

Additional rationale for the registration of social workers

Prepared June 2016

The following information intentionally draws upon and mirrors the content in The Senate Legal and Constitutional Affairs References Committee report¹ released in May 2016 regarding the 'Establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety'.

This Senate report is used specifically here because many of the arguments for the registration of paramedics can be applied equally to the rationale for the registration of social workers.

Social workers in context

The interventions undertaken by social workers are complex and can involve significant risk factors, such as:

1. Social workers practice in settings which involve the **establishment of long term trust relationships with some of Australia's most vulnerable people**. Such relationships carry the risk of professional boundary violations. AHPRA statistics indicate that this is the area of most significant risk across the registered professions. **Power imbalances** in therapeutic relationships can also mean that vulnerable clients are less likely to complain about improper conduct. These clients deserve protection.
2. The human cost of unsafe social work practice is high. The available international and national data shows that **when social workers do cause harm, it is significant harm**. For example, in matters investigated by the AASW which involved serious sexual boundary violations, all victims reported the psychological and emotional harm caused to them by the social workers as extreme, and all tested in the severe range for depression, stress and anxiety on the Depression, Anxiety and Stress Scale (DASS), following the incidents of sexual boundary violations. Victims have reported suicidal thoughts and hospital admissions as a result of unethical social work practices. All victims have reported that the incidents continue to affect their lives on a daily basis².
3. Social workers most commonly **provide services without another person present**:
 - This risk is exacerbated by the fact that social workers regularly **visit vulnerable clients in their homes without any direct supervision**.

¹ Commonwealth of Australia 2016, *Establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety*, 2016, The Senate Legal and Constitutional Affairs References Committee, retrieved 31 May 2016, <http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Paramedics/Report>

² Australian Association of Social Workers 2014, *Evidence of harm caused by social workers: Australian and overseas examples*, retrieved 31 May 2016, <<http://www.aasw.asn.au/document/item/6565>>

- In addition, social workers increasingly work in **sole or private practices**. This has the potential for professional isolation to occur.
4. Social Workers in private practice, who have not sought accreditation by the AASW, pose an even greater risk, as in the **absence of any organisational code of conduct/complaints mechanisms**; there are no guaranteed formal accountability measures.
 5. Social workers provide **psychological and other interventions to vulnerable people for serious mental health and other issues** with potential for harm.
 6. Social workers can act as primary care providers **without referral from a registered practitioner**.
 7. Social workers are **trusted with sensitive health information** regarding clients and significant others, including clients' medical history in many cases.
 8. The nature of social work practice means that social workers may also be susceptible to **vicarious trauma and burnout**, which without adequate supervision and regulation, can inadvertently lead to professional boundary and/or fitness to practice issues.
 9. The **intimate nature of therapeutic relationships** can also be vulnerable to issues such as:
 - **'transference'** (i.e. the redirection of a client's feelings for a significant other onto the social worker). How the social worker addresses issues of transference requires significant skills, supervision and continuing professional development.
 - **'countertransference'** (i.e. the redirection of the social worker's feelings towards a client). Again, this requires a significant level of skill, supervision and continuing professional development in order to ensure that such issues are managed in the therapeutic context and do not inadvertently result in professional boundary violations and/or harm to the client.

All of the above risks in the social work practice environment can be mitigated by regulatory standards such as professional supervision, continuing professional development and ongoing fitness to practice checks.

Accredited Mental Health Social Workers in focus

The AASW has an existing co-regulatory arrangement with the Australian Government, whereby the AASW is the appointed authority on behalf of the Government to assess social workers' eligibility to provide mental health services and focused psychological strategies under Medicare and other mental health programs, following a referral from an authorised Medical Practitioner.

Every other health practitioner (all Psychologists and all Occupational Therapists) who provides these services under Medicare are required to be registered through the National Registration and Accreditation Scheme (NRAS).

As noted above, most social work services are provided without another person, beside the client, present. This in itself is a risk factor; and in the case of Accredited Mental Health Social Workers the risk is exacerbated by the fact that they are working alone with people who have already been assessed by a Medical Practitioner as having a clinically diagnosed mental health disorder, and

receive Medicare rebates for these services, with the self-regulation of the AASW as the only regulatory oversight.

