



WA Social Work News “In the Loop”

SPSW Electronic Newsletter October 2007

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President's Column

The past few months have been relatively quiet ones for the Society. The Board has settled in following the departure of Pattie Benjamin for Sydney and Karen Vincent for San Diego. They are significant losses for the Society and the profession in Western Australia and we wish them well in their respective endeavours in the knowledge that whatever they commit to they will do so with enthusiasm and integrity.

In this edition we will see two letters, one a response from the Federal Minister for Health pointing out that our members will not be accorded the same privilege as members of the AASW when it comes to health care rebates. His argument is based on the fact that the SPSW is not a national organization. It is the SPSW Board's intention to explore the possibility of rectifying this. There are possibly ways of doing this in a similar fashion to the Occupational Therapists who are constructed as a Federation, with both the WA group incorporated in WA and the federal organisation also separately incorporated in WA.

I recently had the opportunity to talk to the WA group of Occupational Therapists about the social work experience of moving from a federated structure to a national, corporate structure of governance. They were facing pressure to reorganize their profession into a company of limited liability, as is the case with the AASW. Following input on the folly of this idea from representatives of the Australian Dental Association, the SPSW and the AMA, they have finally resolved to keep the federated structure. It is significant that in WA, Occupational Therapists are registered by law but in most other States they are not. It was enlightening to see how some of these professional groups guard their respective State based autonomy and how this works for them.

Our CPE Committee recently organised a very successful event looking at legal liability, litigation and insurance. It is quite clear that liability does not end on retirement from the workforce and there are now a number of instances of social workers in Australia having to deal with legal consequences flowing on from

their work and decisions they have made. Professional indemnity insurance is now no longer a peripheral choice in practice, but a necessity.



Brian Wooller
President SPSW

7th National Allied Health Conference

“No Discipline is an Island

Hobart, 18th-20th July 2007

Janine Gilmour, Senior Social Worker SWAT (Strategic Winter Allied Health team) Sir Charles Gairdner Hospital attended this conference and has provided the following report.

The conference consisted of numerous presentations over 3 days focusing on:

- The future of Allied Health professions and the work to be done in the current work and political climate. Dr Rosalie Boyce spoke about the challenges for Allied Health being different from those of nursing and medicine. Allied Health are trying to build a core identity and strategic entity from diverse and sometimes shifting parts. Dr Boyce spoke of the coming 5th wave in the evolution of allied health 1010-2015 focusing on internationalising Allied Health. This would include looking at an Allied Health Globalisation strategy, making links between different countries at an allied health level, talking about the need for international Allied Health Policy networks now at WHO and the European Parliament for example. ONE

WORLD: ONE VOICE FOR ALLIED HEALTH. Dr Boyce also spoke of the need for true collaboration of the disciplines to make a real difference to an organizational culture. This would involve the introduction of allied health leadership, an Allied Health Council, an Allied Health logo, a full time professor of Allied Health and a staff rotation program for example.

- Recruitment and retention strategies for rural and remote Allied Health workers
- Development of an Outcomes Calculator – an innovative tool in measuring health care outcomes from the Centre for Allied Health Evidence, University of South Australia
- Other islands – Allied Health participation in an Australian medical assistance team in Java presented by Royal Perth Hospital Physiotherapy
- Evidence Based Practice – implementing evidence in Allied Health. Is it easier said than done? The PICO framework presented by staff from the Centre of Allied Health Evidence
- Family Conferences and Team Meetings – threes presentations explored team members' differing experiences of case conferences changing to an interdisciplinary issues based approach and the evidence challenging the assumptions
- Health Informatics/Health IT for Allied Health. A case study was presented of a small non-government agency where allied health used a PC tablet for recording notes. The presentation was from the Scottish Executive Health Department regarding their advances in allied health sharing and standardization of data. Janine has joined a national register of interest for the future of allied health IT
- The use of therapy aides/allied health assistants – the death knell for allied health or our saving grace?
- An exploration of transdisciplinary allied health services – the overlapping of roles in allied health. This has been taken up since the conference and definitions of multi/inter and transdisciplinary working are being explored in conjunction with the ED (Emergency Department) and CCT (Care Coordination Team) at SCGH.

