



AASW
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**Australian Association
of Social Workers**

*Submission to the Department of
Veterans' Affairs: Dental and
allied health arrangements
review (Redacted for publication)*

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Introduction

The Australian Association of Social Workers (AASW) welcomes the opportunity to provide input to the Department of Veterans' Affairs (DVA) dental and allied health arrangements review. The AASW is the professional body representing more than 9000 social workers throughout Australia. The association sets the benchmark for professional education and practice in social work and has a strong voice on matters of social inclusion, human rights, social justice and issues that impact upon the quality of life of all Australians. Many social workers practice in this field providing a range of services to veterans and their family members. Therefore, we are pleased to provide the following submission.

Executive Summary

In addressing the terms of reference our submission will focus on the following main points:

- The social work profession has a long and proud tradition of working with veterans and their families towards improved health and wellbeing.
- Social workers offer a unique and valuable contribution in providing appropriate services to meet the complex and multidimensional needs of veterans and their families, from all eligibility groups.
- There is significant literature and evidence demonstrating the quality and effectiveness of social work services for veterans and their family members.
- Our key recommendations are as follows:
 - The DVA focus on services that address the holistic health and wellbeing needs of veterans and their family members. If there is a special case for assisting the spouse, partner or an immediate family member of an entitled DVA client, they should be treated as entitled to DVA services. This is quite simply 'best practice'.
 - There is scope for greater utilisation of the social work role for the benefits of veterans, particularly in relation to case management and care coordination of complex circumstances.
 - The fee schedule should take into account the full complexity of tasks for those intervening where care coordinator (sometimes referred to as case management) is a key intervention which brings positive outcomes for the clients.
 - The fee structure for Accredited Mental Health Social Workers (AMHSW) should be the same as Registered Psychologists when carrying out the same or similar interventions.
 - Given the specific training, skills and expertise of AMHSWs when trained in trauma interventions DVA should fund AMHSWs to do 90-minute trauma treatment sessions.
 - An initial consultation and assessment fee should be included in the Social Work (Mental Health) Schedule.
 - Travel lodged against each in-home consultation should be reimbursed without deducting the first 10 kilometres and a practitioner's full day's travel where this is required to provide an intervention should be claimable.
 - Although it is possible in rare circumstances to have DVA approval for telephone counselling under US24, there should be a specific reference to telephone counselling in the Schedule.
 - Subject to prior DVA approval, counselling and social work services required by a White Card holder should be claimable even if the accepted condition (for example, a degenerative physical disability) is not related to counselling or social work.

The social work profession

The social work profession is committed to maximising the wellbeing of individuals, families and communities. The social work profession is a well-defined occupation, with an established body of knowledge and a long history in Australia. Underpinned by theories of social work, social sciences, psychology, humanities and Indigenous knowledge, social workers consider the relationship between biological, psychological, social, cultural and spiritual factors and how they impact on an individual's health, wellbeing and functioning. Social workers provide services in relation to a wide range of issues including: mental health and trauma, family violence, relationship breakdowns, issues of aging, abuse, drug and alcohol, disability, poverty and homelessness. Through casework, assessments, counselling, family work, advocacy and community work, social workers operate from a person-in-environment perspective providing interventions that address issues at both the personal and social level. Accordingly, social workers maintain a dual focus on both assisting with and improving human wellbeing and identifying and addressing any external issues that may impact on wellbeing or may create inequality, injustice and discrimination.

Social work is a tertiary-qualified profession recognised nationally and internationally. The Australian Association of Social Workers (AASW) is the key professional body representing social workers in Australia and is responsible for the accreditation of social work university programs. The academic qualifications that applicants to the AASW are required to hold are: a Bachelor of Social Work, Bachelor of Social Work with Honours, or a Social Work Qualifying Master's degree. The curriculum provides entry-level professional social work education addressing education, knowledge, skills and values that can be applied across the diverse range of practice settings, fields of practice and methods of social work practice, and includes an extensive period of field education.

Graduates of AASW-accredited social work courses are eligible for membership of the AASW.

