



## **2009-2010 AASW BUDGET SUBMISSION**

***“Capacity building: Social inclusion and strong and safe families and communities”***

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## Executive Summary

The Australian Association of Social Workers (AASW) is the professional body representing social workers in Australia. The AASW is the accrediting body for all tertiary social work programs in Australia and also for the assessment of overseas qualified social workers.

Social workers are employed at the interface between the person and their environment, and AASW members provide a range of services across a number of different areas. These include child and family welfare, child protection, disability, rehabilitation, income support, corrections and juvenile justice, housing support and homeless services, aged care, health and mental health.

Social work interventions are typically multi-level and multi-layered. Interventions may include individual counselling, psycho-education and practical support for family carers, family therapy involving client and family, and case work with groups of clients or families. Social workers also work with families and communities to improve their health and well-being.

According to the Australian Bureau of Statistics, 13,500 professional social workers are currently practicing in Australia.<sup>1</sup>

In carrying out their professional tasks and duties, social workers strive to act in ways that give equal priority to respect for human dignity and worth and the pursuit of social justice. This commitment is demonstrated through service to humanity, integrity and competence, which characterise professional social work practice.

Our submission has a primary focus on the issues facing the social work workforce. Of particular interest to us are the deteriorating conditions in community sector workplaces and the need to ensure a qualified and committed workforce to deliver high quality services to Australians who need them.

We have developed a number of strategies aimed at enabling more students to study social work, as well as recommendations aimed at addressing the issues facing the current community sector workforce. We hope to work in partnership with the Government to address the gaps and resolve workforce issues.

Many social workers work in the health sector, and we are concerned about the accessibility and affordability of healthcare. We have developed and endorsed recommendations aimed at helping low-income and disadvantaged consumers access

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<sup>1</sup> Australian Bureau of Statistics (2008) *Labour Force, Australia*. Australian Bureau of Statistics: Belconnen, ACT.

high quality health care, as well as enhancing access for health consumers in rural and remote areas.

Mental health is a crucial issue for the social work profession, and steps must be taken to strengthen the mental health workforce and focus on early intervention and strategies. The services of social workers in the mental health field must also be made more accessible to those who need them the most.

Child protection is a central concern to the profession, and we trust the cooperative approach between the Federal and State / Territory Governments in the development of the National Child Protection Framework will continue, with a focus on prevention and early intervention. As an active member of the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children, the AASW strongly endorses all the Coalition's recommendations and continue to draw attention to the importance of a skilled and motivated workforce to support the delivery of child protection services.

The Social Work profession has a commitment to social inclusion, and addressing Indigenous disadvantage is the single most important priority for this. The AASW believes that a long term, whole of government, consultative, cross policy approach is required to close the gap of Indigenous disadvantage. Culturally sensitive and flexible approaches to service delivery are also required to overcome the disadvantage associated with a lack of essential services to those living in remote areas. We have again highlighted the importance of the goals of the ongoing Close the Gap campaign, and hope that Indigenous health and wellbeing features prominently in the 2009-10 Budget.

The current economic climate presents challenges to the Government, families and communities. The impact of an economic downturn is likely to be felt most by those least able to withstand the pressures, low income and disadvantaged Australians. It is likely to generate an increased demand for services from the country's most disadvantaged people, and we the Government takes steps to address the possibility of this growing demand.

The AASW welcomes the opportunity to contribute to the development of the 2009-10 Federal Budget.

## Summary of Recommendations

The AASW recommends that the Federal Government:

### **Recommendation 1: A National Workforce Strategy**

Cost: Nil

1.1: Work with AASW and other stakeholders to develop a national workforce strategy for social worker; and

1.2: Undertake a review of certification and accreditation arrangements, and steps to protect the title of 'Social Worker', with a view to investigating the possibility of creating a professional registry for accredited social workers.

### **Recommendation 2: A National Scholarship Fund**

Cost: \$0.6 million (2009-10), \$0.6 million (2010-11)

Establish a scholarship fund, administered by AASW, to support identified target groups to undertake social work degrees, thereby reducing HECS debts for this group.

