Queensland Branch Position Paper on
the Role of Social Work in Health Care

April 2014

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Thank you to those social work academics, Directors of Social Work and social work practitioners from across Queensland who gave their time in many ways; providing information and project guidance, attending focus groups, and submitting case studies in support of this project.

Thanks to Mere Vitale, AASW Queensland Branch Manager, to QUT Social Work students Jonathan Lee and Julia Morgan, on placement with AASW Queensland, for their assistance throughout the project, along with the National Office AASW Social Policy Portfolio staff.
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Executive Summary

Contemporary health service delivery in Australia is underpinned by the high level of complexity in relation to achieving health and wellbeing (Kuipers et al., 2011), as ‘...health does not occur in a vacuum. Instead, health status is embedded in larger living and working conditions’ (Williams, Costa, Odunlami & Mohammed, 2008, p. 15).

The goals of the paper are threefold:

1. to identify the key and unique value that contemporary social work practice contributes to achieving effectiveness and efficiency in improving health outcomes for patients or clients accessing health services, at all levels of health care provision;
2. to demonstrate the contribution that social work makes to patient-centred models of care; and
3. to demonstrate the key contributions of social work in meeting the four priority areas of the Queensland’s State Government Blueprint under the four key principles of The Blueprint for better healthcare in Queensland:
   - Health services focused on patients and people
   - Empowering the community and our health workforce
   - Providing Queenslanders with value in health services
   - Investing, innovating and planning for the future.

The paper is in two parts. In Part One ‘social work’ is defined and its professional purpose stated, including an account of its social justice and human rights framework. The profession’s education, regulation and credentialling by the national peak body, the Australian Association of Social Workers (AASW), are outlined. The role of social work in the health context is more fully described, as is the nature of the social work scope of practice, which, like all allied health professions, is undergoing scrutiny in response to prevailing workforce issues.

Part Two demonstrates social work’s contribution to the current Queensland health system in terms of clinical performance as well as client and organisational outcomes.
Part One

Health care can refer to a variety of interventions and therapies intended to improve or address disease, illness or injury. Health care includes prevention, early intervention, treatment and maintenance of one’s health and wellbeing. Provision of health care occurs in a number of settings and levels depending upon the health condition or imperative and the nature of the intervention or therapy. There is a reciprocal relationship between a person’s health and general wellbeing, and their ability to be meaningfully involved within their community and society broadly, as identified through the social determinants of health.

In this paper, health care is concerned with services delivered across the continuum of health services, including primary health settings through to acute and rehabilitation/sub-acute hospitals and their related services: outpatient, community and/or home-based. Health and wellbeing relates to physical and emotional/psychological health-related issues. In such settings, the task of improving health is the responsibility of a variety of staff, including doctors, nurses and allied health practitioners. Social work is one of the key allied health professions, whose distinctive role and contribution to the efficiency and effectiveness of the health care system is analysed.

Starting with the premise that the patient or client is the focus of care, ‘effectiveness’ of health care is focused on achieving positive results in relation to the particular health care issue. Efficiency is a further imperative of governments at every level, to ensure appropriate health care is provided in as cost effective a manner as possible, while achieving the best outcomes possible.

Along with the primary (or proximal) causes of disease, ill health and injury, addressing social factors is essential to effective health care and the overall health and wellbeing of individuals and communities, with research recognising that ‘...it is the social and economic conditions that make people ill and in need of medical care in the first place that are more important determinants of the health of the population’ (Wilkinson & Marmot, 2003, cited in Adhikari, 2012, p. 1). Social work’s broad professional knowledge and research base, skills, approach and focus on and understanding of the ‘...range of physical, emotional and environmental factors that have an effect on the wellbeing of individuals and communities’ (NASW, 2005, p. 6), provides an important and holistic dimension to the health care arena (Beddoe, 2013).

Through their unique and multi-layered perspective, social work professionals intervene with the person in the context of their social environments and relationships, recognising the impact of the social, cultural, economic, psychological and emotional, political, legal and environmental determinants on health and overall wellbeing.

Social workers within the health system have a dual focus: they are concerned with people rendered vulnerable through physical, emotional and situational difficulties or crises that may be temporary or ongoing; and by engaging with these patients or clients they assist the person seeking health care to maximise their recovery and enable medical and other allied health practitioners to fulfil their roles.
Part Two

Part Two demonstrates social work’s contribution and value within the current Queensland health system in terms of clinical performance and client and organisational outcomes. Links are made to the Blueprint Principles from data sourced through case study analysis and provided by key informants. In responding to these principles, the complexity with which social work engages in health practice is manifest. Selected case studies from those submitted by social work practitioners provide a range of practice contexts and settings. Social work interventions involved clients from across the lifespan concerned with the chronic illness and palliative care, acute trauma, mental health, infant and adult bereavement, suicide and carer stress. Case analysis and in some instances reported client and agency feedback, evidences the broad professional knowledge-base, range of skills social workers draw on and the flexibility with which these are applied, in responding to the multifaceted needs of clients impacting their health and wellbeing.

Core and unique to the social work scope of practice in any health setting is undertaking comprehensive and evidence-based psycho-social assessment. Social work draws on a broad range of theories, knowledge, research and skills to ensure comprehensive and holistic analysis of the client situation. Social work assessments range from targeted and brief specific-needs analysis, to more comprehensive and holistic psycho-social and risk assessments of the full range of social, biomedical and psychological needs and stressors impacting on the individual’s health and wellbeing outcomes.

At an organisational level, social work provides significant value in terms of:

- reducing health service demand by facilitating clients’ timely and seamless transition through the health system
- rigorous discharge planning, the establishment of strong, supportive, familial and community networks and access to appropriate resources, which aims to prevent multiple readmission
- support, education and debriefing of other involved health professionals, playing a significant role in facilitating and maintaining a quality workforce
- innovative social work practices, programs and research activities, aimed, for example, at specific vulnerable populations and professional workforce development, utilising new technologies and diverse strategic and community partnerships, demonstrating social work’s commitment to investment and future planning in health service delivery.

This review of social work’s role in health care situates social work as a distinctive and valuable key health profession. It acknowledges the complexity of the current health care system, its delivery and the increasing complexity in the lives of clients involved with health services. Social work’s unique disciplinary perspective, broad generalist professional knowledge and evidence base, together with a bio-psychosocial understanding of health and flexible scope of practice in responding to change, demonstrates social work’s contribution to the delivery of quality, holistic, person-centred health care in an evolving contemporary health care context.

In addition, social work has also identified a range of areas of extended scopes of practice, which are detailed in the paper, and include specific bio-psychosocial and clinical expertise in areas of mental health, child abuse and neglect, elder abuse, brain injury, bereavement and loss, palliative care, research and policy among other areas.

Social work’s focus on complexity and the ‘social’ aspects of life provide a unique and vital contribution to holistic and comprehensive health care provision. Just as health does not occur in a vacuum, nor does achieving positive outcomes. Health issues are complex and no one profession alone is able to meet all the needs of an individual, family or community to achieve comprehensive and positive health and wellbeing.
outcomes. Therefore, it is important to recognise the overlap that also occurs between the disciplines in delivering comprehensive and client-centred services.

In addressing the four principles of the Queensland Health Blueprint from the case study data, it is evident that social work is a core component of the health care team and of quality, effective and efficient health care service delivery. The social work profession provides significant value in its role, and is ideally situated to deal with the complexity that is involved with individuals who experience health and wellbeing concerns. Social work is able to effectively deal with complexity on a range of levels from the individual client through to achieving organisational goals and outcomes in the delivery of quality and accessible health services to those in crisis.
Introduction

1. Purpose

The purpose of this paper is to develop a position statement in relation to social work’s distinctive contribution to the contemporary health care system for the Australian Association of Social Workers Queensland Branch (AASW Qld). The AASW Qld Branch appointed a consultant with expertise in the health sector to undertake research and consultation in the sector.

2. Aim

The aim of the position paper is to inform discussions with State and Federal Government officials, including policy makers and politicians. It will also provide a resource regarding the role of social work in the health care sector for the profession and the AASW in ongoing lobbying and advocacy with government, private and non-government sectors. It is envisaged the position paper will act as a key document to inform ongoing strategies developed within Queensland in terms of advocating for the rights of individuals to receive the most appropriate holistic and integrated health care services.

3. Goals

The goals of this position paper are to identify the key and unique value that contemporary social work practice contributes to achieving effectiveness and efficiency in improving health outcomes for clients accessing health services, at all systemic levels of health care provision; and to demonstrate the contribution that social work makes to providing patient-centred models of care. Another goal is to demonstrate the key contributions of social work in meeting the four priority areas of the State Government Blueprint. The four key principles of the Blueprint for Better Healthcare in Queensland are:

   1. Health services focused on patients and people
   2. Empowering the community and our health workforce
   3. Providing Queenslanders with value in health services
   4. Investing, innovating and planning for the future.

4. Methodology informing the position paper

This paper illustrates the distinctive value of social work to the health and wellbeing of clients involved with the health system. Social Workers provide assessment and interventions across the continuum of health care services including primary and community health, rehabilitation, acute and mental health and within metropolitan, regional and rural and remote settings.

Specifically, the position paper will:

   1. Identify and articulate the unique role and scope of practice of social work in the provision of health care services.
   2. Demonstrate the contribution of social work in terms of performance and outcomes in the context of the current health system.

Social work’s role and scope of practice in the health sector will be described in terms of generalist social work specific positions. It is recognised that social workers are also employed in a range of generic positions available to other health and allied health disciplines. These include, for example, roles in management, alcohol and drug intervention, early intervention parenting and generic mental health positions.