The AASW is also the assessing authority, on behalf of the Federal Government, for social workers interested in providing mental health interventions through Medicare Australia. Social workers can be accredited as Mental Health Social Workers (AMHSW) by the AASW. This accreditation recognises that the social worker has specialist knowledge, skill and experience to provide specific mental health interventions. While AMHSW accreditation recognises a worker's highly valued and specific mental health expertise, AASW mental health accredited and AASW generalist accredited social workers are as equally competent and skilled in providing services and supports that address a wide range of clients' psychosocial needs.

AASW Accredited Social Workers are professionally qualified social workers who commit to and complete a minimum amount of ongoing, annual professional development relevant to their area of professional practice and expertise.

Both AASW Accredited Social Workers and Accredited Mental Health Social Workers are able to use a registered trade mark to denote to clients, employers and others that they are professionally trained; are accountable to a code of ethics; and committed to remaining up to date with the latest research and professional practice by undertaking the required amount of annual professional development, as per the AASW's Continuing Professional Development Policy.

Response

In addressing the terms of reference our submission will focus on two major themes: the quality, effectiveness and appropriateness of DVA social work services; and the need to review DVA social work service utilisation.

1. The quality, effectiveness and appropriateness of DVA social work services

Social workers are important partners in meeting the complex and multidimensional needs of the veteran community. The social work profession has a long and proud tradition of working with veterans and their family members towards improved health and wellbeing. Social workers assist veterans and their family members in a variety of ways to address the unique challenges of life after Service. Given their holistic understanding of a client's situation, social workers are uniquely positioned to support veterans in overcoming significant life events and assisting them to deal with family, physical and mental health, employment, income support or accommodation-related issues. Through therapeutic interventions and the mobilisation of services and supports, social workers seek to enhance social functioning, promoting recovery and resilience. In order to do so, social workers draw from evidence-based and research-informed models to provide support regarding the psychosocial aspects of issues that veterans face.

There is significant literature and evidence demonstrating the quality and effectiveness of social work services for veterans.^{1 2 3} Social workers have been educated to recognise that the difficulties experienced by veterans and their families are complex and multi-causal. Stressors related to military life may change over a career particularly after exposure to war and other deployments, training incidents, and border security operations. There may be intrinsic personal factors, combined with Service experiences, such as familial, psychological, economic, health, educational, employment, legal or other societal issues that contribute and pose obstacles to people achieving positive mental health and wellbeing. Therefore, social workers develop needs based interventions focusing on whether change needs to occur at the individual, family and larger societal level, as well as in other domains. This interactive and systemic approach to assessment and intervention distinguishes social work from other professions in the sector and is beneficial in meeting the current and future needs of the veteran community.

When working with veterans and their family members, social workers:

- seek to build on individual and community strengths in order to exercise more direction over their life
- are concerned with promoting resilience and recovery by enhancing people's power and control over their lives and advancing social justice principles
- draw on a range of well-researched approaches, which may include individual counselling and support, psycho-education with the individual and/or family, group work and community development and research
- take particular account of the important role that mental health; fulfilling social relationships; access to adequate and stable housing, paid employment, and other forms of meaningful daily activity play in veterans' recovery, health and wellbeing
- support the participation of veterans and their family in all aspects of service delivery, including (but not limited to) involvement in treatment and service planning, advocacy, referral and service review and closure.

¹ Rubin, A., Weiss, E. L., & Coll, J. E. (Eds.). (2012). *Handbook of military social work*. John Wiley & Sons.

² Beder, J. (2012). *Advances in social work practice with the military*. Routledge.

³ Munson, C., & Daley, J. G. (2013). *Social work practice in the military*. Routledge.

Mental health treatment, individual and family counselling, and mediation

In providing therapeutic services social workers understand the significance of establishing a respectful, collaborative and empathic working relationship with the client in order to address their needs. These interventions draw from evidence based and research-informed models to address the many aspects of psychosocial issues that veterans and their families face. They include a range of counselling modalities, family therapy, therapeutic groups, and psychoeducational approaches to working with individual consumers, families and groups. Social work therapeutic support comprises a wide range of individual, family and group interventions used by social workers to achieve specific outcomes, identified in collaboration with the client.