### **Recommendation 3: Changes in University Band Funding**

Cost: \$3.2 million (2009-10), \$3.2 million (2010-11)

Better reflect the need for intensive skills training and lengthy clinical placements by aligning university band funding for social work degrees with funds provide per nursing undergraduates.

### **Recommendation 4: Increase the social work student numbers**

Cost: \$5.75 million (per annum but this will only commence in 2011-12)

The number of social work students has not increased adequately to meet the increasing and increasingly complex demands from the population. A target of 1,000 more places by 2012 should be set across all States and Territories.

### **Recommendation 5: Equitable Access to Healthcare**

Cost: Variable

5.1: Take steps to build a skilled and available health workforce and strongly support the introduction of well coordinated health service provider teams to facilitate better access to appropriate services;

5.2: Adopt measures to minimise out-of-pocket costs for health care in order to assist low income and disadvantaged consumers get the health care they need;

5.3: Develop a preventative health strategy aimed specifically at regional Australia; and

5.4: Take steps to deliver appropriate financial and technological assistance for people who are isolated geographically, socially, through illness or other means, to access

appropriate medical care. This can occur through a range of avenues, including technology assisted access to specialists and allied health professionals in metropolitan areas.

**Recommendation 6: Mental Health Workforce Initiative**

Develop a national mental health and comorbidity Workforce Development Strategy.

**Recommendation 7: Early Intervention in Mental Health**

Cost: \$1.5 million (2009-10), \$0.8 million (2010-11), \$0.7 million (2011-12)

Fund a National Mental Health Prevention and Promotion Campaign.

**Recommendation 8: Changes in Medicare Rebate**

Cost: \$0.5 million (2009-10), \$0.6 million (2010-11)

Increase the Medicare rebate paid to clients of social workers to match that paid to clients of psychologists

**Recommendation 9: Early Interventions in Child Protection**

Cost: Variable

9.1: Tackle child abuse through integrated local solutions;

9.2: Implement specific programs to address the multiple needs of Indigenous children and families who continue to be over-represented in child neglect and abuse referrals and investigations;

9.3: Improve life opportunities for children and young people in care and leaving care; and

9.4: Keep the needs of children and young people in front of the nation and building partnerships for change.

**Recommendation 10: Closing the Gap for Aboriginal and Torres Strait Islander Peoples**

Cost: \$460 million (2009-10)

10.1: Increase annual Indigenous health funding by \$460 million to create equal access to health services;

10.2: Increase Indigenous control and participation in the delivery of health services; and

10.3: Address critical social issues such as housing, education and self-determination which contribute to the Indigenous health crisis.

## Social Work Services and Workforce Issues

*A well trained, skilled and resourced community sector is a critical aspect of the delivery of social services in Australia. But maintaining and growing a skilled workforce in the community sector is not just important for the millions it services every year.*

*It is also critical to building the social capital which will underpin Australia's social inclusion agenda. Community and government programs which focus on investment in human capital ultimately build social capital, because by building capabilities in communities and disadvantaged communities we are building social inclusion.*

- Julia Gillard, Deputy Leader of the Australian Labor Party <sup>2</sup>

Social workers work across a number of different fields, including mental health, child protection, children and family support, domestic violence, health and welfare. They work in services delivered by Federal and State / Territory Governments, and also work in not for profit community services. According to the Australian Council of Social Service, all of these sectors are experiencing significant workforce issues.<sup>3</sup> These largely relate to the recruitment and retention of motivated and qualified staff.

Many lives depend upon the quality and timeliness of health and human services. Children and women escaping domestic and family violence and abuse, individuals and families dealing with and managing disability, mental health issues, homelessness, substance abuse, financial crises, family breakdown, recovery from trauma and emergency and crisis situations, to name a few, access services which are often staffed by social workers.

Recipients of health and human services must be able to rely on the competence, capacity, integrity and professionalism of social workers; regardless of the type and nature of the service accessed. At present, the biggest barrier to achieving to building strong and safe communities and assisting those individuals and families experiencing difficulties is the lack of a well resourced and professional trained workforce.