Janine is happy to answer queries and can be contacted at SCGH

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Rural Social Work and its Challenges: A Personal Reflection

Working as a Social Work practitioner in today's climate is certainly challenging. However, the rural social work practice can be even more challenging. Having practiced in both urban and rural settings I wish to share some of my experiences.

I currently live in the NorthWest of Western Australia in the community of Karratha some 15,000 kms north of Perth, with a population of approximately 18,000. Karratha is in the Shire of Roebourne, which consists of Dampier, Karratha, Roebourne, Wickham, Cossack and Point Sampson. The Shire of Roebourne has an interesting demographic makeup with the dominant demographic living here for the Mining, Oil and Gas and Construction industries. In addition to the stable population who call this home there are 3000 fly in fly out workers with promises of this swelling to 4500 by mid 2008. The area has a very young population with approximately 5000 people under the age of 18 years. With disposable incomes averaging in excess of \$120,000, there is a very large gap between those who have and those who have not. There is also a significant population of Aboriginal people in the area with an over proportion representation in the justice system, child abuse, health and unemployment areas.

Along with many social problems found in all communities this area has significant issues associated with high levels of drug and alcohol consumption (associated with higher incomes), domestic and family violence (linked directly to high consumption and use of drugs and alcohol), homelessness and overcrowding (severe lack of affordable housing), lack of access to adequate health services (District Hospital with only some visiting specialist every six weeks), limited counseling services (a domestic violence counseling service and limited generic service which is only able to offer 10 appointments a week) and a high representation of child abuse cases.

The challenges as a rural and remote social worker are many. Examples are; limited professional development and CPE opportunities, working in professional isolation with extremely limited agencies or service providers to refer to, attraction and retention of staff, climatic conditions, small town issues for worker safety and privacy, opportunities for annual leave and self care.

One could say that these issues are no different for any urban/metropolitan office. However when each issue is analysed individually it soon becomes evident just how significantly different they are.

Limited Professional Development: As a professional social worker ensuring that I am able to continue my professional education has been challenging and at times very personally costly. Wherever possible I avail myself of professional development opportunities within my employment. However, with constraints on budgets this isn't always possible. In addition to any costs for registration fees it also costs the organisation, an airfare (\$800) and accommodation /travel allowance (\$200 per night) and travel time away from the office. In a metropolitan/urban area the only costs would be registration. On the other hand I personally have made a commitment to myself to attend at least one Professional Conference, related to my professional development per year; self funded if need be. This

exercise recently came at a personal cost of approximately \$3831. However, the professional and personal gains through my participation and experience were second to none and I would do it all again.

Working in Professional Isolation: I am fortunate to have in my workplace, several other Social Workers with whom I can enter into rigorous professional discussions. However, some of my colleagues from other organisations lack this opportunity for both professional reflection and discussion and support. Over the years I have found that by offering both my formal and informal professional supervision and support to these colleagues who are isolated has been one way that I can assist my profession to maintain a standard of support that I believe is paramount to our profession.

Limited Referral Points: In rural and remote Social Work practice there are few opportunities for brokering services for our clients. Ironically perhaps, it is easier, when there are no services to broker to. This requires quite an eclectic approach to practice and an intensive case management model to be adopted. Obviously the more complex the issues the more time required to complete the intensive work require for positive outcomes. This often requires after hours work and an intense psycho-social work approach. Sadly, many workers don't possess the needed skills and knowledge. The increased demands on rural workers who have to travel long distances to provide social work services to isolated communities and clients can also be very demanding. Often these roads are unsealed and extremely isolated.