Care coordination

Social work has an extensive history in case management and care coordination. The social work profession and the practice of care coordination developed concurrently, with social workers being among the first professional case managers. Social work case management is a way of providing services whereby a professional social worker collaboratively assesses the needs of the client and arranges, coordinates, monitors, evaluates, and advocates for a range services to meet their specific and sometimes complex needs. For social workers, care coordination is about developing a relationship with the client that seeks to foster collaborative decision-making in assuring that services are well targeted and person/family-centred in order to develop care plans that address their needs, strengths, and goals.

Case management and care coordination are an important practice skill of the social work profession. The scope of social work services provided through (but not limited to) care coordination can include: referrals, coordination of services, advocacy, education (e.g., understanding health and welfare systems, wellness promotion, parenting skills, management of acute or chronic conditions, job-search strategies), individual counselling, couples and family counselling, family-team conferences, ongoing monitoring and evaluation of the service plan, crisis intervention, mediation and conflict resolution.

Social workers' demonstrated expertise in navigating complex health and social service systems, combined with their unique psychosocial perspective, illustrates the profession's significant contribution in the role of case manager and care coordinator.

Advocacy

Advocacy refers to activities undertaken by social workers with clients to promote and support basic human rights, access to resources, services, and information. It may include the support to take action to resolve identified problems. The emphasis at all times is on encouraging the client to take control of the process in order to meet their needs. The aim of such advocacy is to facilitate an individual's capacity to best manage their own life. Advocacy occurs when clients either individually or collectively seek to negotiate with individuals, agencies and systems in order to meet their needs, and accept social work assistance in this endeavour. Examples are a client's concerns about the impact of particular service policies and accessing services with complex, formal and unwelcoming procedures, such as housing authorities, hospitals, and legal institutions.

For more information about the full range of the scope of practice see [The AASW Scope of Social Work Practice](#) documents on our website.

In summary, social workers provide a significant contribution to veterans and their family members by maintaining a dual focus on both the individual and family domains (the context) and providing services to address the full range of their psychosocial needs. Therefore, social workers have a clear role in the provision of effective services meeting the current and future needs of the veteran community.

The following case examples demonstrate the importance of a specific social work approach to veteran circumstances.

Case study 2: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*not real name

Case study 3: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

2. Review of DVA social work service utilisation

Our members have shared their views in relation to several areas for changes to the application of social work services, including:

DVA social work services for family members

Social workers have spoken about not being able to provide the necessary services to spouses, partners and immediate family of veterans. The inability to provide services to key family members is not only counter to best practice, but also has a negative effect on the wellbeing of the client, who is the veteran. Relationship issues can be significant barriers for improved mental health outcomes, seriously affecting or impeding recovery. Contemporary evidence focuses on the need for a more comprehensive approach to mental health interventions that are not currently supported by the DVA schedule. Family work is an important part of any mental health service, and a key skill set of the social work profession. The AASW believes that if in the assessment of an authorised DVA officer there is a special case for assisting the spouse, partner or immediate family member of an entitled DVA client, they should be treated as entitled to DVA services.

DVA schedule of fees for care coordination social work services

Our members have highlighted the fact that the current fee schedule does not take into account the full complexity of tasks for those in a care coordinator/case management role. The services associated with the role require significant follow up and liaison with services which involve a considerable amount of work beyond the face-to-face time with the client. The AASW believes that given the importance of care coordination, the fees should reflect the intricacies and complexities of the task. There also needs to be greater recognition at a policy level of the valuable contribution that care coordinators bring, including greater formalisation of the role.

Furthermore, a higher initial consultation fee is payable under the Social Work Schedule but there is no initial consultation fee payable under the Social Work (Mental Health) Schedule. An initial consultation can be more time-consuming as a Patient Care Plan must be prepared.