As the Australian community confronts a period of economic instability, higher unemployment rates; financial stress for individuals and families and the accompanying social ills including homelessness, family breakdown and violence,

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<sup>2</sup> Australian Labor Party (2007) *An Australian Social Inclusion Agenda*. Australian Labor Party: Canberra, ACT

<sup>3</sup> Australian Council of Social Service (2008) *Australian Community Sector Survey Report 2008*. Australian Council of Social Service: Redfern, NSW.

substance abuse and mental health issues are likely to increase. The presence of a well resourced, supported and trained social work workforce has the capacity to offer assistance, support and hope for many children, individuals, families and communities.

### **Where Have All The Social Workers Gone?**

In order to become a recognized as a professional social worker in Australia, graduates must have obtained a accredited Bachelor of Social Work, or a qualifying Master of Social Work. Upon completing a four year degree including a number of extensive practical placements, graduates seeking employment positions which are of a practical nature may only anticipate extremely low levels of remuneration.

Many social work students acquire HECs and other debts during the course of their degree, particularly as their extended practical placements are unpaid. Many choose alternative employment options to practical positions in order to achieve higher remuneration levels.

The scarcity of male social workers is directly attributable to remuneration levels, as many men still retain the position of being the primary income earner for the family. In choosing between management positions and direct service delivery positions, most move into the higher paying management stream, resulting in workforce shortages.

The small numbers of Indigenous social workers and graduates from culturally or linguistically diverse backgrounds means that many community organisations struggle to provide culturally appropriate services in critical areas such as child protection, domestic and family violence, mental health, substance abuse, to name a few.

AASW is aware that for many potential social workers, especially those Indigenous and culturally and linguistically diverse workers, student loans, costs associated with extended practical placements together with low salary levels, are significant barriers to obtaining a formal social work qualification. Many instead choose to obtain VET qualifications in community and welfare work.

The current social work workforce is ageing, predominantly female and experiencing high burnout rate. Older staff are choosing to move into part-time positions in order to minimise the impact of the work being undertaken and begin the move into retirement. This has resulted in gaps in supervision and inadequate professional development and training for new staff members.

These issues could be addressed in a number of ways. Expanding workforce of VET qualified community and welfare workers, together with increasing the number of university qualified social workers, could help alleviate the shortage of social workers.

Another significant factor has been the limited expansion in the number of social worker students graduating from universities. The AASW therefore argues that the first and most important task in addressing the recruitment difficulties across these fields is an expansion in the number of places in university social work courses. Within this expansion, special provision needs to be made for members of the Indigenous community. AASW urges the Commonwealth government to set expansion as an educational priority.

## **Real Wages For Real Jobs**

Many individuals choose between lower salaried employment opportunities with Commonwealth and State funded not for profit organisations and higher paying Commonwealth and State public service positions. The following examples provide some insight:

- A large Sydney based provider reports their counselors and mediators are paid approx \$50,000pa compared to the \$80,000 pa for comparable positions in other sectors – private sector, the Family Court and state government agencies;
- Queensland providers have compared their salary award rates for practitioners to those in the public sector for equivalent work, revealing a gap of \$12,000 pa for entry level positions and up to \$18,000 pa for more experienced positions;
- A Brisbane provider reports that superannuation rates for practitioners in community based services is 42% less than that of their public sector counterparts.<sup>4</sup>

These remuneration rates obviously are more significant in the context of rising housing costs, particularly in regional and remote areas.

Social workers, whether in Government agencies or in the not-for-profit sector, usually work alongside colleagues from different University disciplines, and colleagues with VET qualifications. In most situations, this workforce diversity is an opportunity for social workers to work across multi-disciplinary teams, providing expertise in areas and facilitating other professionals to provide appropriate services.