The AASW Qld Branch appointed a consultant with expertise in the health sector to undertake research
and consultation in the sector, as part of the paper's development. To inform the development of the position paper, a reference group was established consisting of social workers in a range of health-related fields including acute medical, community health, mental health, academic and primary health care. The Reference Group met on three occasions as part of the overall Health Strategy and Position Paper development.

The process for developing the Position Paper involved:

- Reviewing key health related documents
- Analysis of key existing national and international literature
- Discussions with key stakeholders in a range of health related fields
- Analysis of case studies from social worker practitioners in the field.

Case studies were identified as a method to gain rich information about practice experiences to demonstrate social work’s distinctive role across a range of health service providers and settings in responding to client and organisational needs. To this end, the AASW Qld invited members via the monthly newsletter (August 2013) to submit de-identified case studies using a case study template. The template was developed to gather qualitative data comprising: reason for referral, assessment and intervention methods, client and organisational outcomes, practitioner comments and, where possible, client feedback and quantifiable data in terms of the total social work time involved with the case. A total of 25 case studies were received. (Appendix 1, Summary of Case Studies).
Part One – Social Work’s Role and Scope of Practice in Health Care Delivery

1. Background

Contemporary health service delivery in Australia is underpinned by the high level of complexity in relation to achieving health and wellbeing (Kuipers et al., 2011). For, as Williams, Costa, Odunlami & Mohammed, (2008) have argued ‘...health does not occur in a vacuum. Instead, health status is embedded in larger living and working conditions’ (p. 15). Factors including the increases in multifaceted, disabling and chronic health conditions, population longevity, client circumstances and expectations, escalating health costs, limited resources and workforce issues have demanded new approaches to health care systems and services. Technological and research breakthroughs have resulted in improved quality of life, increased longevity and overall health wellbeing. However this comes with a price, a financial cost along with the increased ‘social, legal, and ethical dilemmas for individuals, families, and health care providers. These psychosocial implications of health care are what social workers are trained to address’ (NASW, 2005, p. 5).

Recent and continuing changes to the Australian Federal and State health services have sought to respond to the increasing complexity around health care and demands on the public health system in particular, generating review of health care provision, as evidenced by the National Health Reform Agenda on funding and service delivery. This has been dramatic and broad ranging, particularly in the State of Queensland. The devolution of centralised health services and implementation of Local Hospital and Health Boards has meant a radical shift of responsibility, resource and fiscal accountability to local and community health care services (Queensland Government, 2013c).

The National Primary Health Care Strategy and the introduction of Medicare Locals at a Commonwealth Government level have seen a focus on reducing hospital demand, ‘closing the gap’ in transitional care from hospital to the community, and supporting the ‘hospital in the home’ concept. The focus is on maximising client and organisational outcomes by providing efficient, effective and accountable services. All clinicians must work to their full scope of practice and are supported by new models, such as delegated, advanced and expanded scopes of practice. Increasingly, evidence of clinical performance and activity is being collected and reported against a range of quantifiable measures and specified key performance.

Challenges to health care, including those specific to Queensland in terms of rapid population growth, geographic dispersal and shifts in ethnic and cultural diversity are outlined in the Queensland Government’s Blueprint for Better Healthcare in Queensland (2013c, p. 4). Social work is well placed to meet the ‘new options and alternative solutions’ for the delivery of contemporary health care providing ‘the best services, in the best time and in the best place’.

2. Social work: A key health profession and stakeholder

The social work profession is committed to:

maximising the wellbeing of individuals and society. It considers that individual and societal wellbeing is underpinned by socially inclusive communities which emphasise principles of social justice and respect for human dignity and human rights, including the right to freedom from intimidation and terror in society. Minimum standards of human rights include also the right to adequate housing, income, employment, education and health care. (AASW, 2013)

Social work is a core allied health profession and partner in effective health care provision and is well placed to meet the challenges and complexity of the contemporary health care environment.
Social work grew out of humanitarian and democratic ideals, and its values are based on respect for the equality, worth, and dignity of all people. Since its beginnings over a century ago, social work practice has focused on meeting human needs and developing human potential. Human rights and social justice serve as the motivation and justification for social work action. ...Social work values are embodied in the profession’s national and international codes of ethics. (International Federation of Social Workers, http://ifsw.org/policies/definition-of-social-work/)

For almost a century, social work has contributed to and enhanced quality and holistic, person-focused health care services in Australia and internationally (Beddoe, 2013; Giles, 2009; NASW, 2005). Addressing social factors is essential to effective health care and the overall health and wellbeing of individuals and communities, with research recognising that ‘...it is the social and economic conditions that make people ill and in need of medical care in the first place that are more important determinants of the health of the population’ (Wilkinson & Marmot, 2003, cited in Adhikari, 2012, p. 1). Social workers' broad professional knowledge and research base, skills, reflective and reflexive approach and focus on and understanding of the ‘...range of physical, emotional and environmental factors that have an effect on the wellbeing of individuals and communities’ (NASW, 2005, p. 6) provides an important and holistic dimension to the health care arena (Beddoe, 2013). Doing so is essential to long-term and meaningful improvements in the health of individuals and communities, necessitating a strong understanding to the ‘causes of social and economic inequities and addressing them’ (Wilkinson & Marmot, 2003, cited in Adhikari, 2012, p. 1).

This distinctive social work perspective has a core intrinsic value (Hopps & Lowe, 2008, p. 59) in maximising the wellbeing of individuals, which is crucial to achieving positive outcomes in relation to the social determinants of health, thereby contributing to meaningful outcomes for individuals and ultimately communities. Social work as one of the key allied health profession plays a core role in ensuring efficient and effective health care service delivery systems to meeting the social determinants of health.

3. Social work professional regulation and education

Social work in Australia is currently a self-regulated profession administered by the Australian Association of Social Work (AASW), the peak national association representing over 7,300 members. The AASW is a member of the International Federation of Social Workers, adding a further level of professional accountability and, as such, the AASW has developed robust processes to ensure a high level of professional integrity, accountability, qualifications and training.

The AASW accredits all tertiary undergraduate and postgraduate social work degree programs. Australian Social Work qualifications include a four year full time Bachelor of Social Work degree, or the entry level Masters of Social Work (Qualifying), which includes a two year full time degree available to students with an approved undergraduate degree.

Field education is a significant component of the degree courses, assisting students to develop a professional identity, integrate academic knowledge with practice experience and develop safe practice (Rosenberg & Weissman, 2006, p. 178). Field education is extensive with 1,000 hours of supervised placement scheduled across two practicums of 500 hours across the the degrees.

Social work practice and education are guided and benchmarked by a set of key documents and measures that provide accountability both to the public and to the social work profession, including professional development opportunities. These are:

- AASW Code of Ethics 2010
- AASW By-Laws on Ethics (Complaints process)
The AASW is a foundation member of the following health care service groups:

- Allied Health Professions Australia (AHPA)
- Mental Health Council of Australia
- National Primary Health Care Partnership (NPHCP)
- Consumers Health Forum of Australia.

The Australian College of Social Work

The purpose of the Australian College of Social Work (ACSW) is to recognise and promote advanced social work practice and provide leadership in practice excellence. The aims of the ACSW are: to promote identity, recognition and status for Social Workers and the profession; to inform and advise governments and industry about specialised areas of social work; grow the body of knowledge and lead the development of specialised areas of practice; and to actively engage with and promote the interests and expertise of its members.

4. Social work’s unique role and scope of practice in the provision of health care services.

4.1 The role of social work in health care services

Raphael (2006) synthesised the range of factors identified as social determinants of health, and reported eleven key social determinants of health: ‘Aboriginal status, early life, education, employment and working conditions, food security, health care services, housing, income and its distribution, social safety net, social exclusion, unemployment and employment security’ (p. 653). These are consistent with those identified by the World Health Organisation (WHO), which include ‘income, social class, education, occupation, gender, and race or ethnicity.... The structural mechanisms that shape social hierarchies and assign individuals to differential social positions according to the key stratifiers are the root cause of inequities in health’ (Diderichsen et al., 2001, cited in Irwin, Solar & Vega, 2008, p. 65).

According to Raphael (2006), a further layer is needed when considering and addressing the social determinants of health that includes the broader, ‘...political, economic, and social processes by which the quality of social determinants of health is shaped’ (p. 654). Furthermore, the WHO identified the importance of ‘[R]educing exclusion and social disparities in health, organizing health services around people’s needs and expectations’ contributes to ‘better health for all’ (WHO, 2013).

Social work’s distinctive perspective of ‘the interaction between people and their social arrangements’ (O’Conner et al., 2006, p. 9), well positions it to effectively operate at the interface between people and their social, cultural, physical and natural environments (AASW, 2010, p. 9). Through this unique perspective social work intervenes with the person in the context of their social environments and relationships, recognising the impact of the social, cultural, economic, psychological and emotional, political, legal and environmental determinants on health and overall wellbeing.
The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (AASW, 2010, p. 6)

Within a health context, social work’s dual focus is defined as: ‘...an allied health profession that addresses the psycho-social issues affecting individuals, groups and communities across a variety of areas, including primary and community health, mental health, indigenous health, child safety and family support...’ and ‘...working cross-culturally within an ethical framework and multidisciplinary environments, Social Workers address problems that affect the effective functioning of society at the social, legal, economic and political levels’ (Lonne, Daniels & King 2010, p. 2).

Adherence to the AASW Code of Ethics underpins and informs all ethical social work practice, education and the work of the AASW. Thus, the purpose and focus of social work is on supporting and working with individuals, communities and systems to enhance health and wellbeing and the achievement of human rights. Consistent with the Australian Charter of Healthcare Rights (2008), social work’s strong ethical base supports consumer rights to access safe and holistic healthcare.

The disciplinary perspective and purpose are underpinned by the core values of respect, social justice and professional integrity (AASW 2010, p. 12; AASW, 2013 p. 7). These concepts are deeply embedded within the key theories and perspectives that contribute to social work’s broad and eclectic professional knowledge and evidence base.