Often a comment that has been made to me has been that in the rural areas we don't have the same levels of population and therefore a corresponding reduction in case loads. This let me tell you, is a myth. Given the complexity of many of the issues we are working with and the lack of referral points (as identified earlier), our cases are often on case loads for longer and requiring more intensive case management, which requires far greater hours of involvement. In the organisation I work in the case loads for all case workers are comparative in numbers. For some of my Social Work colleagues in other organisations they are the only Social Worker over a number of sites. Burnout, feeling's of inadequacy and lack of motivation are constantly being expressed.

Attraction and Retention of Staff: Like all areas of Social Work one of the biggest impacts on our profession and our professional workplaces is the attraction and retention of trained Social Workers. Nowhere is the impact more evident than in rural areas. For many they would love the opportunity to work in a rural setting for a period, but are concerned about the opportunity to return to "civilisation" at some point, without personal or professional prejudice. Given the shortages of trained Social Workers and our Social Work Schools reporting less and less enrolments, the metropolitan/urban social work employment opportunities close to services, social and leisure activities and most often family, are likely to win over the rural employment opportunity.

Climatic Conditions: Living in the North West certainly has one of the harshest climatic conditions in Western Australia. Not only do we experience soaring temperatures throughout the summer months we also

have the highest number of cyclone threats in the State. Like many other rural areas of W.A. with high temperatures, we are in and out of hot motor vehicles conducting home visits, usually on someone's front verandah or under a tree, if you can find one, in temperature of 40 degrees plus. These are some of the many challenges of the area. In contrast our winter months (so to speak) are glorious with averaging temperature of 28 degrees max and 17 degrees min.

Small Town Issues of Worker Safety and Privacy: One of the most significant issues for rural practitioners is that of Worker Safety and Privacy. Worker safety is often compromised as a result of them being the only worker and having to conduct outreach and home visiting services on their own. My own professional position on this is that under no circumstances should personal safety be compromised, however I understand how it occurs in small organisations. On occasions there have been opportunities (where appropriate) for multiple agency home visits which ensures worker safety. As a part of a larger organization I have also offered the use of rooms for the conduct of interviews, sessions etc. in locations which are safe and secure for these workers.

Worker privacy is often something which is unavoidable in small rural communities. Very quickly one's clients get to know where you work, where you live and often they believe that because they require your service 24/7 that you should be available, often coming to your home and or ringing your mobile (if they have the number). The explanation of and setting of boundaries is critical for survival as a Social Worker in a rural community.

Difficulties often arise when visiting the local supermarket (particularly if there is only one shop), with family in tow, and a client decides that they wish to let you know that they may not be happy with the service or the actions taken by your agency, in front of your children and anyone else who chooses to be in the vicinity know. The biggest challenge for me as a rural Social Worker has been my attempts to protect my children from any negative overflow of my professional work. Whilst I appreciate that I did experience this from time to time in my work in the metropolitan area, these experiences are daily in the rural setting. These include situations including such as contact as parent in the school, through sporting groups, as a Justice of the Peace and my children's involvement with other children in the community etc. etc.

Opportunities for Annual Leave: Living in a rural and remote area annual can be very interesting. Leave often needs to be planned around cyclone seasons, operational needs and competing leave arrangements with other colleagues. This is unlike large offices or organisations, where leave can be absorbed and managed from within more easily. In an Office of only one or two people and only one Social Worker, when they are on Leave there is no service being offered, sometimes for long periods of time. The impact on a small community, who has come to rely on this service, can be incredibly difficult and extra strain on the other agencies and colleagues within the vicinity are experienced.

So Why Work as a Rural Social Worker?

As you can imagine, it is not for the money! Working as a rural Social Worker is extremely rewarding. It is all about the relationships. Like all areas of social work forming and developing significant professional relationships is the key to good professional practice. My practice wisdom over the years has informed me that more than any other tool in my social work kit bag, the art of engagement and the development of relationships has been the most beneficial to my career and this is particularly so in rural social work practice. These developed relationships have ensured that a level of trust and credibility has been established throughout the community with a knowledge that professional reciprocity will be returned at some time in the future. This has a beneficial effect for those I am working alongside and a positive professional satisfaction for me.

