

Focus

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Melbourne office

Level 7, 14–20 Blackwood Street

North Melbourne VIC 3051

PO Box 2008, Royal Melbourne Hospital

VIC 3050

P: 03 9320 1022

aasw.asn.au

MEMBERSHIP ENQUIRIES

Freecall: 1800 630 124

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horizon@aasw.asn.au

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Branches

Australian Capital Territory

aaswact@aasw.asn.au

New South Wales

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North Queensland

aaswnqld@aasw.asn.au

Northern Territory

aaswnt@aasw.asn.au

Queensland

aaswqld@aasw.asn.au

South Australia

aaswsa@aasw.asn.au

Tasmania

aaswtas@aasw.asn.au

Victoria

aaswvic@aasw.asn.au

Western Australia

aaswwa@aasw.asn.au

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Editorial and advertising enquiries

Marketing and Communications Officer

P: 03 9320 1005

editor@aasw.asn.au

www.aasw.asn.au

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NEXT EDITION

Contributions for the Winter 2022 issue will be accepted until Friday, 29 April 2022.

AASW Members whose articles are published in *Social Work Focus* can claim time spent to research and prepare them towards CPD requirements, specifically Category 3.

EDITOR

Amanda Place

Guest Editor

Ann Philpott

Copyeditor and Proofreader

ACKNOWLEDGEMENT OF COUNTRY

The AASW respectfully acknowledges Aboriginal and/or Torres Strait Islander peoples as the First Australians, and pays its respects to Elders past, present and emerging.

Join us on social media:



National President's Report

As if things couldn't become more dramatic, in addition to adjusting to living with the coronavirus pandemic, my thoughts are with my colleagues in Sydney, northern New South Wales and south-east Queensland who are dealing with floods and the subsequent disaster recovery. And on top of that, Europe is dealing with its worst military conflict since the Second World War. These events are seeing millions of people displaced and traumatised.

As social workers, we are a beacon of light in uncertain times. We need to draw strength from each other and our support systems so that we can channel it to the people we work with. As your Association, our purpose is "Supporting social workers and empowering the profession to make a positive difference" and we are in the process of further fulfilling that commitment to you.

The AASW is committed to giving members equity of access to all services and that is why we are proposing a change to the Constitution to move *Beyond Boundaries* and become more efficient and effective with our resources.

The Association has come a long way in the last few years. We have more than doubled our membership since 2013, our publications have become much more informative and professional, our CPD and event offerings are of consistently high quality and we have developed credentials acknowledging members who specialise in particular areas of practice. Our ability to advocate at a state/territory and federal level has much improved.

With such significant growth over the last 10 years, it is necessary to make changes to the way we do things. At the moment, we are committing resources to a technological transformation to improve your member experience. This necessary change is costly.

Having the current state and territory-based branch structure is an expensive barrier to growth and accessibility. Only 20 per cent of our members access the branch-run events and the cost of maintaining branches equates to \$5 million over six years. Savings would be re-directed to services that all members can access. There will still be local events, networking and practice groups, but it is not necessary to have the branch structure to facilitate these.

To ensure we are prudent with members' money, we want to be able to access not-for-profit pricing for products and services: the difference being hundreds of thousands of dollars per year. Listing with the Australian Charities and Not-for-Profit Commission will put us on par with other Associations that operate in a similar space and give us access to potential government funding.

Voting for both of these proposals will enable the Association to be more responsive to your needs and improve the customer service experience, with everything that you have come to expect from a modern member organisation.

Much of this is designed to prepare the profession for what will inevitably come: professional registration. The AASW needs to be nimble, responsive and reflective of all the membership and through the *Beyond Boundaries*

VITTORIO CINTIO

AASW National President



constitutional change we can achieve this.

I urge you to vote for reforms and help us improve the Association's services for you. Join me at the Extraordinary General Meeting on 31 March and vote Yes.