While workforce diversity is positive, the roles for social workers have become more specialist, with employers seeking to reduce costs by appointing people with undergraduate or VET qualifications in place of social workers. This results in a less-qualified workforce, and risks the delivery of high quality services to clients. A clear set of roles for social workers, along with protection of title for those in private practice,

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<sup>4</sup> Family Relationship Services Australia (2008) *Submission to the 2008-09 Budget*. Family Relationship Services Australia: Deakin, ACT.

would assist in ensuring the community of the high quality of health and human services.

**Recommendation 1: A National Workforce Strategy**

Cost: Nil

1.1: Work with AASW and other stakeholders to develop a national workforce strategy for social workers; and

1.2: Undertake a review of certification and accreditation arrangements, and steps to protect the title of 'Social Worker', with a view to investigating the possibility of creating a professional registry for accredited social workers.

Developing a comprehensive workforce strategy would better serve community, welfare and social work services; students, employees, employers and government.

This call is echoed by the Australian Services Union, which argues that certification of staff and services, coupled with industry bodies to provide certification and other services, will be important to building a strong workforce and enhancing service delivery.<sup>5</sup>

**Recommendation 2: A National Scholarship Fund**

Cost: \$0.6 million (2009-10), \$0.6 million (2010-11)

Establish a scholarship fund, administered by AASW, to support identified target groups to undertake social work degrees, thereby reducing HECS debts for this group.

**Recommendation 3: Changes in University Band Funding**

Cost: \$3.2 million (2009-10), \$3.2 million (2010-11)

Better reflect the need for intensive skills training and lengthy clinical placements by aligning university band funding for social work degrees with funds provide per nursing undergraduates.

**Recommendation 4: Increase the social work student numbers**

Cost: \$5.75 million (per annum but this will only commence in 2011-12)

The number of social work students has not increased adequately to meet the increasing and increasingly complex demands from the population. A target of 1,000 more places by 2012 should be set across all States and Territories.

These measures will further develop the social work workforce, enhance the qualifications of frontline human services staff and help address workforce shortages.

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<sup>5</sup> Australian Services Union (2009) *Position Paper for Child Protection Advisory Group*. Australian Services Union: Carlton, Victoria.

## Health

*The primary determinants of health are social, economic, political and environmental rather than solely a product of health care services.*

- International Federation of Social Workers<sup>6</sup>

Social workers make an important contribution to the health care workforce. At present, 28% of social workers in Australia are employed in health and aged care services.<sup>7</sup>

The AASW believes that the development of health policy should be based on the following principles:

1. A focus on the person in their environment;
2. Health priorities should incorporate:
  - services for Indigenous people to be embedded in Indigenous culture
  - the needs of rural and remote communities
  - services being located and distributed to enable access
  - need informing the location and distribution of services
  - capital investment in infrastructure keeping pace with demand
  - the provision of seamless health services;
3. Social capital to enhance informal health care systems, minimise social isolation and create more resilient communities; and
4. Needs based health care profiles are required for all Australian communities to facilitate the development of minimum health care standards to ensure equity of health services between rural and remote communities and cities.

The AASW refers to the Consumers Health Forum of Australia's recent submission to the National Health and Hospital Reform Commission. In particular, we refer to the following recommendations:

### **Recommendation 5: Equitable Access to Healthcare**

Cost: Variable

5.1: Take steps to build a skilled and available health workforce and strongly support the introduction of well coordinated health service provider teams to facilitate better access to appropriate services;

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<sup>6</sup> International Federation of Social Workers (2004) *International Federation of Social Workers Declaration*. International Federation of Social Workers: Trondheim, Norway.

<sup>7</sup> Australian Association of Social Workers (2008) *Submission to the National Health and Hospitals Reform Commission*. Australian Association of Social Workers: Barton, ACT.

5.2: Adopt measures to minimise out-of-pocket costs for health care in order to assist low income and disadvantaged consumers get the health care they need;

5.3: Develop a preventative health strategy aimed specifically at regional Australia; and

5.4: Take steps to deliver appropriate financial and technological assistance for people who are isolated geographically, socially, through illness or other means, to access appropriate medical care. This can occur through a range of avenues, including technology assisted access to specialists and allied health professionals in metropolitan areas.<sup>8</sup>

These initiatives will help to develop the health workforce and enhance outcomes for health consumers.