The comradeship of working in a rural setting between both internal and external colleagues is like no other experience I've had in my working career. It is almost like your colleagues become your extended family. There is always someone to assist in picking up kids, if you get held up, looking after the family pet and your garden when going on holidays, someone to celebrate a birthday with or someone just to listen. We all know the names of spouses and family members. We are a team who truly care about each other. This was not my experience in the metropolitan area.

Rural social work practice offers strong collegial support, a chance to stretch and extend one's skills and the opportunity to belong to one's community. Coupled with the opportunity to really make a difference to the child and families and community through one service is why rural social work practice is for me!

Tracey Nicolson JP BSW (SPSW Board Member)

Farewell to Pattie Benjamin

A farewell dinner was held in May for our esteemed colleague Pattie Benjamin, who is a founding member of the SPSW.

Pattie started life as a physiotherapist but moved to the social work profession where she has made a very significant contribution. She worked in Corrections, DCD, Haemophilia Foundation, Uniting Care and in private practice. She was involved in lobbying for and support of refugees and asylum seekers.

Pattie was a member of the AASW WA Committee of Management, Vice-President with Ethics portfolio. She was also a Committee member of the SPSW: Inaugural Vice-President and responsible for membership drive and recruitment.

Pattie has been an ideas person and has had a vast network of contacts for CPE, fundraising and community activities. She was a major contributor to the success of the concert sponsored by the SPSW to raise money for victims of the 2004 Tsunami disaster. She is also an excellent cook and a very generous host. The Board would like to wish Pattie and her partner Roger every success in their new life in Sydney.



Pattie giving her farewell address May 2007

Letters

Re - Enhanced Primary Care Program

Mr Brian Wooller
President
Society of Professional Social Workers (Inc)
PO Box 156
Subiaco 6904

Dear Mr Wooller

Thank you for your recent letter to the Minister for Health and Ageing, the Hon Tony Abbott MP, regarding the social worker eligibility requirements under Medicare initiatives. The Minister has asked me to reply on his behalf.

To identify suitably qualified and experienced practitioners for Medicare initiatives, the Australian Government requires either:

- Registration of the allied health professional under the relevant State or territory law; or
- Where there is no such State or Territory law, a practitioner must be a member of a professional association with uniform national registration requirements.

Allied health professionals who meet eligibility requirements through membership of a national professional association, are also required to meet specific credentialing requirements developed in consultation with the profession. These additional credentialing requirements help ensure that allied health providers are able to provide the specific services which are rebated through Medicare.

Social Workers who wish to register to provide Medicare services under either the *Enhanced primary Care Program* or the *Better Access to Psychiatrists*,

Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative are not only required to be members of the Australian Association of Social Workers (AASW), the national association representing social workers, but are also required to be certified by the AASW as meeting the standards for mental health set out in the AASW's 'Standards for Mental health Social Workers 1999'.

These eligibility requirements help ensure that Medicare allied health providers maintain a high standard of qualifications, skills and training.

You may be interested to know that occupational therapists who wish to provide Medicare rebateable services under the *Better Access* initiative are also required to be members of their national professional association, OT AUSTRALIA.

It should also be noted that the Medicare system is not an employment arrangement and is not primarily concerned with provider remuneration. Rather, it is a mechanism for providing Medicare rebates to eligible health care consumers for clinically relevant services provided by eligible practitioners.

I trust that this information is of assistance.

Yours sincerely
Nathan Smyth
Assistant Secretary,
Mental Health Reform Branch
6 September 2007

Letters continued...

Re - Curtin SW advertising

Professor Jeanette Hackett
Vice Chancellor
Curtin University of technology
GPO Box U 1987
PERTH WA 6845

Dear Prof Hackett,

On Wednesday the 5th September an advertisement appeared in the West Australian newspaper.