If you can't join the meeting but support the change you can direct your proxy vote through the Vero system to me or Cindy Smith, the AASW CEO. An email from Vero would have been sent to you in early March. If you can't locate it, check your junk email folder.

To find out more go to:

<https://www.aasw.asn.au/about-aasw/constitution-bylaws/constitution-review-2022>

Vittorio Cintio

Vittorio Cintio

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**Join me at the
Extraordinary
General Meeting
on 31 March and
vote YES.**

CEO's Report

It has been such a busy and productive time for our profession, so I am very happy to report a few highlights. Our successful **Are We Caring For Everyone? Exploring Child Protection in Australia** symposium was very well attended in March as was World Social Work Day.

We also have some excellent news on the private health cover front. After significant advocacy and negotiation, AMHSWs will now be included in a major private health fund under their ancillary cover. From 1 April, depending on their cover, the fund's members will be able to claim for the services AMHSWs provide as long as the AMHSW has a Medicare provider number and is in private practice. This is an important milestone for our members, recognition of the social work profession and an important mental health resource for consumers.

It was an honour to include the **Are We Caring For Everyone? Exploring Child Protection in Australia** symposium as part of your membership

We recognise the ongoing resilience of social workers during these tumultuous times

experience and it was fantastic to welcome amazing speakers such as the National Children's Commissioner, Anne Hollonds; Assistant Minister for Families, the Hon Michelle Landry MP; and the branch manager of the Children's Policy Branch at the Department of Social Services, Tim Crosier, as well as our three panels, including the Aboriginal and/or Torres Strait Islander Child Protection Conversation, Research and Practice Trends in the Child Protection Sector, and Ongoing Workforce Challenges in Child Protection and Building Resilience for Frontline Practitioners. It was our most successful symposium to date with more than 1,500 people registered. If you missed any sessions you will shortly receive an email with how to access the Symposium on demand.

I also used the opportunity to launch our new survey, **Exploring Child Protection in Australia: Workforce Research Survey 2022**, when I asked the child protection workforce to identify their most pressing issues. I'd like to extend this invitation and ask that if you work in child protection or have colleagues in the sector please share the survey and complete it by Thursday, 14 April 2022 and we will report on the results later in the year. Complete it today: <https://www.aasw.asn.au/practitioner-resources/opportunities-for-research-participation>. We aim to launch the findings from the Exploring Child Protection in Australia: Workforce



CINDY SMITH

Chief Executive Officer

Research Survey in Child Protection Week, which is in September.

The end-of-year symposium, which we will hold in November will explore social work research and practice. We will have more details in the coming months. If you attended the more recent symposium, please complete the feedback survey, so that we can keep improving future symposia and conferences.

The most important day on the social work calendar was the celebration of World Social Work Day on Tuesday, 15 March. We were delighted to be joined by IFSW Indigenous Commissioner for the Asia-Pacific, Linda Ford; our National Vice-President; and AASW Senior Policy Adviser Angela Scarfe. The live webinar discussed this year's theme, **Co-Building the New Eco-Social World: Leaving No One Behind**. I am sure this theme resonates powerfully for many of us, especially as we recognise the ongoing resilience of social workers during these tumultuous times. It was heartening to see a total of 15 events organised this year, many of them outside of the capital cities.

The AASW's mentoring program is now well underway. We are now matching mentors with mentees and will announce the pairings very shortly. Thank you to all those who applied for the program this year. If you missed out as either a mentor or a mentee, please visit our website to lodge an expression of interest and you will be prioritised



for next year: <https://www.aasw.asn.au/professional-development/mentoring-program>.

We look forward to another successful year of mentoring, which will likely see more than 180 pairings, exceeding last year's total.

As the Beyond Boundaries campaign advocates for positive changes by removing outmoded structures and introducing new technology to improve the member experience, we have a lot to look forward to. We are now preparing for a federal election and we congratulate the new South Australian government, a jurisdiction where we achieved social work registration. We look forward to working with the new Premier Peter Malinauskas and the new government in the implementation of social work registration in South Australia.