Health care services are a universal service needed by all. Public hospitals and public health care, including community health services, were established to ensure access to quality health care services for all Australians. However, this is clearly not the case with the result that there are significant access issues for a range of population groups, which in turn exacerbates negative health and wellbeing outcomes (Adhikari, 2012; Council of Australian Governments Reform Council, 2011; Fawcett, 2009; Raphael, 2006). Compounding this is the cost involved in providing health care services to all individuals in Australia. Much research has been undertaken in identifying the barriers and challenges to achieving the social determinants of health (Irwin, Solar, & Vega, 2008; Siegrista & Marmot, 2004), which includes the health care system itself.

A range of factors exacerbate inequality to health care, thereby creating additional challenges for those particular individuals and groups. It is here that Social Work plays a crucial role in identifying and addressing the implications of the inequity, and implications to the health and wellbeing of the individuals. Doing so is necessary to ensure meaningful outcomes, whether this be through effective discharge planning that involves linking in individuals with the appropriate services and supports, or therapeutic intervention with an individual experiencing significant mental health issues, to enable the achievement of better health outcomes. Factors include:

- **Absence of services:** which includes rehabilitation, post hospitalisation, services addressing chronic health conditions, oral health and other primary and preventative care needs in the community, particularly for disadvantaged, regional and rural communities. Included here are services that specifically cater to particular age groups, such as children, older people, Aboriginal people, Torres Strait Islander people, those from culturally and linguistically diverse (CaLD) backgrounds.
Accessibility to care: which includes those living in regional, rural and remote locations, which include the need for individuals from these locations often having to travel to major cities to access needed services; the lack of culturally appropriate health care services for Aboriginal and Torres Strait Islander, people from CaLD; individuals who may identify as Lesbian, gay, bisexual, and trans gender (LGBT), refugees and asylum seekers; individuals who are already marginalised and socially excluded.

Affordability of care: for many Australians, free public health care is the only access they have to much needed services, which in turn increases demand upon and use of Emergency Departments, public hospital waiting lists and bulk billing doctors. Cost of privately-provided oral care services, preventative medicine, and specialist medical interventions are beyond the affordability of many individuals resulting in a greater reliance and subsequent burden on the public tertiary health systems.

Appropriateness and quality of care: is especially an issue for individuals who identify as LGBT; from CaLD and Non English Speaking backgrounds (NESB); Aboriginal and Torres Strait Islander peoples; women, individuals with mental health issues; individuals with disabilities (cognitive, intellectual and physical); children, older people, along with other groups of individuals who are socially excluded from society due to disadvantage or marginalisation. Appropriate services to meet the particular and unique needs of different populations can in turn exacerbate poor health care outcomes, for example the lack of ‘low level’ home care and support for older people, can result in decreased health and wellbeing outcomes (Chen, Garrett & Hillman, 2011; Giles, 2009; Hernandez, Montana & Clarke, 2010; McLeod, Bywaters, Tanner & Hirsh, 2008; O’Rance, & Young, 2011; Pink & Albion, 2008; Reisch, 2012; World Health Organisation Commission on Social Determinants of Health, 2007).

Each of these factors challenges create additional demands on the public health system which in turn leads to increased levels and layers of complexity for the individuals who seek health services and the providers of these services.

Social Work’s contribution within this setting is crucial. Social Work with its focus on holistic care and the ability to consider the complexity involved from an ethical, legal, bio psychosocial, systems and ecological perspective offers a unique and valuable contribution in providing appropriate and targeted services to meet the multidimensional needs of individuals (Germaine & Gitterman, 1996; Saleebey, 2001). Furthermore, the distinct focus on social justice and consumer rights places social work in a strong position to identify and work with individuals and communities who experience health inequalities due to issues such as but not limited to poverty, language, race, gender, religion, citizen status, location (AASW 2010a; Giles, 2009, p. 533).

Using a bio-psycho-social perspective along with a population based perspective, Social Work assesses how the psychological and social context of the individual may impact upon the individual’s health needs and ability to return to optimal health and wellbeing and community engagement (Hernandez et al., 2010; Raphael, 2006). Social Work interventions are aimed at prevention of or minimizing the psycho-social consequences of illness and disability (AASW, 2008a, p. 8); something that is imperative to overall health and well-being outcomes. This aligns with the identified social determinants of health corresponding negative impact of social and economic inequality, psycho-social stressors, delayed or interrupted human development, social exclusion, lack of access to resources and social supports (Wilkinson & Marmot, 2003), upon good health outcomes.

A core allied health team member, Social Workers ‘work collaboratively as part of institutional and...
community interprofessional teams to support recovery, to promote quality of life in the context of chronic illness and disability, and to advocate for societal change to address social disadvantages’ (Praglan, 2007, cited in Craig & Muskat, 2013, p. 7).

Professional, bioethical, legal and organisational principles, core Social Work values and an eclectic and comprehensive theoretical and evidence base underpin contemporary health practice (Refer Table 2). Therefore, ‘Professional social workers are well equipped to practice in the health care field because of their broad perspective on the range of physical, emotional, and environmental factors that have an effect on the well-being of individuals and communities’ (NASW, 2005, p. 6). As identified by Shapiro, Setterlund, Warburton, O’Connor and Cumming (2009, p. 321), ‘[T]he inherent difficulties for social work are that clients’ lives and their social arrangements form a complex web of interrelationships requiring intervention at many different levels and systems....Multiple outcomes may be sought from a number of interventions involving multiple workers from a range of disciplines’. Social Work is eminently situated to deal with the complexity involved in the intersection of individuals and communities and the health systems.

**Table 1: Key values and concepts underpinning Social Work practice**

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<th>Key Values and Concepts</th>
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<td>Social justice</td>
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<td>Human rights</td>
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<td>Holistic focus on intersection of bio-psycho-social factors</td>
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<td>Cultural and spiritual diversity</td>
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<td>Respect</td>
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<td>Social inclusion</td>
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<td>Evidence based practice</td>
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<td>Professional integrity: accountability and transparency in practice (AASW, 2010)</td>
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**Table 2: Key theories and perspectives informing Social Work practice**

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<th>Key theories and Perspectives</th>
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<td>Person in the environment</td>
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<td>Human development and behaviour</td>
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<td>Social determinants of health and wellbeing</td>
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<td>Personality development and developmental theories</td>
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<td>Developmental and life course perspective</td>
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<td>Life cycle stages</td>
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<td>Social support theory</td>
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<td>Trauma theory</td>
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<td>Systems theory</td>
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<td>Psychodynamic theory</td>
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<td>Theories of change and motivation</td>
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<td>Communication and interpersonal theories</td>
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<td>Conflict resolution, negotiation and</td>
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<td>- Theories of disability</td>
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<td>- Critical theory</td>
</tr>
<tr>
<td>- Feminist theory</td>
</tr>
<tr>
<td>- Postmodern theory</td>
</tr>
<tr>
<td>- Anti oppressive theory</td>
</tr>
<tr>
<td>- Theories of group work and community development</td>
</tr>
</tbody>
</table>
Key theories and Perspectives

- Mediation
- Solutions focused theories and perspectives
- Narrative therapy
- Psychiatric theories
- Theories of neurobiology
- Organisational theory
- Recovery oriented theory
- Population health perspective

- Medical and allied health evidence based theories including gerontology, chronic pain, oncology, burns, disability and chronic illness, genetic disorders, mental health disorders, intellectual disability, forensic health (AASW, 2010a, p. 12; Bland, Renouf & Tullgren 2009 pp. 40-69; Germain & Gitterman, 1995; Harms, 2005)

4.2 The social work full scope of practice in health

**Scope of practice** is defined as the ‘[d]efinition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in...a specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability’ (Finnochio, Dower, McMahon, Gragnola & Taskforce on Health Care Workforce Regulation, 1995, p. 2).

In Queensland, health service delivery must optimise care, productivity and efficiency. All clinicians must maximise their scope of practice and, where appropriate, seek opportunities for advanced and extended scopes of practice. Working to one’s full scope of practice involves ‘having the opportunity to work to the full extent of the profession’s recognised skill base and/or regulatory guidelines’ (Queensland Government, 2013, p. 4).

The full scope of social work practice targets the increasingly complex bio-psycho-socio-economic, ethical and political needs of individuals and communities. Thus, Social Work's scope of practice is necessarily broad to be responsive to ‘human needs that are urgent, unmet and pressing in times of crisis’ (Hopps & Lowe 2008, p. 38) and inequitable and unjust systemic issues (AASW 2010, p. 9). This includes engaging with individuals, families, groups and communities identified as being vulnerable or marginalised to ‘guard against harm and generate support and access to services’ (Fawcett, 2009, p. 474) and, those identified as at risk or experiencing complex bio-psychosocial and ethical issues. However, as importantly, is ensuring that those identified as vulnerable and marginalised are not denied of their rights because of the very nature of their vulnerability (Fawcett, 2009). This is where the human rights and social justice focus of Social Work is crucial to ensuring that individuals within the health care system have access to information and agency to make decisions concerning their health and wellbeing. Accordingly, Social Work has a clear role in the continuum of health care services. As such, Social Work’s knowledge, research, evidence and skills base continues to expand to meet the ever changing contextual demands (Fawcett, 2009; Giles, 2009; Giles, Gould, Hart & Swancot, 2007; Hopps & Lowe, 2008; Keebler, Duber & Lechman, 2008; Hernandez et al., 2010; McLeod et al., 2008).