And of even greater concern is the potential for non-AASW accredited social workers and/or unqualified others to 'operate under the radar' by advertising to work with people with clinically diagnosed mental health issues, with or without a referral from a registered health practitioner, and with no requirement to engage in any supervision or continuing professional development, and with no regulatory oversight.

Comparable risk: Social Work and Psychology

Social Workers and Psychologists both practice in settings which involve the establishment of long-term trust relationships with vulnerable people. Given the recognised similarity in the work and practice settings of Psychologists and Social Workers, the levels of risk and harm to the similarly vulnerable clients groups are equivalent.

The 2014/15 Review of the National Registration and Accreditation Scheme (NRAS) identified Psychology in the top five professions requiring the National Scheme's full regulatory force and resources.

The number of notifications and outcomes against Psychologists are high compared to other registered professions, and as Psychologists and Social Workers do very similar work in similar settings it reasonably follows that if Social Workers were registered then the number of notifications would be similar.

Alarmingly in 2014/15³, Psychologists had the highest number of notifications in relation to sexual misconduct, proportional to their registration numbers.

While there is a plethora of international data evidencing the harm that unsafe social workers cause, the alarming fact is that we cannot know the full extent of the harm caused by such social workers in Australia, because without registration so many social workers are practicing without any form of regulation. In turn, this means that so many vulnerable Australians have no clearly accessible path for complaints.

The high number of notifications and outcomes in relation to serious professional misconduct of Psychologists further demonstrates that the clients of social workers are at risk.

This is demonstrated in the following table from the *National Registration and Accreditation Scheme for health professions: Consultation Paper*.⁴

³ Australian Health Practitioner Regulation Agency (AHPRA), *AHPRA Annual Report 2014/15*, Accessed 7 June 2016, <<https://www.ahpra.gov.au/annualreport/2015/downloads.html>>

⁴ Australian Health Ministers' Advisory Council, *National Registration and Accreditation Scheme for health professions: Consultation Paper*, p.8, Accessed 6 June 2016, http://www.ahmac.gov.au/cms_documents/Consultation%20Paper%20-

For professions already in the National Scheme

The existing range of professions falls into two clear categories.

1. Professions that, based on their size and the extent of notifications with potential impact on community safety, require the National Scheme's full regulatory force and resources.

Table 1 below identifies groups that clearly meet these criteria:

Table 1: Higher regulatory workload professions (2012–13) including NSW data

Profession	Registrants	Proportion of total registrants	Notifications	Proportion of total notifications	Notifications per '000 practitioners
Medical	95,690	16.2%	4,709	54.5%	49.2
Nursing and Midwifery	345,955	58.4%	1,598	18.5%	4.6
Psychology	30,561	5.2%	471	5.4%	15.4
Pharmacy	27,339	4.6%	429	5.0%	15.7
Dentistry	19,912	3.4%	1,052	12.2%	52.8
Totals	519,457	87.7%	8,259	95.8%	

National registration and accreditation

The Victorian Department of Health and Human Services (DHHS) (quoted in The Senate Legal and Constitutional Affairs References Committee report, outlines a number of reasons why national registration of paramedics is necessary.

The following reasons further demonstrate why the national registration of social workers is necessary:

- The need to address avoidable risks of harm to the public;
- Changing models of social work care and expanding scope of practice; which may result in some higher risks to the public;
- The potential for statutory registration to underpin more efficient quality assurance mechanisms and drive health system reform;
- Evidence from international jurisdictions, particularly the United Kingdom where a registration regime for social workers has been in place for some years;
- Community expectations that social workers should be subject to the same rigorous regulatory standards as similar professions.⁵

Factors relevant to national registration and accreditation

Public safety

- As with paramedics, the public has the right to know that when they are referred or self-refer to a social worker that the person they are seeing has undertaken the requisite training and has the capabilities to deliver the services you could expect from a social worker
- As with paramedics, the national registration of social workers would offer greater safety in three key ways:
 1. Only people who meet approved and nationally consistent educational and practitioner standards would be able to call themselves a social worker

[%20Review%20of%20the%20National%20Registration%20and%20Accreditation%20Scheme%20for%20health%20professions.pdf](#)

⁵ Roy Morgan on behalf of the Australian Association of Social Workers 2011, *The views of Australians regarding regulatory requirements of counsellors and qualified therapists*, retrieved 1 June 2016, <<http://www.aasw.asn.au/document/item/1819>>

2. Social workers with fitness to practice issues would not be able to move freely across jurisdictions/employing bodies without disclosure;
3. Checks on qualifications, practice currency, probity and criminal history would be a condition of practice.