Whatever happens, we will be here, representing our members and

promoting the role and contribution of social workers in creating a fairer and prosperous Australia.

Before I sign off on this edition, I would love to pay tribute to the AASW's longest-serving staff member, Liz Morrison. She was the publications officer of our esteemed journal, *Australian Social Work*. Best wishes to you, Liz, and enjoy your retirement. You have been an institution at the AASW.

It has been a positive start to 2022. Let's keep the momentum going for the rest of the year.

Cindy Smith

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We look forward to another successful year of mentoring, which will likely see more than 180 pairings, exceeding last year's total

Dr Nikki Jamieson

A mother and a social worker on the mental health crisis in Australia's military

Brisbane academic and social worker, Dr Nikki Jamieson has endured more than many of us could imagine. Through adversity, however, she is contributing to the prevention of suicide in a profound way.



A social worker is often the first person that organisations seek out to provide advice about appropriate referral pathways

Having lost her daughter, Rachel, in 2000 to pneumonia, Nikki's son, Daniel, died by suicide in 2014, whilst serving in the Australian Defence Force in Darwin. Daniel was a 21-year-old army private who had sought support from the Australian Defence Force (ADF) after feeling bullied and harassed by some members of his chain of command.

As Nikki recently reported to the Royal Commission into Defence and Veteran Suicide, Daniel's calls for help were not appropriately addressed and she was not informed of her son's rapidly declining mental health. During her two-hour testimony, she told the commission that the armed forces had an obligation to provide a duty of care and part of this care could be to inform families of their loved ones' mental states where possible.

She told the Royal Commissioners, "We send our young, fit and healthy sons and daughters to serve Australia. They are returned to us in a coffin. This needs to change."

She emphasised that disconnections can exist between policy and practice within the ADF and Department of Veteran Affairs systems, and although work was underway, stigma of mental health problems was still an issue that needed attention so members felt free to seek help without fear of reprisal or career limitation.

Nikki called for greater accountability, support and transparency for people in leadership so people in these positions are held accountable for their actions. She suggested the introduction of tailored "circuit breakers" so that anyone struggling with mental health



Nikki has redirected her grief, anger and pain and dedicated her career to suicide prevention and moral injury, advising the healthcare sector, first responders, the government and particularly the defence forces

climate. I believe the Royal Commission is a significant contributor to ensuring positive change happens, providing the recommendations are fully implemented and a National Commissioner is reappointed to oversee these recommendations."

Moral injury and suicide prevention

Since Daniel's death, Nikki has redirected her grief, anger and pain and dedicated her career to suicide prevention and moral injury, advising the healthcare sector, first responders, the government and particularly the defence forces.

She was one of the strongest voices pushing for the Royal Commission and met with numerous politicians including the Prime Minister to ensure the Royal Commission was realised. Nikki has become an expert in moral trauma/moral injury, gaining a PhD titled *A war within: Making sense of moral injury and suicide with ex-serving members of the Australian Defence Force* at the University of New England. She has published a range of articles on the topic and has written a book chapter on ethical dilemmas of suicide research. Nikki is also in the process of writing a book of the veterans' narratives, honouring those who generously gave their time to be part of the PhD.

At the Royal Commission, she gave evidence as a mother, but also as an academic and social worker where she introduced the Commissioners and the audience to moral injury and the impacts on mental health and wellbeing and links to suicide, particularly in defence and veteran populations. Nikki also provided 50 recommendations for the Commissioners to consider for future implementation spanning, policy, practice, recruitment, assessment, treatment, and training throughout the life course of the defence member or veteran.

Professional advice

According to Nikki, the Royal Commission provides a once in a lifetime opportunity to address complex systemic and systematic issues so professionals can support those at risk of suicide or experiencing moral injury/moral trauma more effectively. At the moment, little is known about moral injury with veterans often being misdiagnosed with PTSD with treatments failing, increasing the risk of suicidal behaviour. As a qualified suicidologist Nikki provided the commissioners with in-depth information of the range of complex multi-dimensional factors that can increase suicide risk including moral injury, and how she believed that her son Daniel was also suffering from moral injury arising from the betrayal

issues could be identified and dealt with urgently either within defence or outside the organisation as well as training and support on moral trauma and its impacts.

