners, students, academics.

The submission date for the tenth edition is end of October 2010.

For further information contact:

**Karen Heycox** tel. 02 9385 1964  
University of New South Wales  
email: [k.heycox@unsw.edu.au](mailto:k.heycox@unsw.edu.au)

**Lesley Hughes** tel. 02 9385 1963  
University of New South Wales  
email: [l.hughes@unsw.edu.au](mailto:l.hughes@unsw.edu.au)

**Natalie Bolzan** tel. 02 9772 6531  
University of Western Sydney  
email: [n.bolzan@uws.edu.au](mailto:n.bolzan@uws.edu.au)

**Fran Waughtel** 02 9351 4207  
University of Sydney  
email: [F.Waugh@edfac.usyd.edu.au](mailto:F.Waugh@edfac.usyd.edu.au)

## EVIDENCE-BASED PRACTICE RESEARCH REMINDER

The University of Newcastle is asking AASW members to participate in a study of barriers and facilitators to the implementation of evidence-based practice (EBP) in the human services.

The study is being conducted by social work researchers at the Research Institute for Social Inclusion and Wellbeing, University of Newcastle. They are seeking AASW members to help complete an online survey.

Researchers are also very keen to interview people regarding their own experience of EBP implementation in the human services. Please note that you can participate in an interview without completing a survey. All enquiries are welcome. You can complete the online survey at <http://www.surveymonkey.com/s/RG7GQJQ> or contact Dr Elyssa Joy, phone 02 49215223, email: [elyssa.joy@newcastle.edu.au](mailto:elyssa.joy@newcastle.edu.au)

# Mindful Parenting Conference

## Shifting the Paradigm to Relationship-Based Parenting

19 November 2010, Adelaide

For professionals working with families, parents and children

*"Broad integration of excellent evidence based science for application"*

- Introduction to Mindfulness
- Building Mindful Relationships
- Mindful Parenting & Attachment Theory
- Core Elements of Mindful Parenting
- Five Strategies to Parenting Mindfully
- Mindful Awareness Parenting and Time In



**Speakers:** Liana Taylor, Clinical Psychologist ♦ Fiona Glover, Mental Health Social Worker ♦ Dr Rebecca Coleman PhD, Clinical Psychologist

**Cost:** \$110 per participant, Special Package with 3 day MAFC course \$830

**Venue:** Belair Country Club, Belair SA, 9:00 - 5:30



**Register online:** [www.mindfulnesscentre.com](http://www.mindfulnesscentre.com)

[www.mindfulnesscentre.com](http://www.mindfulnesscentre.com) ♦ 08 8272 0046 ♦ [mind@mindfulnesscentre.com](mailto:mind@mindfulnesscentre.com)

## Master of Social Work in Counselling

- *Only specialist MSW in Counselling in Australia*
- *Designed for practicing social workers*
- *Part-time over two years*
- *Commonwealth supported program*



**UNSW**  
THE UNIVERSITY OF NEW SOUTH WALES

## School of Social Sciences and International Studies

UNSW offers a unique program for social workers to consolidate and extend counselling knowledge and skills. The focus is on family-sensitive practice and counselling methods that are orientated to clients' strengths and that promote resilience.

- Intake every two years
- Applications for 2011 close 30 Nov 2010
- Program details available at <http://ssis.arts.unsw.edu.au>
- Master of Couple and Family Therapy also available (next intake 2012)

Contact:  
Kerrie James, Program Coordinator  
Tel: (02) 9385 1962  
Email: [kerrie.james@unsw.edu.au](mailto:kerrie.james@unsw.edu.au)  
Web: <http://ssis.arts.unsw.edu.au>



Cricos Provider No. 0009802

# University News

## THE UNIVERSITY OF SYDNEY (USYD)

### MASTER OF SOCIAL WORK PROGRAM

We are really excited to announce the commencement of our Master of Social Work (Qualifying) in Semester 1, 2011. The program is a pre-service degree, meeting the requirements for AASW accreditation. Students will complete core units such as poverty and social exclusion; health inequalities; child wellbeing and protection; violence against women; practice learning (field placements) as well as a number of electives. The program will be delivered flexibly allowing students to tailor a program that suits their own learning and career goals. Applications open at the end of August 2010.