How registration improves public safety

The inclusion of social workers in the National Registration and Accreditation Scheme (NRAS) would proactively protect the public and employers by:

1. Defining and protecting **professional educational and practice standards**
2. Defining safe and competent **scopes of practice** for social workers
3. Requiring mandatory hours of annual **continuing professional development** in order to ensure skills and knowledge remain up to date
4. Requiring that social workers engage in regular **professional supervision** to debrief traumatic and complex situations. Regular mandatory professional supervision enhances the possibility for early and proactive identification of potential practice competence and/or fitness to practice issues, which can prevent harm to both clients and workers
5. Requiring that social workers meet standards in relation to recency of practice
6. Requiring that mandatory criminal/police and other checks are undertaken
7. Ensuring that the public has access to a notifications and complaints process which applies to all social workers. The incoming National Code of Conduct for Health Care Workers will **not** apply to all social workers in all practice settings⁶ and will mean that some social workers will continue to operate outside any regulatory or accountability mechanism
8. Ensuring that unqualified people cannot use the term 'social worker' to mislead the public and provide unqualified and/or unaccountable services, which have the significant potential to cause harm.
9. Providing a searchable online register of registered and deregistered social workers, which would provide the public and employers with instant information about a person's registration status. The public and employers would instantly know that if a social worker is not on the register then they are not registered and it is an offence to represent themselves as such.

Moreover, because of the annual renewal requirements of registration, the public and employers could have confidence that every year the social worker would have met all of the above professional standards and requirements.

Workforce mobility

- As stated by the Australian Medical Association (AMA) in The Senate Legal and Constitutional Affairs References Committee report in relation to its experience in the medical profession, 'One of the advantages of having a national registration scheme is

⁶ Australian Association of Social Workers 2014, *Submission to the Australian Health Ministers Advisory Council (AHMAC) Re: A National Code of Conduct for health care workers*, retrieved 1 June 2016, <<http://www.aasw.asn.au/document/item/5884>>

transferability. If you are registered in one state, you can then go and work in another state, with a relatively minimal change of paperwork’.

- As has been successfully argued in the case for paramedics, national registration would allow social workers to move unrestricted within Australia for employment opportunities, and this would help to develop a more flexible, responsive and sustainable social work workforce nationally.
- As with paramedics, there would also be corresponding benefits for employers, who would save money that may have otherwise been spent on assessing the qualifications and suitability of applicants for social work positions.

The title ‘social worker’

- As noted in The Senate report regarding the situation for paramedics, similarly, ‘there are simply no laws that say who or what is a social worker or who can call themselves a social worker’. This can cause confusion in relation to social workers’ services, skill levels and capacity to provide certain interventions.

Ongoing professional development

- Registered health professionals in Australia are required to continue their education to ensure that they remain up-to-date with respect to new developments in their field.
- Currently in Australia, there is no requirement for social workers to do any continuing professional development or education, except for what their employer may require them to do or where they hold Accredited Mental Health Social Worker status through the AASW’s co-regulatory agreement with the Federal Government.

Accountability

- National registration and accreditation of the social work profession would increase accountability and ensure appropriate standards are upheld.
- For example, evidence reported in The Senate report highlighted that paramedics:

“...largely work independently. My partner and I work by ourselves in the community, so what is happening is only witnessed by the two of us. There is a lack of accountability and there is a...lack of transparency. We need to raise the bar higher so we are all working to the same standards.”

- The same statement applies to social workers, although the risk is further exacerbated by the fact that social workers most commonly provide services with **no** other person besides the client witnessing the service provision.