“ Ultimately, the Royal Commission is an avenue to highlight the issues that have plagued, and continue to plague, some of our defence members and veterans. It provides an amazing opportunity for resolving these issues and enhancing the work that is currently being undertaken. Now more than ever we want to create a mentally and physically strong and sustainable defence force – this is what we all want and this is what we all need – particularly during the current global military



About the Royal Commission

The Royal Commission into Defence and Veteran Suicide was established on 8 July 2021, to acknowledge the high rate of defence and veteran deaths by suicide.

Through public and private hearings as well as written submissions, it is looking at risk factors, the availability of support services and considering whether systemic issues or culture within the ADF may have contributed to deaths by suicide and poor mental health outcomes for members. Public hearings will take place in Wagga Wagga, Townsville and Canberra (4-14 April) with other locations to be [announced](#).

An interim report is due by 11 August this year and a final report by 15 June 2023.

he would have felt during his ADF experience.

The advice and recommendations offered to the commission address the systems that impact individuals and could easily be applied to other environments such as first responders and healthcare staff, more so following the impacts of the coronavirus, and emphasise the significant role of social workers in helping to prevent suicide. "As a profession, social workers are mindful of the systems that play a key multidimensional role in individual health and wellbeing and, therefore, social workers will often take a holistic approach to address such systemic issues," she says.

“Often we are the ones who are the ‘glue’ between people and systems. We look at the wider environmental and individual settings and have the capacity to improve communication and policies at macro, mezzo and micro levels to create safer environments.”

Self-care

As a profession, social workers are often on the front line, dealing with suicide on a regular basis. It is essential that we are equipped to protect our own mental health, while helping others to avoid moral injury and burnout.

“To ensure we don’t burn out, we need to establish self-care strategies that are fit for purpose. We are great at giving others help and advice, but often forget about ourselves. During my social work training I was always advised to ‘leave your social work backpack at the door’ – meaning leave your work at work, take that break, go for that walk, and do whatever helps you to relax and switch out of social work mode and is easily worked into your daily schedule.”

Promotion of our profession

Nikki is a proud member of the Australian Association of Social

Workers and believes we need to promote and advocate for our profession so the public and other sectors understand the important, unique and powerful role we play in society and our communities.

“Social workers are the pinnacle of individual and systems thinking – constantly working in the grey and having a much broader understanding of the factors that can significantly impact individuals’ mental health and wellbeing.”

“A social worker is often the first person that organisations seek out to provide advice about appropriate referral pathways for clients because we are often well attuned with the resources and needs of their community.”

AASW stands up for LGBTIQ+ rights

Religious freedom and Mardi Gras

The AASW submitted to the Religious Discrimination Bill 2021 late last year. After a lengthy debate that went into the wee hours in February this year, the Bill passed the House of Representatives after substantial amendments. It was then withdrawn from being presented to the Senate.



AASW members at Mardi Gras



ABC coverage of AASW members marching at Mardi Gras

Throughout, the AASW supported Equality Australia's petition for members of the public to lobby their politicians to vote against the Bill. We had many concerns about the Bill - the wellbeing of the LGBTIQ+ community, women, people with disabilities, social workers' employment conditions and our ability as an Association to enforce our Code of Ethics, should it have passed. Our collective voices were heard.

At around the same time, the AASW prepared for our first march in many years at the Sydney Gay and Lesbian Mardi Gras, a month after we participated in the Midsumma Pride March in Melbourne.

It was important to show support. We know as social workers how much good comes from celebrating equality and diversity so that people can flourish and thrive. The right and the fight not to be discriminated against on the basis of sexual orientation and gender identity is not over, as recent debates show.