Travel expenses and home visits

A significant issue raised by members in relation to home visits is in the way the kilometre allowance is calculated. The current model for the reimbursement of travel costs is creating inconsistent financial outcomes. As the first ten kilometres of any visit are not paid, social workers are finding that that the reimbursement does not reflect the cost of travelling to see more than one patient on any given day.

Our members have raised concerns about the limited ability to carry out home visits. Assessments of clients' needs are reported as being far more accurate when conducted in an individuals' own environment and greatly assist those with mobility problems. Even though the fee schedules specifically refer to in-home consultations, the Notes for Allied Health Providers require 'evidence of a genuine need to travel'. Although this does not create any day-to-day impediment, the implication is that home visits are less desirable. It is the view of the AASW that home visits should be better supported by the DVA.

Telephone interventions

Telephone services are an important part of DVA social work services. Telephone and internet-based services are particularly useful for people who experience mobility problems, including mental health and location-based issues that have hampered service delivery. Although it is possible in rare circumstances to have DVA approval for telephone counselling under US24, there should be a specific reference to telephone counselling in the Schedule.

DVA social work services for White Card holders

Our members have shared situations where White Card holders required specific social work services, beyond counselling, but given the current policy requirements they were not eligible. Therefore (and subject to prior DVA approval) counselling and social work services required by a White Card holder should be claimable even if the accepted condition (e.g., a degenerative physical disability) is not related to counselling or social work.

Evidence of variable referral practices region to region

The AASW has been made aware of variable referral practices across the country, both from DVA specifically and also from GPs. To determine the reliability of this ‘anecdotal’ evidence, the AASW would like to access a breakdown of data from the Department on a regional or at minimum state-by-state basis. The concern the AASW has in relation to this relates to ‘service utilisation’ and ‘trends’. The AASW believes that positive outcomes are likely for many DVA clients if referred appropriately to social work services. This particularly applies to the needs of veterans and their families with complex needs that require thorough assessment and intervention from experienced and qualified social workers across a number of needs. These matters go to the issues of ‘effectiveness and appropriateness of the current range of DVA funder allied health service’ (see Terms of Reference).

DVA schedule of fees for mental health social work services

Despite being highly skilled and educated professionals, there is an inherent inequity in rebates to Accredited Mental Health Social Workers (AMHSW) providing services to veterans compared to Registered Psychologists under the DVA allied health fee structure when carrying out the same interventions. AMHSW are one of the few designated allied health profession groups eligible to provide private mental health services to veterans. There are the same expectations of service delivery, quality and outcomes with identical item descriptors yet social workers are paid less.

DVA schedule of fees for mental health consultations by profession

Registered Psychologist			Accredited Mental Health Social Worker			Difference
Item No.	Item	Fee	Item No.	Item	Fee	
US11	20–50 minutes consultation (in rooms)	\$71.85	US21	20–50 minutes consultation (in rooms)	\$63.30	\$8.55
US12	20–50 minutes consultation (out of rooms)	\$97.80	US22	20–50 minutes consultation (out of rooms)	\$89.20	\$8.60
US13*	20–50 minutes consultation (public hospital/RACF GST-free high care)	\$97.80	US23*	20–50 minutes consultation (public hospital/RACF GST-free high care)	\$89.20	\$8.60
US14	50+ minutes consultation (in rooms)	\$101.45	US24	50+ minutes consultation (in rooms)	\$89.45	\$12.00

The table below summarises the equivalent competence and work value of Registered Psychologists and AMHSWs.