2010 has also seen the first group of students enrolling in our Graduate Certificate in Human & Community Services. This program has attracted a diverse range of people, many seeing this degree as a way of changing directions in their careers. We have journalists, teachers, lawyers, people involved in voluntary community action and even farmers! For others the Grad Cert (4 units) is a good way to get back into study after a number of years out of university.

More information is available at the upcoming Sydney Live on 28 August 2010 (visit [http://sydney.edu.au/open\\_day/](http://sydney.edu.au/open_day/)) and Postgraduate Careers Expo on 22 September 2010 (visit [http://sydney.edu.au/graduate\\_options/](http://sydney.edu.au/graduate_options/))

#### Margot Rawsthorne

Senior Lecturer  
Community Development  
Social Work & Policy Studies  
The University of Sydney

## FIELD EDUCATION NEWS

### Free Seminar for Field Educators

Preparing to be a Field Educator is a workshop presented for social work practitioners with an interest in social work student learning and field education. This workshop will build on your experiences as a learner and a practitioner and prepare you for the important task of becoming a field educator. This seminar is also open to those wanting a refresher in their role as field educator.

Due to popular demand, these workshops are now being held three times a year. For more information and to register, please contact Maria Bruzzese, 02 9351 1929 or email [maria.bruzzese@sydney.edu.au](mailto:maria.bruzzese@sydney.edu.au)

### Seventy Years of Social Work at the University of Sydney

More than 190 social workers and colleagues attended the 70th anniversary dinner on the 28 July 2010 and contributed to an enjoyable and successful evening.

Another event marking our 70th anniversary

was the Indigenous Education Symposium 'Bridging the Gap' through the Contributions of Education and Social Work. This symposium was held on the 27 August 2010. New Publication in Social Work Field Education

In the Field explores both the theories and 'how to' of practice learning so that students get the most out of the field placement experience. It provides all the relevant information combined with practical activities and examples to allow them to apply their knowledge in a real-life setting. The text also tackles the different challenges that are encountered in the field placement, helping students to gain skills that can be used throughout their careers in the human services.

### In The Field: From Learning to Practice

Roslyn Giles, Jude Irwin, Denise Lynch, Fran Waugh Oxford University Press Melbourne  
ISBN: 9780195567014

## PROFESSIONAL LEARNING OPPORTUNITIES IN 2010

### Leadership in Social Work: The Transition from Practitioner to Manager

Using didactic and experiential learning techniques, this course will cover introduction to leadership and management – understanding the difference, management contexts of contemporary human service organisations, occupational and organisational cultures, teamwork, supervision, managing organisational change and critical reflection, and learning about personal leadership styles.

**WHEN:** Thursday 4 & Friday 5 November 2010, 9.30 a.m. – 3.00 p.m.

**ACADEMIC COORDINATOR:**  
Dr Rosalie Pockett

**LOCATION:** Faculty of Education and Social Work, The University of Sydney

**ENQUIRIES:** Rachel Payne, Project Coordinator, 02 9351 8520 or email [rachel.payne@sydney.edu.au](mailto:rachel.payne@sydney.edu.au)

### Motivational Interviewing for Enhancing Intrinsic Motivation

Motivational Interviewing is a client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. It is a model to describe how people change certain health-related behaviours (such as stopping smoking or starting physical activity) and examines an individual's own fears and difficulties in order to resolve the issue. Participants will develop an understanding of motivational interviewing and key strategies.

#### Session 1: Introduction

This session may be taken as a stand-alone introduction, or as the prerequisite to Session 2, the two-day workshop program.

**WHEN:** Monday 10 May 2010 or Monday 22 November 2010, 9.30 a.m. – 1.00 p.m.

#### Session 2: Workshop

The two-day workshop program will explore motivational interviewing in greater detail, providing practical techniques to resolve ambivalence. Attendance on Day 1 (10 May or 22 November 2010) is a pre-requisite to participation on days 2 and 3. Day 2 will develop further understandings and begin an exploration of the use of the technique. Day 3 will focus on enhancing skills and strategies.