**The Social Work Psycho-Social Assessment**

Core and unique to the Social Work scope of practice in any health setting is undertaking comprehensive and evidence based psycho-social assessment. Social Work draws on a broad range of theories, knowledge, research and skills to ensure comprehensive and holistic analysis of the client situation (See Table 2). Social Work assessments range from targeted and brief specific needs analysis, to more comprehensive and holistic psycho social and risk assessments of the full range of social, bio-medical and psychological needs and stressors impacting on the individual's health and
wellbeing outcomes.

Importantly, Social Work assessments can be one off or ongoing depending on the complexity of the issues being experienced by the individual or family with the purpose of assisting with an understanding of the individual’s issues and concerns as they relate to their broader environment (Trevithick, 2012, p.174). Thorough assessments are necessary to inform planning and intervention to support the individual in addressing the identified issues. Trevithick (2012, pp. 176-177) has identified six main tasks of social work assessments, which while these may appear straightforward, are underpinned by the complexity of any particular individual’s experiences:

1. Interpret and analyse information received
2. Clarify the problem
3. Identify the collaborative framework to be adopted
4. Identify an agreed set of goals and an action plan
5. Implementation strategy

A comprehensive psycho-social assessment includes targeted information gathering and analysis in relation to:

- **Social factors:** relationships, including intimate, family, carer, social and community networks and support systems, gender, culture, life experiences, resources, culture, gender and spirituality.
- **Psychological factors:** developmental and emotional experiences, grief and loss, exposure to violence, abuse or neglect, trauma, mental health including Mental Status Examinations.
- **Risk factors:** suspected harm, abuse and /or neglect of self and /or others.
- **Environmental factors:** including mapping service involvement; legal, education, employment, housing, finance and income systems impacting on self and significant others (Queensland Health 2012, pp. 7-8; Wellman (2006) cited in Bland et al, 2009 p. 143).

Social Worker’s scope of practice includes:

- Bereavement grief and loss support work in relation to chronic sorrow, disability, suicide, sudden and traumatic death (Kaplan & Berkman, 2011; Lord & Pockett, 1998; McLeod, Bywaters & Cooke, 2003; Payne, 2010).
- Risk assessment in relation to child abuse and neglect, domestic and family violence, intimate partner violence, elder abuse, and exploitation.
- Discharge planning (Davis, Baldry, Milosevic & Walsh, 2004; Jackson, Johnson, O’Toole & Asulander, 2001; Kadushin, 1996; Keefler, Duder & Lechman, 2001; Lechman & Duder, 2006; McLeod, Bywaters, Tanner & Hirsh, 2008).
- Therapeutic intervention in relation to mental health, trauma, grief and loss (Donley, 2013; Pockett, Walker & Dave, 2010; Simpson & Brenner, 2011; Simpson et al., 2011).
• Family intervention and support which includes family therapy and family case conferencing (Anderson, Simpson & Morey, 2013b; Miller, 2012).
• Support in relation to chronic pain suffering (Nielsen, Foster, Henman & Strong, 2012).
• Leadership in case management responsibilities (Giles, 2009; McAlynn & McLauglin, 2008).
• Social Work has a core aim of advocacy in relation to social justice and human rights, therefore engagement with health inequalities to improve health outcomes for individuals is a core function of the role (Bywaters, 2009).
• Social Work plays a core role in psycho-education of patients and clients in both acute and primary health care settings (Keefe, Geron & Enguidanos, 2009).
• Crisis intervention which can include psycho social services provided to Emergency Departments and sudden traumatic injury or death (Auebach & Mason, 2010; Auebach, Mason & Laporte, 2007; Moore, Ekman & Shumway, 2012).

Social Work Services
Request for Social Work services cover a wide range of circumstances due to the breadth of knowledge and skills that the profession brings to the health care context. Fundamentally, Social Work deals with complexity and engages with individuals, families, groups and communities who experience health issues, situated within a complex health system. The types of referrals to Social Work services evidence the range and complexity of factors impacting individuals, families and groups which can result in increased vulnerability at times of crisis. Refer Table 3

Table 3: Key reasons for Social Work referrals in Health

<table>
<thead>
<tr>
<th>Key reasons for Social Work referrals in Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs assessment in relation to complex psychosocial issues</td>
</tr>
<tr>
<td>Crisis intervention</td>
</tr>
<tr>
<td>Risk assessment and intervention regarding risk of harm to self or others, including suspected child abuse and neglect, elder abuse, domestic and family violence, suicidal ideation</td>
</tr>
<tr>
<td>Grief and loss issues including chronic sorrow</td>
</tr>
<tr>
<td>Support and counselling related to:</td>
</tr>
<tr>
<td>- adjustment to life events or changed circumstances; grief and loss, trauma, bereavement, suicide, birth of an infant with disabilities etc</td>
</tr>
<tr>
<td>- learning unforeseen/undesirable information; a new diagnosis, poor prognosis, invasive treatments</td>
</tr>
<tr>
<td>Therapeutic counselling/interventions</td>
</tr>
<tr>
<td>Isolation, dislocation issues both social and geographic</td>
</tr>
<tr>
<td>Discharge planning: care coordination and case management including resource identification and linkage to community supports</td>
</tr>
<tr>
<td>Chronic illness and related concerns for wellbeing regarding the issues associated with chronic pain, rehabilitation and disability</td>
</tr>
<tr>
<td>Mental health related concerns such as medication compliance, social support including community support, linkage and resourcing and therapeutic counselling</td>
</tr>
<tr>
<td>Relationship concerns - intimate and interpersonal - and impact on the health, wellbeing and recovery of an individual</td>
</tr>
<tr>
<td>Bio-ethical issues and decision making, for example termination of pregnancy, donor requests, genetic testing.</td>
</tr>
<tr>
<td>Socio-legal and rights issues: information provision, referrals, interventions and report provision re substitute decision making and impaired capacity, end of life decision</td>
</tr>
</tbody>
</table>
Key reasons for Social Work referrals in Health

- Social Support
- Carer stress/concerns
- Financial concerns that may impact upon the patient’s ability to comply with medical treatment/advice

making, Enduring Power of Attorney [EPOA], Income support, Aged Care accommodation, WorkCover and superannuation temporary and permanent disability, Child Safety and Domestic Violence, Corrective Services, Coroner’s Act and donation of organs, confidentiality and privacy

- Ethnic and cultural issues: Indigenous /migrant /refugee
- Advocacy and access to resources: legal, finance, transport, (un)employment, unstable or unsuitable accommodation

The reasons for referral are consistent with the study by Giles, Gould, Hart and Swancott (2007, p.159) who identified three core priority areas for Social Work within a New South Wales health service, providing a useful synthesis of core functions of Social Work practice.

<table>
<thead>
<tr>
<th>Clinical priority</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1 Safety/risk</td>
<td>Address safety and risk at an individual, family, and community level in order to encourage a safe environment for all vulnerable people.</td>
</tr>
<tr>
<td>Priority 2 Social/psychological support</td>
<td>Social Work intervenes at an individual, family and community level to ensure psychological and social support mechanisms are in place. This is acknowledgement of the vital connection between psychological supports and health status.</td>
</tr>
<tr>
<td>Priority 3 Access to resources</td>
<td>Health Social Workers enhance fair and equitable access for individuals, families and communities to the resources required to meet basic human needs.</td>
</tr>
</tbody>
</table>

Social Workers draw on a range of intervention methods in meeting the needs of clients and communities to improve their health and well-being. (Refer Table 4) Regardless of practice context, Social Work interventions importantly take into account broader systemic levels including the organisation and community as evidenced by the following list.
### Table 4: Social Worker intervention methods

<table>
<thead>
<tr>
<th>Social Work Intervention Methods</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client centred</strong></td>
<td></td>
</tr>
<tr>
<td>Crisis intervention and management; grief and loss, adjustment and trauma support and counselling, sexual assault, assault, bereavement support natural disasters</td>
<td></td>
</tr>
<tr>
<td>Case management; underpinned by a robust psycho-social assessment, effective multidisciplinary collaboration, ongoing review and re-assessment, referral and resource linkage, service allocation and termination</td>
<td></td>
</tr>
<tr>
<td>Casework including but not limited to, family therapy, individual psychotherapy, play therapy, Supportive counselling Conflict resolution, mediation and negotiation</td>
<td></td>
</tr>
<tr>
<td>Capacity building and empowerment; client groups include individuals, groups and communities, along with internal team capacity building</td>
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<tr>
<td>Carer support assessment and intervention</td>
<td></td>
</tr>
<tr>
<td>Continuity of care coordination and discharge planning; referral and service liaison promote consumer participation in service improvement initiatives</td>
<td></td>
</tr>
<tr>
<td>Therapeutic interventions including but not limited to: brief intervention therapy, cognitive behavioural therapy (CBT) family therapy, narrative therapy, solution focused and psychodynamic and psychotherapeutic therapy</td>
<td></td>
</tr>
<tr>
<td>Risk management; abuse and neglect (child / elder), domestic and family violence, sexual assault, mental health, suicide</td>
<td></td>
</tr>
<tr>
<td>Family and marital therapy Family work including facilitating family group meetings within families and with health professionals and stakeholders</td>
<td></td>
</tr>
<tr>
<td><strong>Research and Policy</strong></td>
<td></td>
</tr>
<tr>
<td>Facilitate bio ethical and socio legal decision making in complex health care decisions Organ and tissue donation, autopsy and coronial processes Life support decision making EPA and end of life issues</td>
<td></td>
</tr>
<tr>
<td>Group work: therapeutic, support, education Health promotion, psycho-social education Advocacy, address barriers that create health inequalities (e.g. facilitating access to travel subsidies to overcome financial barriers associated access appropriate health care)</td>
<td></td>
</tr>
<tr>
<td>Disaster and emergency response support</td>
<td></td>
</tr>
<tr>
<td><strong>Organisational</strong></td>
<td></td>
</tr>
<tr>
<td>Evidence based research into outcomes Use of research to inform program development and policy development Policy development Service and program evaluation</td>
<td></td>
</tr>
<tr>
<td>Advocacy, education and mediation Clinical services management Facilitation of improved service systems; models of care, policy development, project management Community development Clinical supervision and education Research and evaluation Policy development Program evaluation Address socio-legal issues (e.g. EPOA, end of life decisions) Address bio-ethical issues impacting health professionals and the organisation</td>
<td></td>
</tr>
</tbody>
</table>
4.3 Advanced Scopes of Practice

**Advanced practice in relation to Allied Health Professionals has been defined as:**
‘At its core, advanced clinical practice for AHPs involves high levels of clinical skill, knowledge and practice. This advanced clinical capacity is reinforced and enhanced by its close integration with clinical leadership skills, applied clinical research and evidence based practice capacities, and competence in facilitating the education and learning of others. Advanced clinical practice is relevant to generalist and focussed clinical contexts, as well as profession-specific situations and situations relating to specific client groups or geographical settings’ (Queensland Health, 2013, p. 8).