Components of professional competence

Components of 'competence'	Registered Psychologist	Accredited Mental Health Social Worker
Qualification requirements and qualification duration	A 4-year course in psychology, usually BSc (Hons), with either two years supervised practice or a post-graduate qualification in psychology.	Bachelor of Social Work (4 years) or a relevant Bachelor degree and a 2-year Master of Social Work (qualifying) with at least 2 years post-qualifying supervised practice experience – approximately 55% have 5 or more years, and AMHSWs often possess post-graduate qualifications.
Knowledge in a typical qualifying course for practice in FPS (taken from course information)	Human behaviour and its underlying psychological processes; measurement of psychological abilities, how abilities develop over the lifespan and the processes that govern the relationships between people and groups in society; an education in developmental, social, cognitive, and abnormal psychology.	A compulsory course component on mental health; human behaviour and development, personality development, life-cycle stages, family and social networks, health, disability, vulnerability and resilience; understanding the context of social work practice – structures, dynamics and their influences on society; cross-cultural practice and Aboriginal and Torres Strait Islander cultures.
Professional skills for FPS in qualifying course	A science-based approach to understanding psychological issues; psychological assessment and survey skills; using interventions under a regulated supervision process.	Comprehensive bio-psychosocial assessments leading to decisions about the most appropriate intervention; acquiring and practicing interpersonal and therapeutic skills and using interventions under a regulated supervision process; communication skills, both oral and written; critical analysis; qualitative and quantitative research methods.

Overall, it is apparent that both professions share core and comparable knowledge and skills, crucial to service delivery, as well as bringing a distinctive contribution.

Trauma therapy

The AASW wishes to flag a concern that several of our members have raised. The DVA does not fund AMHSWs to do 90-minute trauma treatment sessions, although registered and clinical psychologists are able to do these sessions. This disparity does not reflect the skill and training that AMHSWs have in relation to trauma and needs to be corrected. This will be the subject of separate representation to the Department, but is brought to the attention of the Department through this submission. There are two main issues related to this matter.

1. Social workers are trained in exactly the same way as registered and clinical psychologists are in relation to this particular intervention. In fact on most occasions the training is provided to a mixed group of Accredited Mental Health Social Workers, Registered Psychologists and Clinical Psychologists. The training is provided by the nationally recognised Centre for Post Traumatic Mental Health, known now as Phoenix Australia.
2. The Commonwealth Government has clearly stated that not being registered through the Australian Health Practitioner Regulation Agency (AHPRA) should not disadvantage suitably qualified and recognised professional groups.

The AASW will approach the Department in the near future with a more comprehensive submission about this matter.

Recommendations

Social workers have a significant history of contributing to the health and wellbeing of veterans and their families. The skills offered by social workers in relation to individual, family and psychosocial assessments and interventions are of significant importance to the health and wellbeing of veterans.

In order to continue, and indeed, enhance this engagement of social work skills and knowledge to the advantage of the veteran community and their families we make the following recommendations:

- The DVA continue to focus on services that address the holistic health and wellbeing needs of veterans and their family members
- If in the assessment of an authorised DVA officer, there is a special case for assisting the partner, spouse or immediate family of an entitled DVA client, they should be treated as entitled to DVA services
- Greater utilisation of social work services, especially in relation to case management and care coordination
- The fee schedule needs to take into account the full complexity of tasks for those in a care coordinator/case management role
- An initial consultation fee should be included in the Social Work (Mental Health) Schedule
- AMHSWs specially trained in trauma interventions be authorised to use the 90-minute consultation currently available to registered and clinical psychologists
- Travel lodged against each in-home consultation should be reimbursed without deducting the first 10 kilometres and the practitioner's full day's travel should be claimable
- Subject to prior DVA approval (including approval allowing for the 'closest practicable provider' rule), travelling time in excess of an hour should be paid for travel
- Although it is possible in rare circumstances to have DVA approval for telephone counselling under US24, there should be a specific reference to telephone counselling in the Schedule
- Subject to prior DVA approval, counselling and social work services required by a White Card holder should be claimable even if the accepted condition (e.g., a degenerative physical disability) is not related to counselling or social work. This will appropriately reflect the psychosocial complexity and needs of many veterans with physical conditions

Conclusion

The social work profession has a long history and in-depth experience of working with veterans and their family members towards improved health and wellbeing. Social workers assist veterans and their family members in a variety of ways to address the unique challenges of life after Service. With their focus on holistic care and the ability to consider the complexity involved from a psychosocial perspective, social workers are important partners in meeting the multidimensional needs of the veteran community.



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