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<sup>8</sup> Consumers Health Forum of Australia (2008) *Submission to the National Health and Hospitals Reform Commission*. Consumers Health Forum of Australia: Barton, ACT.

## Mental Health

*At a time in which many Australians are under increasing pressures, the mental health and wellbeing of individual Australians and our broader community has never been more important.*

*...Statistics on mental health in Australia reveal a stark picture of inadequate care and poor information. The consequent impact on individuals, communities, our health system and our workplaces is alarming.*

- Mental Health Council of Australia<sup>9</sup>

The social work profession is integrally involved in facilitating mental health and responding to mental illness across a range of sectors. The AASW includes specialist mental health social work practitioners responding to the mental health needs of individuals, families and groups in every aspect of human experience throughout the life cycle, experiencing crises and trauma and acute, episodic and chronic mental illness across diverse clinical practice fields.

The AASW accredits Mental Health Social Workers on behalf of DoHA through the Commonwealth's *Better Access to Mental Health Care* program. Accredited Mental health social workers provide therapeutic services and specialised counselling to diverse populations working from a uniquely social work perspective, assisting and advocating for individuals experiencing mental illness, their families, carers and their communities. Social workers are highly committed to early intervention, as well as family and community preventative approaches to mental illness.

All graduates of accredited social work programs in Australia are required to have core knowledge and skills for working with people with mental health issues.<sup>10</sup>

The AASW supports mental health policies that reflect a commitment to principles of social justice and the enhancement of the wellbeing of individuals. These take into consideration the fundamental role of the social and physical environment in contributing to wellbeing.

We refer to the Mental Health Council of Australia's submission to the 2009-10 Budget, which we endorse in full. In particular, we draw attention to the following recommendations:

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<sup>9</sup> Mental Health Council of Australia (2009) *2009-10 Budget Submission*. Mental Health Council of Australia: Deakin, ACT.

<sup>10</sup> AASW (2008) *Australian Social Work Education and Accreditation Standards, Statement of specific mental health curriculum content for social work qualifying courses*, Barton, ACT.

**Recommendation 6: Mental Health Workforce Initiative**

Develop a national mental health and comorbidity Workforce Development Strategy.

There are over 1000 non-government organisations around Australia providing mental health and co-morbid treatment and community services. Very little is known about the staffing and composition of these organisations. As this sector becomes a more significant player in the delivery of mental health care in Australia, the AASW supports the MHCA advocacy for the mapping and reporting of the community mental health sector industry demographics.<sup>11</sup>

**Recommendation 7: Early Intervention in Mental Health**

Cost: \$1.5 million (2009-10), \$0.8 million (2010-11), \$0.7 million (2011-12)

Fund a National Mental Health Prevention and Promotion Campaign.

There is currently no national mental health prevention and promotion campaign in Australia. Mental illnesses, particularly lower-prevalence disorders such as schizophrenia or bipolar disorder, are still the subject of powerful negative community stigma and media portrayal. Discrimination and stigma prevent early intervention and are major barriers to reintegration of people who have experienced a mental illness.<sup>12</sup>

**Recommendation 8: Changes in Medicare Rebate**

Cost: \$0.5 million (2009-10), \$0.6 million (2010-11)

Increase the Medicare rebate paid to clients of social workers to match that paid to clients of psychologists

At present, patients seeing an accredited social worker under the *Better Access to Mental Health Services* program receive a rebate that is \$10 less per visit than patients seeing a psychologist. Given that the two professions work in similar ways, and the practitioners hold similar levels of qualification, there is no justification for this market distortion.

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<sup>11</sup> Mental Health Council of Australia (2009) *2009-10 Budget Submission*. Mental Health Council of Australia: Deakin, ACT.

<sup>12</sup> Mental Health Council of Australia (2009) *2009-10 Budget Submission*. Mental Health Council of Australia: Deakin, ACT.