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Are we caring for everyone?

Exploring child protection in Australia symposium

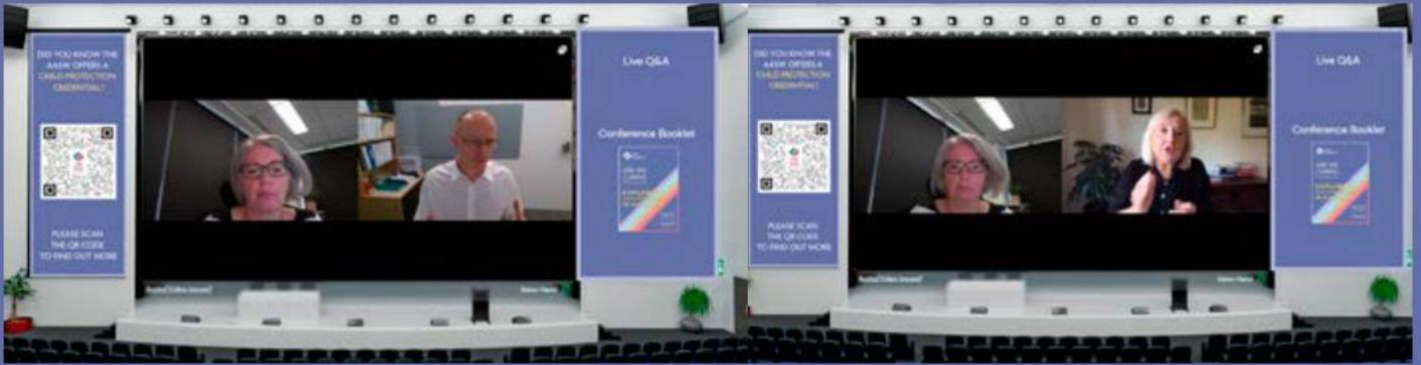
More than 1,500 social workers registered for the Are We Caring For Everyone? Exploring Child Protection in Australia symposium on 10 March 2022, far exceeding any previous symposium and demonstrating the importance of this area of practice to the profession.

The value of the symposium and the need to continue discussions in this area was highlighted by the calibre of the keynote and panel speakers. We were delighted to hear from The Hon. Michelle Landry MP, Assistant Minister for Children and Families, Anne Hollonds, National Children's Commissioner, and Tim Crosier, Branch Manager, Children's Policy Branch - Families Group, Department of Social Services.

The three panels - Aboriginal and/or Torres Strait Islander Protection Conversation (co-authors of the Family Matters Report 2021), Research and Practice Trends in the Child Protection Sector, and Ongoing Workforce Challenges in Child Protection and Building Resilience For Frontline Workers were all

The work being undertaken by social workers addresses some of the needs of the most complex and at-risk families and communities





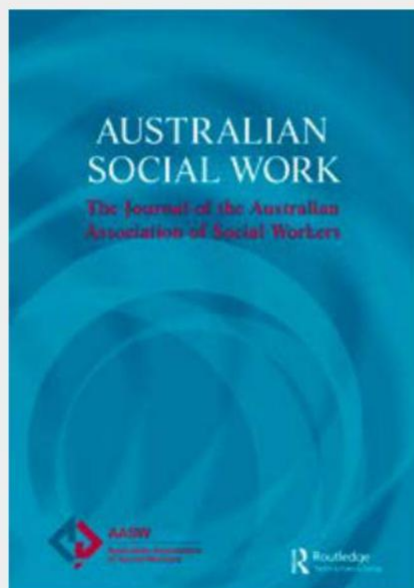
incredibly engaging and were comprised of leaders in their respective fields.

The ongoing aim of the symposium, which will lead to further discussions and research, is to see better outcomes for children and their families. Across the nation, the work being undertaken by social workers addresses some of the needs of the most complex and at-risk families and communities.

Importantly, how social workers are coping with their current work environments is of critical importance in understanding whether we are actually caring for everyone and that is why we launched a comprehensive child protection survey to gain insight into the stresses encountered by social workers.