Extended scope of practice ‘describes a discrete knowledge and skill base additional to the recognised scope of a profession and/or regulatory context of a particular jurisdiction and usually undertaken by other professions e.g. doctors, nurses’ (Queensland Health, 2013, p. 9).

In the shift from traditional allied health professional groups and the redesign of the Queensland Health service delivery aimed at optimizing care, productivity and efficiency, clinicians are to maximise their scope of practice and where appropriate, seek opportunities for advanced and extended scopes of practice.

In relation to all allied health professionals, including Social Work:
- Working to one’s full scope of practice is defined as: ‘having the opportunity to work to the full extent of the profession’s recognised skill base and/or regulatory guidelines’ (Queensland Government, 2013, p.4).
- Advanced scope of practice is increasingly viewed as key to the development and delivery of efficient and effective health service, the possession of high levels of expertise and knowledge add value to the outcomes for the individual and service.

Social Work has established some key areas of Advanced Scope of Practice which include:
- Specialist clinical expertise in relation to child and youth mental health and adult mental health, thereby allowing Social Workers to contribute to better outcomes for clients, as part of a multi disciplinary team. By 2004-2005, Social Workers employed in specialist mental health services, made up a third of the allied health workforce for public mental health services (DoHA, 2007, p. 46). In that year, Social Workers comprised the fourth largest professional group in the public mental health workforce after mental health nurses, medical staff and psychologists.
- Specialist clinical expertise in palliative care.
- Specialist clinical expertise in relation to oncology.
- Addressing issues of chronic sorrow associated with grief and loss.
- Specialist clinical expertise in working with trauma across the age spectrum, which contributes to better outcomes for individuals and communities. For example, the work in brain injury (Simpson, 2013a, 2013b; Simpson & Brenner, 2011; Simpson, Tate, Whiting & Cotter, 2011).
- Specialist clinical expertise in relation to child abuse and neglect, elder abuse and domestic and family violence.
- Specialist clinical expertise in relation to working with older people, including psycho-geriatric issues (Berkman, Gardner, Zodikoff & Harootyan, 2006;Kaplan & Berkman, 2011; Kelchner, 2001; Parsons, 2005).
- A further area of advanced scope of practice within the health setting involves the expertise and skill and knowledge base that Social Work adds through involvement in shaping and informing
policy. All Social Work degrees include a strong element of policy analysis, which enables frontline Social Workers, along with those in management, policy and research roles to contribute to effective policy (see for example the work of Cant & Foster, 2011; Foster, Earl, Haines & Mitchell, 2010; Haines, Foster, Cornwell, Fleming, Tweedy, Hart & Mitchell, 2010).

- Social Work is a multidisciplinary team member within the mental health sector, and is particularly aligned to work within the recovery oriented framework. Recovery work encourages the worker to share information and research, to provide hope for a better life, reduce social isolation, to focus on the person’s strengths, hopes, dreams, goals, to encourage autonomy, self-determination and choice while respecting the client’s journey and lived experience of mental health challenges (Bland et al., 2009; Carpenter, 2002).

**Summary**

The WHO defined health as ‘...a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (WHO, 1948, cited in Chappell, 2008, p. 130).

In 1913 Ida Cannon wrote ‘it is because of the complexity of the social problem involved in the various groups of patients, and the interdependence of the medical and social treatment, in any attempt at adequate solution, that the social worker is needed in our hospitals’ (p. 34, cited in Judd & Sheffield, 2010, p. 869).

Her words a century ago are as relevant today to our health care system. Social Work is a key allied health professional member of the multidisciplinary team responsible for working with and supporting individuals and our community in achieving positive health outcomes. Social work’s focus on complexity and the ‘social’ aspects of life provide a unique and vital contribution to holistic and comprehensive health care provision. Just as health does not occur in a vacuum, nor does achieving positive outcomes. Health issues are complex and no one profession alone is able to meet all the needs of an individual, family or community to achieve comprehensive and positive health and wellbeing outcomes. Therefore, it is important to recognise the overlap that also occurs between the disciplines in delivering comprehensive and client-centred services. This is particularly evident in child and youth mental health settings where, for example, Social Workers and Psychologists may have trained as specialist family therapists. However, each discipline brings with them the unique contribution of their discipline specific theories, knowledge, research, perspective and skills, contributing to holistic and comprehensive service delivery.

Developing and evaluating further advanced scopes of practice is a key priority and opportunity for the social work profession. As the key professional association representing social workers, the AASW is committed to working with the relevant stakeholders in relation to this key issue.
Part Two – Contribution of Social Work in Terms of Performance and Outcomes in the Context of the Current Health System

1. Case study analysis

Case study analysis revealed the multifaceted, multilayered, complexity of Social Work practice. A total of 25 case studies were received and categorised by service (acute, community, primary health) and location (metropolitan, regional, rural and remote). More specifically, practice contexts within the case studies included emergency medicine, critical care and paediatric intensive care units, mental health and the combined hospital and community practice of rural generalist social work. All case studies have been de-identified to protect the confidentiality of all persons and organisations concerned.

Social Work referrals were in relation to: older people, complex and chronic illness, bereavement; infant and adult, attempted suicide and acute trauma, risk homelessness, family and carer stress and conflict, relationship breakdown, mental health, disability and palliative care. Social Work clients described were from a range of ethnic backgrounds: Anglo Australian, Aboriginal and Torres Strait Islander, Asian and European and spanned the full spectrum of age - from infants to the elderly. Social Work assessments identified significant situational complexity impacting upon the health and wellbeing of clients and their families.

Total Social Work hours spent in assessment and intervention ranged between 2 to 800 hours. Two paediatric intensive care cases recorded over 2000 hours during periods of at least 6 months, highlighting the level of complexity of cases with which Social Work was involved.

The case study analysis included consideration of the four principles of the Queensland Blue Print for Health.

1.1 Principal One: Health services focused on patients and people
2.1 Principal Two: Empowering the community and our health workforce
2.2 Principal Three: Providing Queenslanders with value in health services
2.3 Principal Four: Investing, innovating and planning for the future

The following tables identify the particular case, Social Work intervention and outcomes, and how these reflected achievement of Principles 1, 2 and 3.
1.1 Principal One – Health services focused on patients and people

<table>
<thead>
<tr>
<th>Table 5: Case studies – Older Persons</th>
<th>Outcomes</th>
<th>Health services focused on patients and people</th>
<th>Empowering the community and our health workforce</th>
<th>Providing Queenslanders with value in health services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Palliative/End of life planning (rural remote)</strong> 80+ year old female was referred by GP with life threatening illness and lived alone. Psycho-social assessment by the social worker identified inappropriate informal care arrangement, suspected financial abuse and neglect. Intervention by social worker included: re-established family involvement, coordinated family meetings, implemented appropriate palliative care plan / end of life planning and liaison with Office Adult Guardian (OAG).</td>
<td>Client received the care and comfort required and her health and mental health e.g. anxiety and distress noticeably improved during her palliation. Family support for patient strengthened after the social worker’s efforts of reporting concerns of neglect and abuse. Family feedback; ‘We were being shut out without knowing the real reason. It is only because you (visiting Social Worker) noticed what was happening that the rest of the family was able to help Mum’</td>
<td>Social work client-focused practice helped determine that the needs of the client were being neglected which impacted on their overall health.</td>
<td>The involvement of informal support such as families and relatives as well as linkage with the OAG assisted the patient and the family’s overall wellbeing. Senior OAG investigator feedback to Social Worker; ‘Your efforts to ensure the client received the care she required and deserved were outstanding.’</td>
<td>Involvement of Social Work ensured that health resources were able to be more efficiently used in relation to the client by addressing the social issues.</td>
</tr>
<tr>
<td><strong>Complex chronic illness (acute regional)</strong> 78 yr old female with acute/chronic illness, frequent admissions, social isolation and risk of homelessness. Following a full psycho-social assessment by the Social Worker it was identified that advocacy was required for continued rehabilitation and to prevent future admissions. The role of the Social Worker in addressing a range of complex psycho-social issues included: rent payment to avoid homelessness, referral to HACC services for in home community</td>
<td>The outcome was a coordinated discharge plan with appropriate services and supports in place to prevent future admissions. Client feedback was: ‘I haven’t felt so steady on my feet for a long time. I won’t let my legs get so bad, and I will attend the groups because I don’t like</td>
<td>The client’s needs were clearly focused on in terms of her emotional, health, physical and practical needs, with a strong focus on prevention for future admissions.</td>
<td>Prevention of future admissions through linkage of client with community supports, and ensuring a coordinated response of all stakeholders</td>
<td>Client received appropriate and targeted health care treatment to facilitate future wellbeing and improved outcomes</td>
</tr>
</tbody>
</table>

AASW Queensland Branch Position Paper: The Role of Social Work in Health Care in Queensland

April 2014
Table 5: Case studies- Older persons

<table>
<thead>
<tr>
<th>Outcomes</th>
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</thead>
<tbody>
<tr>
<td>support along with other community supports, linking with the local GP for prevention and health management linkage with the chronic disease team to manage ongoing health issues post discharge.</td>
</tr>
<tr>
<td>having to keep coming to Hospital. Thank you for giving me a chance to get better and save my home.’</td>
</tr>
<tr>
<td>Health services focused on patients and people</td>
</tr>
<tr>
<td>Empowering the community and our health workforce</td>
</tr>
<tr>
<td>Providing Queenslanders with value in health services</td>
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</table>

**Carer stress (acute metro)**

87 year old female was admitted following a fall. Patient had dementia, was legally blind, high falls risk, unsafe to return home and was in a nursing home placement.

