



# **The views of Australians regarding regulatory requirements of counsellors and qualified therapists**

Summary paper of research conducted by Roy  
Morgan on behalf of the Australian  
Association of Social Workers

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### Introduction

Earlier this year the Australian Association of Social Workers (AASW) commissioned Roy Morgan Research to undertake a national poll of Australian households to ascertain their views and perspectives on qualifications and standards required by those health professionals, including social workers who provide counselling or therapeutic services to the Australian population.

The AASW were keen to elicit the views and perspectives of the Australian public with regards to counselling and therapeutic services being provided and their understanding of qualifications required to practice as a counsellor; where to go should you have a complaint about the service received; and the public's confidence amongst the different health professionals who provide these services.

### The poll

The household telephone survey was conducted in March 2011 with a total of 18,485 Australians polled ranging in age from 14 to 70+. Of those polled, 49% were male and 51% female, with 62% resident in urban areas whilst 38% resided in a rural location.

### Summary of results

#### ***Minimum qualification to practice as a counsellor/therapist***

Respondents were asked their view on the minimum qualification required, if any, for someone to qualify as a counsellor or therapist. 63% believe that a degree, either at Under or Post graduate was required; 14% thought that a Certificate of Diploma from TAFE or a private college was required. Only 3% indicated there was no need for a tertiary qualification.

16% of people from rural Australian were of the view that you could either practice without a qualification or require only a certificate to practice compared to only 5% in urban areas who believed this to be the case. This could be explained by the fact that the majority of those providing counselling reside in urban areas, many with a tertiary qualification. In rural areas there are a higher proportion of counsellors providing a counselling service who do not necessarily have a tertiary qualification.

### ***Complaint process***

Participants were asked that in the event of a serious complaint about a counsellor's behaviour or skills, who they would go to? Multiple options were allowed. 37% indicated that a government body or authority, 29% would go to the police, with 41% complaining to the counsellor's employer or workplace and a further 41% would contact the counsellor's professional association.

48% of women indicated they would make a complaint to the counsellor's employer or workplace whilst only 34% of men indicated the same. 58% of women aged 25-34 were the most likely to complain to the counsellors professional association. Similarly 48% of men in the same age range were the second most likely to complain to the professional association. Interestingly 51% of men aged 18-24 were the group most likely to complain to the professional association.

36% of people from rural areas are less likely to complain to the counsellor's professional body, less than those people from urban areas at 43%.

### ***If counsellor found guilty of serious issue***

In the event that a counsellor were found guilty of a serious issue about their behaviour or skills, respondents were asked to respond true or false to a series of statements. 91% believe the counsellor could be struck off or banned from practicing; 80% believed they could be disciplined at work whilst 78% believed they could be asked to undergo further supervision and training.

### ***Continuing professional education***

Respondents were asked if a counsellor is required to continue professional training to keep their skills up to date. 87% believe this to be the case, with only 7% indicating they did not believe this to be true.

### ***Confidence in different professional groups***

Respondents were asked to rate a number of professionals who provide counselling or therapy if they were referring a friend or relative for help with personal problems and their level of confidence in each of these groups to provide the service required.

The different professional groups included: social workers; psychologists; therapists; counsellors and psycho-therapists. Respondents were asked to rate them against:

- A great deal of confidence
- A fair amount of confidence
- Some confidence
- Not much confidence

- No confidence at all

With regards to the professional group with whom people had least confidence (combining not much confidence and no confidence at all), *counsellors*, *therapists* and *psycho-therapists* ranged between 18% and 22% with *social workers* at 20%.

Males were more inclined to have 'not much or no confidence' in *social workers* at 25% compared to females at 17%. Both males and females aged 25 to 34 were the age group with a 'fair amount' of confidence in *social workers* at 39%. In terms of rural and urban comparisons, there was marginally less confidence in *social workers* in rural areas when compared with urban, but nothing statistically significant.

Confidence in *therapists* was particularly polarised for those aged 18 to 24. 44% of females had confidence in *therapists* compared with only 9% of males in the same age group. Overall there was less confidence in *therapists* in rural areas at 21% compared with urban areas at 14%.

Males aged 18 to 24 were the group who had either a 'great deal or fair amount' of confidence in *Counsellors* at 59% and 46% respectively. Overall the results showed that rural people again had 'not much or no confidence' in *counsellors* at 22%, compared with people in urban areas at 15%.

For *psychologists*, the group with a 'great deal of confidence' in the profession were young women aged 18 to 24 at 43%, closely followed by women aged 25 to 34 at 40%.