**WHEN:** Tuesday 1 & Wednesday 2 June 2010 or Tuesday 23 & Wednesday 24 November 2010, 9.00 a.m. – 4.00 p.m.

**ACADEMIC COORDINATOR:**  
Dr Kate Russell

**LOCATION:** Faculty of Education and Social Work, The University of Sydney

**ENQUIRIES:** Nina Goodwin, Project Coordinator, 02 9351 6329 or email [nina.goodwin@sydney.edu.au](mailto:nina.goodwin@sydney.edu.au)

#### Andrea Small

Social Work Field Education Officer  
Faculty of Education and Social Work  
The University of Sydney

## THE UNIVERSITY OF NSW (UNSW)

### ANNUAL FIELD EDUCATION SEMINAR

#### A Professional Development Opportunity for Field Educators: An invitation from The University of New South Wales Social Work Program

The University of New South Wales social work field education program wishes to invite you to a day of learning and teaching in the area of field education. This seminar is designed to provide you with a taste of current developments and trends in research and teaching in two distinct areas of social work endeavour. Contributions here will be from Prof Richard Hugman on 'Global Social Work' and Kerrie James on 'Refugee Communities.' Students will be involved in coordinating the first half of the day with an opportunity for them to showcase their learning experiences on field placement. We invite all field teachers and future social work students to come and support the next generation of social workers. The second half of the day will be a professional development opportunity for field teachers and those in the field.

**DATE:** Monday, 6 September 2010.

**TIME:** 9.30 a.m. – 3.30 p.m.

**VENUE:** Morven Brown Building Room 211, UNSW

**RSVP:** 25 August 2010.

Please contact Mary Despinis 02 93851881 or email [socialwork@unsw.edu.au](mailto:socialwork@unsw.edu.au)

Please let us know by 25 August if parking will be required on campus to attend this event.

## 2011 COURSE ANNOUNCEMENT

### Certificate of Supervision in Field Education in Social Work UNSW

The Social Work Program at The University of New South Wales will be offering a course in student supervision in field education leading to the Certificate of Supervision in Field Education in Social Work. This course provides new and experienced instructors with knowledge, skills and the means for increasing self awareness in teaching/learning situations; highlights typical problem situations encountered in student supervision; addresses performance evaluation; theory and practice integration, and explores ethical and legal issues in field education. It also examines theoretical frames of reference for teaching and learning, including models of supervision, and addresses common needs and anxieties of field teachers and students.

**DATE:** March – June 2011

**DURATION OF COURSE:** 3 hours per week for 12 weeks

**VENUE:** The University of New South Wales

**ENQUIRIES:** Mary Despinis 02 93851881 or email [socialwork@unsw.edu.au](mailto:socialwork@unsw.edu.au)  
A/Prof Elizabeth Fernandez 02 93851865 or email [e.fernandez@unsw.edu.au](mailto:e.fernandez@unsw.edu.au)

### New Course at UNSW: Professional Practice Supervision (PPS)

A PPS course which constitutes six units of credit is being developed for fieldwork educators and clinical educators and supervisors who educate UNSW students in the Programs of Medicine, Exercise Physiology, Social work and Optometry. The two modules (Learning & Teaching; Assessment & Feedback) consist of a blend of online and face-to-face activities designed to explore participants' experience and issues of interest, combined with an analysis of theories and approaches to professional placement education. The aim is to assist educators to understand and manage the complexity of issues involved in supervision in the professional setting. The second round of piloting of the course took place in July 2010 with Exercise Physiology & Social Work educators and Medicine & Optometry educators meeting on campus for the workshops. More information about when the course will be offered later will be issued shortly. For further information please contact Keri Moore (ext. 56188) or email [keri.moore@unsw.edu.au](mailto:keri.moore@unsw.edu.au)

## GRANT NEWS

### A National Comparative Analysis of Child, Family and Service Factors Contributing to Successful and Unsuccessful Reunification

#### Outcomes in Out-of-Home Care

Chief Investigators: A/Prof Elizabeth Fernandez, The University of New South Wales, A/Prof Paul Delfabbro and Dr Lisa Kettler, University of Adelaide.

ARC Linkage Grant – three year project.

### Indigenous Australians with Mental Health Disorders and Cognitive Disabilities in the Criminal Justice System

A/Prof Eileen Baldry, Dr Leanne Dowse and Prof Patrick Dodson (with A/Prof Julian N Trollor (School of Psychiatry) and Dr Devon Indig (Centre for Health Research in Criminal Justice/School of Public Health), and in partnership with Department of Ageing, Disability and Home Care, Justice Health, Legal Aid NSW, NSW Department of Housing. ARC Linkage Grant.