Using a psycho-social assessment the Social Worker identified: carer stress and grief, family conflict impacting upon the patient and her health and safety, financial impact on family of residential care, and grief and loss of same. Carer and sibling conflict regarding Enduring Power of Attorney was also present.

The social worker’s intervention with carer and part-time worker included: counselling, resilience, problem solving options for care responsibilities, education to navigate residential placement process, coordinate family meeting with allied health and medical teams, patient advocacy with Power of Attorney to ensure patient’s safe discharge, QCAT for review role of enduring power of attorney. Ensure timely hospital discharge, liaise with community service provider.

Coordination with family, allied health and medical teams allowed for a safe discharge and linkages to community service providers.

Negotiated care package for the patient allowed the carer to be relieved of responsibility; decreasing stress allowing her to support the patient in other informal ways.

Social Work advocacy reduced stress levels for carer and patient, preventing possible future health implications for both that may have needed tertiary services.

Linking patient to the community for social support and services thus relieving tertiary health services for other patients.

Collaboration with medical team and health services for patient’s timely discharge prevents readmission, thus saving costs.
Table 6: Case Studies – Department of Emergency Medicine (DEM)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Health services focused on patients and people</th>
<th>Empowering the community and our health workforce</th>
<th>ProvidingQueenslanders with value in health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness and mental illness (acute metro) 77 yo male presented to DEM for medical treatment following a fire at his boarding house. After undertaking a psycho-social assessment, the Social Worker identified recent hospital admission for mental illness, cognitive impairment, homelessness, acopia, social isolation; under care of Adult Guardian and Public Trustee. Intervention included: medical team liaison regarding patient’s treatment plan; advocating for overnight social admission to establish sound discharge plan, address risk factors; supportive counselling re house fire trauma and loss of home. Social worker also liaised with and facilitated case conference with Adult Guardian, Public Trustee and mental health case manager to ascertain patient’s needs and suitable accommodation options.</td>
<td>A residential facility was located to ensure continuity of care, negotiated and sourced in collaboration with the patient’s mental health Case Manager, involving considerable advocacy from Social Worker. Further liaison with Adult Guardian and The Public Trustee to approve accommodation under the legislative responsibilities and frameworks. The comprehensive care planning between patient and agencies involved in his care led to the improved wellbeing of patient.</td>
<td>The holistic psycho-social assessment resulted in more targeted intervention for client so that the health service was able to respond efficiently and appropriately.</td>
<td>Collaboration and education with the medical team and relevant external services to maximise health care outcome for the client. Building the client’s capacity to live independently within community through identifying and linking into appropriate social supports.</td>
</tr>
<tr>
<td>Acute Trauma, CaLD (Acute metro) Young CaLD woman brought to Department of Emergency Medicine, found on ground outside an apartment block. The circumstances were unclear. Social Work intervention included: holistic psycho-social assessment which included; liaising with Queensland Ambulance Service [QAS] to ascertain information, assessment of husband who was of CaLD background, identifying factors impinging on patient’s presentation to DEM, identifying that patient was not Australian citizen</td>
<td>Social Work’s focus on husband’s psycho-social care enabled health professionals to focus on patient care. Social Work facilitated continuity of patient care between emergency and other involved hospital units.</td>
<td>The Social Worker was able to assist in reducing the patient’s husband’s social isolation and increase understanding of the medical process through information provision.</td>
<td>The thorough assessment enabled more targeted services to client, by educating the treating team of the psycho-social factors impacting on client.</td>
</tr>
</tbody>
</table>
### Table 6: Case studies – Department of Emergency Medicine (DEM)

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Health services focused on patients and people</th>
<th>Empowering the community and our health workforce</th>
<th>Providing Queenslanders with value in health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>and husband concerned about hospital expenses/travel insurance, identifying social supports to gain holistic knowledge of patient to support appropriate medical intervention and liaising with medical staff regarding assessment. Interventions also included: psychological first aid with husband, linkage with social supports, facilitating discussion between treating doctors and husband (family meeting), clarifying with husband understanding of information provided and provision of information regarding ongoing patient journey – i.e. admission to trauma area, what this means and the provision of clinical handover to trauma area nursing team leader with key points regarding social situation provided.</td>
<td></td>
<td>By supporting husband he was better able to support his wife.</td>
<td></td>
</tr>
</tbody>
</table>
### Table 7: Case studies - Bereavement, Grief and Loss

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Health services focused on patients and people</th>
<th>Empowering the community and our health workforce</th>
<th>Providing Queenslanders with value in health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention included: crisis intervention, which involved ensuring children's safety and support, engagement with significant others, crisis counselling family members, addressing loss and grief issues and the children's welfare. Practice was informed by culturally appropriate practice.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant (acute metro) Parent and infant admission following Motor Vehicle Accident. The infant was transferred to ICU with severe injuries and life support measures. After completing a psycho-social assessment the Social Worker identified conflicting/differing opinions regarding treatment options within family members. A risk assessment was conducted being aware of risk for family breakdown following child death. Intervention by the Social Worker included crisis intervention, anticipatory grief /loss &amp; adjustment counselling, family counselling exploring values/beliefs on life. The Social Worker advocated for the family, supporting them in decision-making, sourced nationally available specialist/ organisational views and Hospital ethics team involvement. Focusing on the family’s wellbeing, the Social Worker proceeded to support the parents and family in addressing grief and loss through: memory making in order to create positive memories, practical assistance for family for appropriate funeral arrangements as well as follow up bereavement contact with the parents over 12 months and at future birth.</td>
<td>Social Work support and advocacy allowed the family to work through their different views to come to an agreement regarding sustaining life support after exploring all avenues. The family unit remained intact thereby being able to continue to support the patients. Social Work addressed the multiple layers of complexity involved with this family for both the family and hospital system. Family feedback: ‘Social Work support was invaluable at the time.’</td>
<td>Social Worker’s role ensured that hospital treatment holistically focused on the needs of the patients.</td>
<td>Social Work was able to debrief, support, counsel and educate health professionals caring for patients, thereby ensuring staff retention, work attendance and decrease in morale and emotional distress.</td>
</tr>
</tbody>
</table>
### Table 8: Case Studies – Mental Health

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Outcomes</th>
<th>Health services focused on patients and people</th>
<th>Empowering the community and our health workforce</th>
<th>Providing Queenslanders with value in health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute psychotic episode</td>
<td>At end of Social Work intervention, the mother reported that she no longer experienced homicidal and suicidal ideations. The patient was safely discharged home and foster care placement for the child was avoided. The family had increased community support including Child Safety, DSQ, respite services and Palliative Care Services.</td>
<td>Social Work met the unique psycho social needs of the Mother and the patient child during crisis. The mother expressed her sincere appreciation to the Social Worker, “for not giving up on me.”</td>
<td>Through Social Work intervention, the family was linked to relevant community supports. Social Work intervention enabled greater collaboration with community services and with MDT within the Hospital to provide targeted and responsive services to the patients.</td>
<td>Social Work intervention avoided placing the patient child in foster care; and reduced risk of the mother requiring tertiary mental health inpatient services, thereby creating significant monetary savings in terms of additional services.</td>
</tr>
<tr>
<td>Relationship breakdown</td>
<td>The client reported feeling better able to manage the stressors following Social Work intervention. Client was also aware of formal support available for future crises.</td>
<td>The Social Worker was able to assess and appropriately intervene for the holistic wellbeing of the client, resulting in better health outcomes.</td>
<td>Partnership with local GP improved outcome through collaborative and holistic and efficient services. Social Work intervention within the primary health care setting created greater capacity for targeted services to meet the complex psycho-social needs of clients.</td>
<td>Early intervention by Social Work avoided hospital admission thus saving costs.</td>
</tr>
</tbody>
</table>

Parent of Social Work client (child with complex diagnoses and poor prognosis) experienced an acute psychotic episode. A psycho-social assessment revealed a precipitated mental health crisis. Interventions by the social worker included: crisis intervention, risk assessment, mental health team referral and admission. The Social Worker undertook daily liaison with mental health team and was involved in discharge support planning, ongoing assessment of family situation and maternal coping, ongoing supportive counselling. Social Worker advocated with other government agencies, health and support services, as well as facilitating and coordinating family meetings with involved professionals and MDT.

