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

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

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

If the care coordinator was a psychologist...

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

If the care coordinator was a social worker...

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

Case study 2: Trust relationships open to abuse

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

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

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

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

Case study 3: Potential implications of negligent practice

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

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

Case study 4: Unethical practice, poorly managed

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

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

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

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


Case study 5: Ongoing implications of lack of redress

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

Subsequent allegations were made about this person having inappropriate relations with a client and he was eventually sacked from a counselling position after admitting to providing a patient with extra medication the day before she died. A coronial inquiry ensued. Further allegations have recently emerged about this social worker taking money under false pretences, fraudulently claiming money from government and residing with clients.

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


Case study 6: Limitations of self-regulation

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

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

These are just some examples of breaches and violations by social workers in western countries who have similar practices to those in Australia. In all these countries social workers are registered/licensed to practice. Due to the similarities we can extrapolate from these examples into the Australian Context.

ONTARIO, CANADA (2009)

1. Inappropriate sexual relationship with a client and denying relationship to employer to avoid detection.
2. Inappropriate sexual behaviour and harassment towards a student the member was supervising.
3. Defrauding a colleague of nearly $100,000 and receiving a criminal conviction for the offence.
4. Incompetent practice i.e. failing to attend to client’s needs eg assistance with Pension applications and then failing on successive occasions to comply with complaints orders issued by the college.
5. Misrepresentation of qualifications as a MSW when in fact they were a BA Social Science.
7. Defrauding an elderly client by representing themselves as a real estate agent and arranging the sale of the client’s home, purchasing a smaller property and collecting commission.

8. CALIFORNIA, US (2009/10)

22 licenses were terminated, 8 by revocation and 14 by surrender.

32 cases resulted in licenses being revoked but workers being able to continue working under probationary conditions.

The pattern of violations can be seen to follow a similar pattern to other jurisdictions with the majority involving unacceptable personal conduct, usually including serious criminal convictions, the next most frequent involving unprofessional conduct with 5 cases involving specifically sexual misconduct and the recidivists’ nature of a small percentage of practitioners exemplified in the 6 cases of violation of probation.
ENGLAND, UK (2009/10) – 32 social workers removed from the register

1. A social worker organised for his parent to change his will so that the social worker was the sole beneficiary despite the parent suffering dementia. The worker then withheld information regarding his parent’s death from his siblings for over a year. He was convicted of these offences. He was removed from the register.

2. A social worker employed by a City Council behaved in a manner likely to bring the profession into disrepute by soliciting sexual relations and behaving inappropriately to young men and women when out in the city at night and identifying himself as a social worker by showing his social services employment card. He also admitted to police to taking cocaine. He subsequently misled his employer as to the nature of his inappropriate behaviour and the GSCC as to his employment when he applied for a renewal certificate after he had been dismissed from the City Council. He was removed from the register.

3. A social worker employed as a manager in a residential unit for dependent adults had abused a resident and had deliberately directed staff to withhold care in relation to management of his incontinence; had slapped another resident on the hand and failed to implement management policies such as failing to hold team meetings, failing to supervise staff properly, failing to uphold a no smoking policy, failing to undertake required checks on new staff and failing to investigate an allegation of racial abuse by one staff member to another. He was removed from the register.

4. A social worker defrauded a client of his social welfare cheques.

5. A child protection worker had recorded multiple home visits to 8 children on her children at risk case load over a period of three months when she had in fact not made the visits. She alleged that a Student social worker had undertaken the visits when this was not the case. She was removed from the register.

6. There are significant numbers of cases in which social workers working in child protection failed to comply with policies and procedures for investigating child abuse allegations and supervising children at risk. Furthermore these social workers frequently failed to maintain minimally adequate case recordings across their case load. They were all removed from the register.

7. Another involved withholding knowledge of historic criminal convictions from GSCC and employers.

8. Others involved poor management of clients at risk including not developing and adequately following an appropriate care plan for a client.
RECENT EXAMPLES IN THE AUSTRALIAN MEDIA

7/7/12 The Herald Sun (VIC) reported “Last year three social workers from the Department of Human Services were caught assaulting clients, 14 investigations were launched after allegations of inappropriate behaviour and four staff were mysteriously sacked.”

And on the front page of the Age (16/7/2012) “More than 100 intellectually disabled people in state-funded care are alleged to have suffered sexual abuse and other harm at the hands of their carers, amid accusations that senior public servants are trying to cover up incidents.”

It is unknown whether these events are linked (i.e that social workers involved in both examples) or if the social workers are qualified professional social workers or just people called social workers. There is little protection of the public as without registration these people may be unwittingly employed by another of the many disability services throughout Australia.

RECENT EXAMPLE OF THE ISSUES CREATED BY THE LACK OF REGISTRATION IN AUSTRALIA

We recently interviewed for a senior role, where social work qualifications were highly desirable.

The person interviewed well, especially conceptually, but we had a feeling that not everything was as it seemed. We checked Google and the first item to come up was a reference to a social worker being disbarred in the UK, with full details of the hearing. It emerged she had had 2 full time and 3 sessional jobs at the same time and had faked at least 3 references.

Now back in Australia, the same social worker is working fulltime in a senior role with one organisation and part-time in another service. It also emerged that she worked in this latter role the whole time while she was working as a manager in a CSO, without disclosing anything to the 3 employers involved.

We routinely check referees and qualifications, but it is unlikely this information would have come to light.

We are, therefore, strongly in favour of registration and also reciprocal links, at least with the UK and NZ.

Reported to the AASW by a large reputable NGO July, 2012