## PUBLIC SEMINAR AT UNSW

The School of Social Sciences and International Studies hosted an open seminar on 5 August 2010 featuring:

**Robyn Munford**, Professor of Social Work and Director of the Practice Research and Professional Development Hub, School of Health and Social Services, Massey University, New Zealand on the topic of *Building Inclusive Communities for Families and Children*.

A key focus of the presentation was the utilisation of strengths-based and indigenous approaches combined with community development strategies to explore how positive change strategies for enhancing family and child wellbeing can be promoted and the way in which collaborative practice between families and practitioners can be developed.

**Dr Deborah Ghate**, Director, The Centre for Effective Services, Ireland, on the topic of *Supporting Parents in the Poorest Communities: Practice Challenges and Policy Solutions*.

The presentation offered an overview of evidence of what works best to support parents drawing on a national study of 1750 parents in the poorest neighbourhoods in Great Britain and discussed implications for developing and designing services in order to be maximally effective in reaching parents and children in poverty.

Both presenters were keynote speakers at the Association of Child Welfare Agencies National Conference 2 – 4 August 2010 in Sydney. The School played a significant role in developing the Scientific Program for the Conference.

## STAFF NEWS

### Prof. Richard Hugman

Prof. Hugman's book *Understanding International Social Work: A Critical Analysis* was published by Palgrave-Macmillan in March 2010. Using examples from practice, Prof. Hugman examines the many dimensions of international social work, including various fields of practice, organisations, policy, ethics, education and training. He also uses the discussion to explore what an international perspective tells us about social work as a profession and to examine the continuing challenge of 'professional imperialism' in relationships between the profession in the global North and South. March also saw the culmination of six years of Prof. Hugman's work with UNICEF Vietnam, when the Vietnamese Government approved and accepted the recommendations their work had proposed for the development of professional social work in that country. This decision commits Vietnam to professionalise social work over the next ten years as part of modernising the social services system throughout the country. Prof. Hugman hopes to continue his association with UNICEF in that ongoing work.

**Carmen Ghaly**, a UNSW 2009 graduate, has been accepted as an Australian Youth Ambassador for Development and will be working with UNIFEM in Ghana as an HIV/AIDS and Gender Policy Officer. Carmen took international social work as an elective and combined this with a joint BSW/BA in which she also majored in development studies.

**Elizabeth Fernandez** *How Does Foster Care Work? International Evidence on Outcomes*.

Edited by Elizabeth Fernandez and Richard P. Barth. Foreword by James K. Whittaker. Jessica Kingsley Publishers. The book is an international collection of empirical studies on outcomes for children in foster care. Drawing on research from leading international writers in England, Ireland, Canada, Netherlands, Sweden, Spain, Denmark, United States and Australia, the book establishes a platform for comparison of international child welfare systems and outcomes, and provides an evidence base for programme planning, policy and practice.

**Karen Heycox** along with former UNSW colleague, Assoc Prof. Mark Hughes (now at Southern Cross University) published their book, *Hughes, M. and Heycox, K. (2010) Older People, Ageing and Social Work-Knowledge for Practice*, Allen and Unwin, Crows Nest, in March. Mark Lymbery, Assoc Prof. University of Nottingham U.K. writes in the foreword that this book is 'essential reading for

....continued next page

# University News

practitioners, educators and researchers within the general field of social work with older people.' Much has been written in Australia on social policy and older people, and also some social work practice perspectives are given through journal articles and book chapters within practice texts. However this appears to be the first time a whole book has been dedicated to social work in this increasingly significant area of local practice. It takes a reflective approach to social work with older people and its relevance in this complex and interesting area of social work practice. Importantly it also highlights the diversity and strengths of the older population.

## CENTRES

The Disability Studies and Research Centre is now situated at the UNSW alongside other centres such as the Centre for Refugee Research; The Domestic Violence Clearinghouse; and the Community Development Project (Waterloo/Redfern).

### **Karen Heycox**

Senior Lecturer  
Chair Field Education  
Social Work Program  
School of Social Sciences and International Studies  
Faculty of Arts and Social Sciences  
University of New South Wales

## UNIVERSITY OF WESTERN SYDNEY (UWS)

In the first half of 2010, Social Work at UWS has collaborated with their Teaching and Research colleagues and the Social Justice Social Change Research Centre to hold bi-monthly seminars geared to offer practitioners, students and other academics an insight into the work encompassed by these courses and their staff. This series was kicked off with an 'in-house' series from academics presenting papers that had been recently presented nationally and internationally.