Middle aged female presented to Primary Health Centre distressed over breakdown of long term marital relationship. GP referral to Social Work to prevent deteriorating health and need for medication. A comprehensive psycho-social assessment identified low mood, emotional and situational stressors including difficulties managing her teenage children attending secondary school. Intervention by the Social Worker included counselling grief and loss, strengths and resilience, psycho education strategies and skill acquisition.
### Table 9: Case Study - Disability

<table>
<thead>
<tr>
<th>Acute metro</th>
<th>Outcomes</th>
<th>Health services focused on patients and people</th>
<th>Empowering the community and our health workforce</th>
<th>Providing Queenslanders with value in health services</th>
<th>Investing innovating and planning for the future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient was a young woman with intellectual disability with concerns raised by medical team regarding her safety in returning to the residential facility.</td>
<td>After high level advocacy, negotiation and lobbying for patient’s rights between government departments, the Social Worker was able to prioritise and secure an appropriate care package that benefited the patient and her mother. Social support was provided to the mother regarding relinquishing her daughter’s care and adjustment to ageing.</td>
<td>Social Work intervention was critical to address the complexity of the issues and ensure the most appropriate outcome for the patient and her mother. The mother expressed her appreciation of Social Work support to herself and her daughter stating, ‘Social Work was my voice when I had no energy left to fight.’</td>
<td>The social worker conducted high level mediation and negotiation between Government departments to prioritise appropriate care package and to secure an independent, modified unit for the patient. Disability Services Queensland (DSQ) complimented the Social Worker’s intervention and reportedly valued the close communication and advice provided by Social Work. Social Work intervention enabled more efficient discharge of patient.</td>
<td>Due to the complexity of needs and choices, valued outcomes were accomplished because of the Social Worker’s persistent advocacy using their knowledge and skill, for the wellbeing of the patient and her mother.</td>
<td>Advocacy in planning the future community care and accommodation needs of both Client and her mother, reducing potential for social readmissions.</td>
</tr>
</tbody>
</table>

A Social Work psycho-social assessment was conducted identifying that in the opinion of the patient, relative and residential provider, the patient would be unable to return to residential care home with 24 hour support.

Risk assessment showed that the patient was challenging and unpredictable, with violent behaviours, risk of harm to self and mother. The mother was unable to resume carer role due to own health concerns and the home environment was suitable to the patient’s behaviours.

Social Work intervention included: advocacy and resource linkage with government disability services; counselling with the mother in relation to grief and loss associated with decision to relinquish care.
2. Social work’s contribution to an efficient and effective health system

In this section, the unique contribution of social work towards achieving Principles 2, 3 and 4 of the Queensland Health Blue Print for Health are discussed.

2.1 Principle Two – Empowering the community and our health workforce

Factors identified from the case studies and key informants demonstrate Social Work’s role in empowering the community and health workforce as demonstrated in the following table.

Table 10: Social Work interventions that empower the community and workforce

<table>
<thead>
<tr>
<th>Social Work interventions empowering the community</th>
<th>Social Work interventions empowering the health workforce</th>
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<tbody>
<tr>
<td>• Social Work’s role in sourcing and facilitating community relationships to support clients to live independently, ensure client safety, ameliorate social isolation and remain connected with the local community.</td>
<td>• Social Work psycho-social care of the patient and their family members mitigates the impact of their emotional distress and concerns on other medical, nursing and allied health professionals, enabling these clinicians to focus on the patient’s treatment and care.</td>
</tr>
<tr>
<td>• Comprehensive discharge planning formulation, which is imperative in empowering community relationships to support clients.</td>
<td>• Social Work provides health professionals with psycho-education and strategies to assist them in engaging with distressed family members and to support staff in dealing with their own distress.</td>
</tr>
<tr>
<td>• Social Work advocacy and negotiation with formal external stakeholders and agencies such as Office of the Adult Guardian, Disability and Mental Health services facilitated the agencies access to, and support of clients and their families.</td>
<td>• Social work liaison between the patient, family and health team to build trust and develop effective communication improved the health professionals’ ability to provide patient care.</td>
</tr>
<tr>
<td>• Social Work advocacy supported and empowered family members to more effectively participate within their local community as citizens.</td>
<td>• Social Work’s role of debriefing with health staff involved with crises and staff working in intensive care and critical care environments provides invaluable support to medical and allied health team thereby increasing capacity of the teams to effectively and efficiently undertake their roles. This includes debriefing and support regarding infant death, sudden unexpected death and ethical decision making processes for example concerned with life support withdrawal.</td>
</tr>
<tr>
<td>• Social Work intervention and advocacy with a range of internal and external stakeholders empowered family members to make informed decisions in relation to a range of bio-ethical issues such as life support and organ donation, thus ensuring ethical decision making.</td>
<td>• Social Work liaison with other involved health professionals, ensuring their knowledge and understanding of the patient and their situational context, enhanced continuity of patient care as the patients transitioned through the health system.</td>
</tr>
<tr>
<td>• Social Work Clinical Education programs actively seek strategic partnerships with the community in the professional development of a quality workforce.</td>
<td>• Social Work coordinated and facilitated</td>
</tr>
</tbody>
</table>
Social Work interventions empowering the community

<table>
<thead>
<tr>
<th>Social Work interventions empowering the health workforce</th>
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<tbody>
<tr>
<td>involved in evaluating the service. This has resulted in increased capacity regarding quality workforce development.</td>
</tr>
<tr>
<td>family meetings, providing a mechanism for clinicians to gain contextual and cultural knowledge about the patient, thus assisting in the patient’s health care management.</td>
</tr>
<tr>
<td>Social Work negotiation and referral to multidisciplinary health teams to provide clients with local outreach health services, contributed to reducing the need for hospital admission/re-admission.</td>
</tr>
</tbody>
</table>

2.2 Principle Three – Providing Queenslanders with value in health services

In response to this third Principle, Social Work plays a significant role as a key allied health profession in ensuring value to the delivery of health care services, on a range of systemic levels. Social Work traditionally deals with the complexity involved with people’s lives which can converge in times of ill health, chronic health, or for individuals experiencing mental health issues, thereby exacerbating recovery. Key roles that add value in health services include:

**Discharge planning**

Social Work interventions can reduce overall patient length of stay and the likelihood of readmission. This is particularly so for situations where individuals are admitted who also have significant social concerns that are impacting upon health and safe discharge options. However, it must be noted that Social Work intervention does not always reduce patient length of stay in highly complex cases. Importantly, a comprehensive assessment by Social Work in such cases will identify and address significant psycho-social issues such as homelessness, inappropriate housing or care arrangements, family conflict, social isolation, financial barriers to compliance with medical treatment and legal concerns. Resolution of these concerns provides the client with a coordinated and supported discharge plan, clinical handover, linkage to local health and community supports to improve health outcomes and reduce the likelihood of readmission to hospital and poor health outcomes (Feather, 1993; Kadushin, 1996; McAlynn & McLaughlin, 2008). This is supported by the real life case study examples provided by practitioners for this report.

**Readmission prevention**

Social Work addresses readmission as a consequence of poor client self-management and compliance issues relating to health care through:

- client education and information about their health conditions and health promotion and prevention strategies;
- information about changes to health care delivery with the GP and local community services being the first point of contact rather than presenting to the acute hospital service;
- supportive and therapeutic counselling, psycho education and strategies to promote autonomy and independence of the client;
- linkage and referral to local multidisciplinary community outreach teams/community agencies to better support clients live safely and as independently as possible in the community;
• linkage and referral to community local support groups and networks; and
• identification and referral to safe and appropriate resources such as accommodation, transport, home assist services (Feather, 1993; Kadushin, 1996; McAlynn & McLaughlin, 2008).

Throughout, Social Work plays a key role in advocacy on behalf of individuals to ensure they receive the support and services necessary to maintain their health and wellbeing in the community.

**Carer stress and support**

Carer stress is a significant issue that can impact on the health and wellbeing of patients as well as result in health deterioration of the carer. In addition, there is a difference between chronic and acute stress with different implications on the wellbeing of those concerned as well as the method of intervention (Harms, 2005). Social Work support and intervention where issues of stress are identified are crucial in terms of preventing poor health and social outcomes for all concerned, and thereby preventing the burden on health and other systems (Berkman et al., 2006; Bland, Renouf & Tullgren, 2009; Bulsara et al., 2010; Darlington & Bland 1999; Duffy & Healy, 2011; Riley, 2007). Case study examples demonstrated Social Work psycho-social assessments as being key in identifying carer stress; with interventions including sourcing and facilitating alternative and appropriate care options for clients, thereby alleviating stress. This positively impacts on providing value in health services to Queensland citizens.

**Organisational targets and Service Delivery**

Social Work plays a key role in meeting organisational targets through targeted and effective service delivery. Case studies demonstrated Social Works’ contribution to meeting NEAT target (a 4 hourly turnaround target in Emergency) through the following interventions: appropriate and timely discharge planning and locating next of kin to support identification of medical and social information to assist with diagnosis. Furthermore, case studies demonstrated how Social Work involvement maximised efficiency and effectiveness of service delivery through facilitating better understanding and engagement of involved parties.

**Organisational workforce**

Social Work debriefing, peer support, counselling and education of heath workforce plays a key role in supporting the emotional and psychological needs of health and allied health staff through actively addressing morale and emotional distress brought about by stressful work experiences. It is argued that this in turn contributes to a more effective workforce across a range of dimensions including staff retention and absenteeism.

2.3 Principle Four – Investing innovating and planning for the future

In response to factors challenging contemporary health service delivery across the State of Queensland, the case studies and consultation with stakeholders has demonstrated that Social Work has developed a range of initiatives. These have focused on population ageing, workforce quality, recruitment and retention, professional education and teaching, multidisciplinary practice and forging partnerships, utilising new technologies and research opportunities. Activities that promote equity, autonomy and access to quality health care services for individuals, families and communities across the State include:
Older Persons Placement Service (Acute Metro)

Aware of the complexity for older people and their families in decision making around aged care planning, a Social Work group in liaison with the Health Service management has developed and implemented a person centred service to facilitate and support transitioning to aged care within the private health system. This fee for service program provides assessment, information, options, counselling, assistance with documentation and referrals and securing appropriate placements.