## Child Protection

*Increased support to families is one of the most significant ways in which the care and protection of young people is best secured. More resources must be invested in both short and long term support for families.*

*As a community, we have a responsibility to provide both support and protection to children and young people and investment in families is one of the more effective ways of achieving this.*

- Youth Coalition of the ACT<sup>13</sup>

Much of the recent policy debate around child protection has focussed on surveillance, hazard detection and risk assurance. Paradoxically, this has served to decrease attention on what children need to keep them safe and improve their lives.

The AASW is strong in its support for a focus on prevention and early intervention services. A focus on prevention would enhance responses at all levels of government, meeting a broad range of family needs. Furthermore, it is clear that the current child protection system has become unsustainable and is struggling to meet demand.<sup>14</sup> Significant efforts are therefore required to reduce the number of children being reported to State and Territory child protection agencies, and the number removed from families and taken into state care.

The AASW supports the development of a public health model for child protection. In this system, accurate epidemiological data would form the basis for long-term public education campaigns and to educate parents about positive child rearing practices. The AASW also supports a full range of family-focussed culturally-sensitive services that are respectful of parents as they engage in the complex task of looking after and nurturing their children. In the long-term, this two-fold approach is the most effective way to reduce the incidence of child abuse and neglect. A solutions driven national research agenda, recurrently funded and with a focus on child protection, would also be essential to achieving prevention aims.

Frontline child protection services must reorient their focus to the child in the context of the family, and on family assessment. This approach recognises that prevention is the first and foremost task of all child protection services. At a national level, a threefold categorisation of services as primary, secondary and tertiary would be

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<sup>13</sup> Youth Coalition of the ACT (2007) *Young People in Care*. Youth Coalition of the ACT: O'Connor, ACT.

<sup>14</sup> Department of Families, Housing, Community Services and Indigenous Affairs (2008) *Australia's Children: Safe and Well. A National Framework for Protecting Australia's Children*. Department of Families, Housing, Community Services and Indigenous Affairs: Tuggeranong, ACT.

helpful, as it would harness the range of Commonwealth, State and Territory programs responding to family need, such as child care and income maintenance.

Indigenous children continue to be over-represented in the population reported to State and Territory child protection agencies, and prevention and early intervention programs that work with Indigenous communities are required to begin to address this, alongside the adoption of appropriate placement principles for Indigenous children removed from their families.

The AASW supports recent representations made by the Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children, auspiced by Families Australia. In particular, we draw attention to the following recommendations:

**Recommendation 9: Early Interventions in Child Protection**

Cost: Variable

9.1: Tackle child abuse through integrated local solutions;

9.2: Implement specific programs to address the multiple needs of Indigenous children and families who continue to be over-represented in child neglect and abuse referrals and investigations;

9.3: Improve life opportunities for children and young people in care and leaving care; and

9.4: Keep the needs of children and young people in front of the nation and building partnerships for change.<sup>15</sup>

While not precluding other proposals, these four high-level priorities would make a strong early impact and lay the basis for long-term measures.

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<sup>15</sup> Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children (2009) *Letter to Jenny Macklin: National Framework for Protecting Australia's Children*. Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children: Campbell, ACT.

## Indigenous Affairs

*We have all the evidence we need to show us how best to get the results we're looking for. What we need is a path through all the historic, attitudinal, political layers that obstruct the passage from knowledge to outcome.*

*This level of commitment comes at a price, but there has never been an investment in Indigenous Australia sufficient to make this kind of progress.*

- Mick Dodson <sup>16</sup>

Social workers are often at the frontline of complex indigenous issues, and can be intimately involved in the delivery of government and non-government services to Aboriginal and Torres Strait Islander peoples. Given the importance of direct practice, social workers are important stakeholders in Indigenous affairs.

The AASW is concerned about the adoption of punitive approaches to service delivery in Indigenous affairs, including those within the Northern Territory Emergency Response. The issues that led to the Response are complex, and we acknowledge that various policy approaches and program delivery models adopted governments have not been effective.