**Brenda Bartlett** presented on *The Future of Youth Work in Australian Universities*

Natalie Bolzan and Fran Gale presented on *Will Controlling the Risks, Grow the Resilience of Young People?*

**Fran Gale and Natalie Bolzan** presented on their ARC research, *Social Resilience: Challenging Neo-Colonial Thinking and Practices Around 'Risk'*. Further refinements on this research were also presented at a

Social Resilience conference in Halifax, Nova Scotia in July.

**Neil Hall** presented on *Resilience for Young Males through Sport*

**Assoc Prof. Betty McLellan** on her recently released book *Unspeakable: A Feminist Ethic of Speech* on Feminist Ethics. In this forum, Betty discussed the kinds of tactics used to silence all dissenting voices with a particular focus on the silencing of women through violence, subordination and exclusion. She concludes that, for speech to be universally free, it must first be fair. The urgent task of 21st Century feminists, she insists, is to have the courage and the fortitude to continue speaking through the silencing.

**Judith E Phillips** from Swansea University, Prof. of Gerontology with a background in Social Work education discussed an exciting integration of the work done by practitioners and academics in developing research capacity amongst community and social workers in the England and Wales and offered recommendations for the Australian context.

**Assoc Prof. Carol Tosone** from New York University, Silver School of Social Work presented at the Friday Afternoon at Bankstown (FAB) series on *Trauma and its Impact on the Social Worker*.

If you would like to be on the distribution list for early advice of presentations, or if you would be interested in presenting at one of our practice research seminars, please contact Justine O'Sullivan:  
j.osullivan@uws.edu.au

## FIELD EDUCATION STATISTICS

In the role of the Clinical Social Work Field Education Coordinator, Justine O'Sullivan is keen to let you know some 'vital statistics' about the Field Education course of the Bachelor of Social Work this year.

In the first half of this year, third year UWS BSW students contributed 29 000 hours to seventy-one different agencies from across Western and Southern Sydney in which they were placed.

The other side of that statistic is that seventy-one workers in the very busy welfare sector of Western and Southern Sydney have supported 29 000 hours of learning for our students! Many of those workers themselves rely on their team mates to assist in the student placement learning process, so if each of those workers was supported by a team of four that would translate to more

than 354 people nurturing the students' drive to learn about social work practice in the real world.

To which we say 'thank you, thank you, thank you' to each and every one of those workers who have taken time to support student learning!

If you have enquiries about support, education and training for Student Supervisors in Social Work Field Education please email: j.osullivan@uws.edu.au

## NEW SOCIAL WORK POSITION

A new Social Work position has been created at the University of Western Sydney and is being currently advertised. In collaboration with Housing NSW (Mt Druitt), a joint Community Development fellowship has been established. The person appointed to this lecturing and social work student supervision and community development position will be responsible for working in the Mt Druitt area, as well as teaching in the undergraduate programs of the School of Social Science, most particularly the field education programs. The successful applicant will also engage with students and academics working on related projects from the University of Technology, Sydney.

The primary responsibility of this position is the establishment and running of a community development project which will include a student unit for up to five students per semester (two cohorts per year). This will always include social work students but may also include students from other disciplines. The project will also engage with academics from across the School of Social Sciences to develop research projects focusing on the greater Mt Druitt region and its communities. The engagement in capacity building processes relevant and appropriate to the Mt Druitt community will emphasise developing sustainable services and resources for the Mt Druitt community and relevant to the Building Stronger Communities program of Housing NSW.

Needless to say we are very excited about this position and would welcome enquiries. If you would like to find out more about this position, please contact Natalie Bolzan, Social Work Program, n.bolzan@uws.edu.au

### **Justine O'Sullivan**

Social Work Field Education Coordinator  
Social Work Program  
School of Social Sciences - Bankstown  
College of Arts  
University of Western Sydney

# Consulting room available

Well appointed consulting room available in the Norwest Business Park in Baulkham Hills. Modern, secure building with cafe. Lift access, fully furnished with comfortable armchairs. Well lit with mountain views. Business hours reception included. Near Norwest Private Hospital and medical practices. Available Thursday to Saturday.

**\$100 + GST PER DAY. PLEASE PHONE GREG PANKHURST ON 0416 201 297.**

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