Coordination Organ Donation (Specialist Critical Care Unit)

Specialist Social Work intervention has been developed to provide support for families, liaison and coordination with professional medical and nursing staff and Donor Coordinators to achieve high quality, ethical decision-making and planning around organ donation. Anecdotal evidence suggested that the unique contribution of Social Work to the Organ Donation service has resulted in a high success rate in achieving positive outcomes concerned with donations from patients with whom the Social Worker was involved ‘The medical and nursing staff relied on the quality and accuracy of the social work engagement (with the family) to plan their care and engage with Donation Coordinator and determine suitability and timing of such a significant outcome’ (case study 18)

Inspiring leadership and professional development in the delivery of quality health care

In August 2013, a Social Work Leadership forum supported by Health Workforce Australia funding, and collaboratively organised by the Social Work and Welfare Clinical Education Program [SWWCEP] Metro South Clinical Educators, the SWWCEP Program Manager and Metro South Hospital and Health Service Directors of Social Work, attracted over 80 Social Workers and allied health leaders from metropolitan and regional Queensland. The forum enabled sharing of experiences regarding:

- The Mount Sinai International Enhancement of Leadership Program (New York City), lessons gained from the experience and the role that Social Work played in disaster management in New York when Hurricane Sandy made land fall.
- Report of key findings from a Social Worker’s 2012 Winston Churchill Fellowship investigating social work education and workforce planning and development in England, Europe, the United States and Canada.

Advanced Social Work and Welfare Professionals Professional Development and Teaching Series

Initiated by the SWWCEP in 2013, this series showcases and shares the expertise and skills of advanced Social Work practitioners. The presentations are video-conferenced across the state and have been well attended. Topics included:

- Working with people in crisis: Psychological First Aid in practice
- Social Work, criminal justice and involuntary treatment
- Working with adults affected by eating disorders
- Neuroscience and Resilience in a Health Setting
- Motivational Interviewing.

Workforce: Recruitment, Retention and Quality

Enhancing and building quality student field education experiences

A number of initiatives have been identified in the crucial area of quality workforce recruitment. These include building the capacity and quality of Social Work and Welfare student field education practicums across metropolitan, rural, remote and regional Queensland. This has been directly
influenced by the establishment of the Social Work and Welfare Clinical Education Program (SWWCEP).

Table 11: SWWCE Case Study

<table>
<thead>
<tr>
<th>Building a Quality Social Work Workforce through Quality Education</th>
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<tbody>
<tr>
<td>The development of the SWWCE Program has resulted in tangible improvements in overall growth as well as the quality of the social work and human services placement experiences and processes. The SWWCE Program Manager and the Advanced Clinical Educators provide a vital role in the development of placement capacity, processes and consistency across the State, innovation in placement opportunities within Metro as well as rural and remote regions and quality and appraisal initiatives.</td>
</tr>
</tbody>
</table>

The following has been achieved as a result of this initiative:

- Growth of inter-professional, Social Work and Welfare student education and opportunities across the different HHSs. Student activity has grown from 175 placements in 2010 to 230 placements in 2012. Social Work students are required to complete 500 hours for each placements – quite significantly longer than other allied health professions.
- Placements offered have increased from 244 offers in 2010 to 311 offers in 2012.
- Rural, regional and remote placements have increased from 71 students to 103 students.
- Greater equity across universities of student placement opportunities.
- More effective communication channels with regular meetings between the SWWCE Program and the universities.
- Greater consistency in the recruitment and matching process of students for placements.
- Increased efficiencies for both QH staff and University Field Educators in relation to the process of recruiting students for placements and the associated administrative requirements.
- Enhanced consistency and effectiveness of the training component of students on placement, which is vital for the development of quality future practitioners. For example, apart from their usual on-site education by the Clinical Educators, in 2013, students have been able to attend the State-wide Advanced Professionals’ Professional Development and Training Series. This series allows students to see advanced level practitioners demonstrating best practice skills.
- Development of student units in sites where there are multiple students, which has created a greater degree of collegiate and peer support for students and supervisors, along with efficiencies in training and support.
- A greater degree of support for students on placement through the Clinical Educator role.
- A greater degree of support for the Field Educators, particularly in relation to dealing with issues of complexity that can arise. Due to the development of consistent Program policies around key issues that arise in placement, the Clinical Educators have been able to more efficiently and effectively work with the relevant University Field Educators to address issues as they arise, and we have all identified that this has facilitated a more professional, consistent and supportive process for all concerned.
- Placement seminars to all Queensland Health students, enhancing capability for workforce development, with positive a feedback from all parties.
Building a Quality Social Work Workforce through Quality Education

- A more effective and proactive process for recruiting students for regional and rural placement areas.
- Valuable feedback for all universities as to the field education placement process and comparative analysis of students across various disciplines.

Rural and Remote

Social Work and Welfare Clinical Educators have collaborated to offer Social Work students:

- Combined tutorials across the following Hospital and Health Services: Torres Strait, Northern Peninsula, Cape York, Cairns and Hinterland, Townsville, North West, Mackay, Central Queensland, Central West, Darling Downs and South West.
- Equitable access for learning opportunities to students in rural and remote settings and to broaden their networking opportunities

Evaluation from within Queensland Health Social Work and Welfare Clinical Educators shows positive outcomes for students and clinical educators

Further innovations that support quality workforce recruitment of new graduates and build the skills, knowledge and satisfaction of existing staff include:

- Development of inter-professional practice resources including Introduction to communication, Adjusting to Grief and Loss in health contexts, and Ethical Practice to support medical and allied health staff.
- Placement innovation - trialling a shared placement model (new field educators partnered with more experienced colleagues).
- A collaborative placement project between Social Work, Queensland University of Technology and Legal Services. Students (two from SW and four from law) worked on a research project thereby developing capacity and knowledge development.
- Trialling different placement models such as linking hospital and community placements (patient journey) and linking regional and remote services.
- Establishment of the Older Persons’ placement model involving six students rotating through the different areas of health service provision to older persons, with the aim of increasing interest and knowledge in working with older people.

Growing Workforce

Social Work initiatives in growing the workforce include:

- Early career health Social Workers, transitioned from students to new graduates supported to become first time field educators, taking on their own students.
- Retention of former students – now new graduates in a rural setting, as well as new graduates undertaking locums or in other temporary employment.
- New graduates employed by Queensland Health in some cases have undertaken their final placement with the service, thereby creating efficiencies in training.
Supporting new graduates

The following initiatives demonstrate support for new graduates, thereby contributing to building capacity of the health workforce and ensuring quality service delivery.

- Clinical Educators are involved in providing seminars and peer support or group supervision for new graduates across the State.
- Collaborate with other professions in provision of the Flying Start program.
- Development of learning and development guide for new graduate social workers in mental health settings.

Research

Table 17 demonstrates innovative programs and collaborations in developing research capacity, knowledge generation and the evidence base to contribute to effective and efficient health care service delivery across a range of areas.

Table 12: Research initiatives

<table>
<thead>
<tr>
<th>Snapshot of Social Work Research in Queensland</th>
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<tbody>
<tr>
<td>• Successful Queensland Regional Training Network research grant for the development and implementation of innovative solutions to clinical placements in the area of Aged Care.</td>
</tr>
<tr>
<td>• Research collaboration involving exploring hospital Social Work staff to learn ‘what sustains social workers in their practice’.</td>
</tr>
</tbody>
</table>

Strategic Partnerships

A number of strategic partnerships and collaborations have occurred within the field of Social Work to innovate and contribute to better outcomes for individuals and for service delivery. Examples of strategic and innovative partnerships that are building capacity and an evidence base within the field include:

- Discussions with Griffith University to utilise the Simulated Learning Environment to strengthen teaching of health social work to students on placement.
- Queensland Health Social Work representation on Social Work Program reference groups.
- A common Social Work field placement capability tool is being developed by the SWWCEP Program Manager – with the support of universities who provide Social Work programs.
- Collaboration between some Social Work departments and Griffith University to undertake research on Social Work services.
- Collaboration between QUT and a range of Child Health Services regarding service delivery and workforce planning.
- Collaboration between University of Queensland and Queensland Health services in developing a model of primary care Social Work placements.
- Collaboration between QUT and an acute hospital in an on-going project regarding older people, Enduring Power of Attorneys and other ethical legal issues.
Summary

In addressing the four Principles of the Queensland Health Blueprint from the case study data, it is evident that social work is a core component of the health care team and of quality, effective and efficient health care service delivery. Social work provides significant value in its role, and is ideally situated to deal with the complexity that is involved with individuals who experience health and wellbeing concerns. Social work is able to effectively deal with complexity on a range of levels from the individual client through to achieving organisational goals and outcomes in the delivery of quality and accessible health services to those in crisis.
References


Pockett, R. (2006). Learning from each other: The social work role as an integrated part of the hospital disaster response. Social Work in Health Care, 43(2-3), 131-149.


Websites
Primary Health Care Research & Information Service Retrieved from:
Services to Rural and Remote Allied Health Professions (SARRAH) Retrieved from:
## Appendix 1: Case Study Template

### 'ROLE of SOCIAL WORK in HEALTH' CASE STUDY

**HEALTH SERVICE CONTEXT:** Please circle:

A) Acute, Primary, Community, Mental Health, other

B) Urban, Regional, Rural/Remote

C) Commonwealth Govt/State Govt/Non Govt.

**Brief details case context with presenting issues and reason for social work referral:**

**Social Work Assessment and Intervention:**

**TOTAL TIME SPENT**

**Practitioner’s comments:** considering the role of Social Work practice briefly describe the client outcomes; individual/family/community levels

**Organisational outcomes:** How did addressing psycho-social issues impact organisational service delivery? ie impact discharge planning, length hospital stay, readmission, ability for other health professionals to proceed with treatment.

**Client feedback:** impact statements can be powerful, if available, provide a client statement about the service and how this impacted them and / their family, their community?