### Discussion and analysis of results

There is a clear view by the majority of respondents that in order to provide counselling or therapeutic services, a tertiary qualification is required. However, the term counsellor, can be, and is used by many people with varying degrees of qualification in the counselling field. In fact, social work is another term that is often widely prescribed by people outside of the social work profession. Of the professional groups referred to in the poll, only social workers and psychologists are required to hold a tertiary level undergraduate qualification as prescribed by their professional association.

What is encouraging from the poll is that the majority of Australians believe that a tertiary qualification should be required as a minimum for someone to qualify as a counsellor or therapist. The question posed raises the very real issue of how a determination is made with regards to who can be referred to as a counsellor or therapist.

Of some concern from this poll are the different views as to where a person should go to make a complaint about a poor service they have received from a counsellor or therapist. Whilst the most common view was that a person could go to either the counsellors employer or their professional association, there was by no means a unanimous view on

this. What is perhaps of concern for the Social Work profession is that a complaint to the AASW by a client will not result in the person being banned or barred from practising as a counsellor or therapist. It is interesting to note the difference between responses from rural versus urban in relation to this question and that people living in rural areas are less likely to make a complaint to the professional association compared with their counterparts in urban areas. This does raise the issue that for people in rural areas they may feel there is less opportunity for them to make a complaint, particularly as that counsellor may be the only one practicing in their area.

The fact that 91% of people think that a counsellor can be struck off or banned from practicing is concerning but not necessarily surprising. After all, it is reasonable for one to assume that should a person have an issue with a counsellor, and if they were guilty of serious misconduct, they should no longer be able to continue to practice. This is not the case for social workers as they are not a registered profession.

87% of those polled believe that counsellors are required to continue professional training to keep up to date. This is a reasonable assumption, but is not a requirement within the social work profession. The AASW do have a Continuing Professional Development program. However, it is not mandatory for social workers to engage in the program, and it only applies to members of the association. With more than 60% of social workers not members of their professional association, it means that a number of social workers have the capacity to practice as a social worker or counsellor without requiring ongoing professional training.

At a time when social workers are playing an increasing role in providing counselling services for clients with mental health problems in private practice, it would be reasonable to expect that quality assurance measures are such that safeguarding the interest of the client should be paramount.

With the advent of the Better Access program and a significant expansion of the Access to Allied Psychological Services (ATAPS) program there will continue to be more and more social workers entering private practice to provide these necessary services to clients with a mental illness.

Social work remain the largest health profession not listed with the Australian Health Practitioner Regulation Agency (AHPRA) which lists over 500,000 health practitioners around the country with or without restrictions to their scope of practice.

The poll demonstrates the position at which the psychology profession have been able to leverage as those most trusted to provide counselling and therapeutic services. The Australian public have more confidence in psychologists than the other professional groups listed which probably speaks to the fact that they are a registered profession and that a person cannot practice without being registered by their state body.

It is clear that the Australian Association of Social Workers (AASW) have a critical role in promoting the role of social work as one of the only other significant professional groups outside of psychology who can provide counselling services. Unfortunately, Australia does not enjoy the level of trust and confidence in counselling professionals as is the case in North America, where social workers are both registered and licensed according to their state or jurisdiction of operation. With the 'allied health workforce'<sup>1</sup> having rapidly expanded in recent years, significant work needs to occur to educate the general public about the role of social work and its capacity to provide counselling and therapeutic services. Coupled with this is the push for social work to become a registered health profession.

The poll results demonstrate the confidence level within which social workers are held varies according to both gender and age range. By comparison with some of the other professional groups listed, there is need to build the confidence of the community in the social work profession and its capacity as a provider of counselling services.

### Conclusions

This national poll points to a number of areas for the social work profession to respond to. In order to better safeguard the public through the provision of high quality counselling and therapeutic services a legislative framework needs to be approved to mandate the registration of the social work profession. Without this in place the public will continue to access counselling and therapeutic services from social workers for whom they have no recourse, should the service be deemed unsatisfactory or unprofessional.

Social workers constitute a significant component of the counselling workforce, particularly in rural and remote parts of Australia. Social workers located in rural and remote Australia are sometimes the only service provider in the area, providing essential counselling and therapeutic services to often vulnerable population groups. To ensure that clients can access a quality service from qualified and registered social workers and have the opportunity to register a complaint based on negligent practice; changes must be made to the current system.

The introduction of a registration and accreditation scheme, similar to AHPRA, for the social work profession, will provide the necessary safeguards for both social workers and their clients to ensure quality services are provided by people with the requisite skills and knowledge to practice as counsellors and therapists.

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<sup>1</sup> Allied health workforce refers to psychologists, social workers, occupational therapists.