The AASW believes that a long term, whole of government, consultative, cross policy approach is required to close the gap between Indigenous and non-Indigenous across Australia. Culturally sensitive and flexible approaches to service delivery are also required to overcome the disadvantage associated with a lack of essential services to those living in remote areas. In particular, the AASW supports:

1. Flexible models of service delivery to adapt to the cultural dynamics of individual Indigenous communities;
2. Consideration of environmental conditions, such as housing, infrastructure, availability of clean water and fresh healthy options for food and hygiene need to be addressed as a precursor to improvements in the overall health status of indigenous communities;
3. The concurrent consideration of indigenous health, housing, education, child care, employment, environment and economic development; as opposed to consideration of these issues in separate silos;
4. Adoption of a longer term needs based funding approach;
5. Collection good baseline data, on-going monitoring and evaluation of government policies, initiatives and programs; and

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<sup>16</sup> Dodson, M (2007) *Whatever Happened to Reconciliation?* (Public Lecture)

6. Adoption of a partnership approach to consultation with indigenous communities.

The AASW supports NACCHO (National Aboriginal Community Controlled Health Organisations) and the Close the Gap Campaign. We refer to the following recommendations:

**Recommendation 10: Closing the Gap for Aboriginal and Torres Strait Islander Peoples**

Cost: \$460 million (2009-10)

10.1: Increase annual Indigenous health funding by \$460 million to create equal access to health services;

10.2: Increase Indigenous control and participation in the delivery of health services; and

10.3: Address critical social issues such as housing, education and self-determination which contribute to the Indigenous health crisis.<sup>17</sup>

These measures are aimed at giving Aboriginal and Torres Strait Islander people equal access to services and promoting a human rights approach to Indigenous social policy.

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<sup>17</sup> Oxfam Australia (2009) *Close the Gap: Indigenous Health in Crisis*. Oxfam Australia: Carlton, Victoria.

## Reference List

Australian Association of Social Workers (2008) *Submission to the National Health and Hospitals Reform Commission*. Australian Association of Social Workers: Barton, ACT.

Australian Association of Social Workers (2008) *The Profile of Social Work in Australia: Representations in the Media and the Perceptions of Social Work Students*. Australian Association of Social Workers: Barton, ACT.

Australian Bureau of Statistics (2008) *Labour Force, Australia*. Australian Bureau of Statistics: Belconnen, ACT.

Australian Council of Social Service (2008) *Australian Community Sector Survey Report 2008*. Australian Council of Social Service: Redfern, NSW.

Australian Labor Party (2007) *An Australian Social Inclusion Agenda*. Australian Labor Party: Canberra, ACT

Australian Services Union (2009) *Position Paper for Child Protection Advisory Group*. Australian Services Union: Carlton, Victoria.

Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children (2009) *Letter to Jenny Macklin: National Framework for Protecting Australia's Children*. Coalition of Organisations Committed to the Safety and Wellbeing of Australia's Children: Campbell, ACT.

Consumers Health Forum of Australia (2008) *Submission to the National Health and Hospitals Reform Commission*. Consumers Health Forum of Australia: Barton, ACT.

Department of Families, Housing, Community Services and Indigenous Affairs (2008) *Australia's Children: Safe and Well. A National Framework for Protecting Australia's Children*. Department of Families, Housing, Community Services and Indigenous Affairs: Tuggeranong, ACT.

Dodson, M (2007) *Whatever Happened to Reconciliation?* (Public Lecture)

Family Relationship Services Australia (2008) *Submission to the 2008-09 Budget*. Family Relationship Services Australia: Deakin, ACT.

International Federation of Social Workers (2004) *International Federation of Social Workers Declaration*. International Federation of Social Workers: Trondheim, Norway.

Mental Health Council of Australia (2009) *2009-10 Budget Submission*. Mental Health Council of Australia: Deakin, ACT.

Oxfam Australia (2009) *Close the Gap: Indigenous Health in Crisis*. Oxfam Australia: Carlton, Victoria.

Youth Coalition of the ACT (2007) *Young People in Care*. Youth Coalition of the ACT: O'Connor, ACT.