This advertisement, on closer examination appears to be an attempt to advertise courses in education and social work and presumably attract students.

Apart from the decidedly unattractive nature of the advertisement it is insulting to both the professions of teaching and social work. The use of the word "blah" and the picture of either the client/student or the teacher/social worker asleep conjure up negative images of both professions.

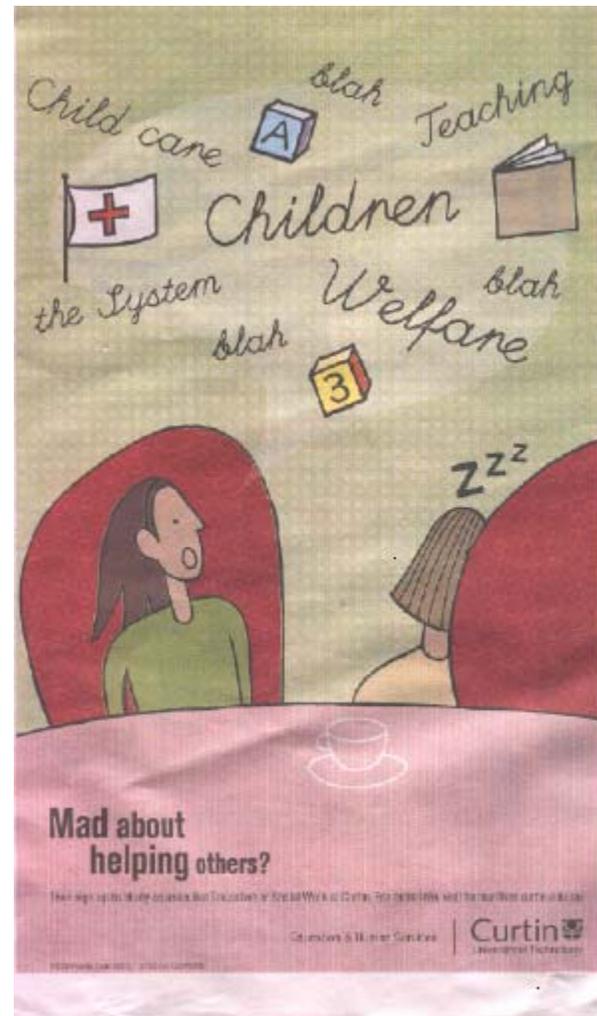
The use of the phrase "Mad about helping others?" has a number of meanings; one is the implication that you would have to be insane to help others or that it makes you angry to help others or the more positive interpretation that you would be excited to help others. This latter interpretation is clearly contradicted by the image created by the use of a pictorial of someone who is asleep (hardly conveying excitement) and the use of the word blah, suggesting boredom.

The image of a single cup on the table has particular connotations for social workers. This advertisement is derogatory to both professions and is hardly likely to attract people into either social work or education. For the University to publish this in the West Australian at considerable cost is a blatant waste of scarce educational funding, ill considered from an institution of higher learning, out of step with basic human sensitivities and insulting to the professions of education and social work and their students or clients.

Quite clearly if this advertising material had been market tested it may not have seen the light of day. It needs to be withdrawn from use and an apology made to the two professions, students and clients that it denigrates.

Yours Sincerely

Brian Wooller
President SPSW
September 12, 2007



Editor's Note and Invitation

Spring is here and with it comes another edition of the Loop newsletter. As the days grow longer and the rains become less prevalent we are enjoying the reawakening of nature around us. It is a time of refreshing ourselves and perhaps a time of reflection on personal and professional goals and practice.

We would love to hear your views on the important issues going on around us or perhaps you can give us an insight into your area of work. Please send your contributions to any of the Board members and we look forward to your support for your professional organisation.

Wendy Butler (SPSW Board Member)

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