If you registered for the symposium and couldn't attend, the recordings are available until 10 June 2022. Also, if you haven't as yet had the opportunity to complete the member surveys about child protection and how you found the symposium we encourage you to do that now.

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Liz has been a wonderful resource for all of us in terms of advice, her wisdom about possible pitfalls and things that might happen that we don't anticipate.

Elizabeth (Liz) Morrison

Australian Social Work publications officer retires

The Australian Association of Social Workers' longest-serving staff member is retiring after 15 years.

The highly regarded Liz Morrison is a legend of the publishing game and is well known as the publications officer of *Australian Social Work*, our respected academic journal.

From the moment Liz took the reins in 2006, following the death of the great editor and researcher, Norm Smith, the journal began to change. Working with three editors over the years, Liz joined the web of science process for scholarly journals, and it is now part of the Clarivate process. Initially granted an impact factor of .4 or .5 (quite low), the impact factor grew during 15 years of hard work, and is now 1.9, indicating quality publications and the sharing of our research amongst the global social work sector.

According to Rosalie Pockett, Chair of the *Australian Social Work* journal Editorial Board. "Liz has been a walking history of the journal during her time and has been a wonderful resource for all of us in terms of advice, her wisdom about possible pitfalls and things that might happen that we don't anticipate.

"Liz was part of the professionalisation of the journal. It's now a competitive professional journal, not just in Australia, but globally. Liz's dedication, unswerving commitment to the journal, to social work, to the scholarship of the journal and to the quality of the journal have been outstanding," Rosalie says.

Rosemary Sheehan, a member of the Editorial Board, believes Liz created the "glue that holds it all together" thanks to her extraordinary work ethic. Associate editor David Hodgson reveres Liz's deep historical knowledge of the journal. "This really helped me

understand some of the parameters around making decisions on papers."

Authors of papers have also acknowledged Liz's crucial role in their success. Dr Marianne Wyder, a social work academic, spoke on behalf of several when she acknowledged the support they received when trying to get a paper over the line and, indeed, after it had been accepted.

As a mentor, leader, teacher and supporter, Liz has impacted many professional lives. Before departing, she spent many hours preparing our new assistant editor, Josepha (Jo) Smith. No doubt, Jo is now the keeper of a myriad secrets and tips that combine to produce a journal.

Perhaps the final word should be from Liz:

"It's been a privilege to work for the journal. I found there is something special about Australian social work, something special about the commitments that social workers make to everything. It shows up even in the more extensive reviews provided (than those offered for other journals).

"Social workers engage on a deeper level. They always go that extra mile, so it has been a real privilege to work with people who have that sort of commitment.

"A real cherry on the top of the cake has been working with Fiona McDermott and publishing guidelines for Indigenous authors. I feel like pinching myself.

"That's it from me!"

Wills, financial administration, and trustees

How to arrange the best support for clients

More than half of Australians pass away without a valid Will and almost half have no idea what will happen to their families or their assets when they pass away or can no longer manage their finances.

Wills and estate plans are important; they ensure the client's wishes are upheld and prevent bitter family conflict. But too often they are remembered late and requested from the hospital bed. Social workers are often the ones tasked with arranging help, especially if their clients have no appropriate family or close connections.

As the link between clients, estate planning, and trustee services, social workers need to understand the role trustee companies play and build a close relationship with providers to ensure their clients receive a personalised service that is in their best interest.

Trustee companies fulfill many client needs. They can help clients draft or update legal documents including Wills or be appointed as a financial attorney to make decisions on their behalf if they become unable to do so in the future. With rates of elder abuse by family members rising, independence is often important.

Trustee companies can also help clients protect their assets, establish trusts, or be appointed directly as an executor or trustee. Appointing a trustee company as an executor or trustee is useful if the client is concerned their family may not act in their best interest or do not have the financial or legal capabilities to administer their estate.

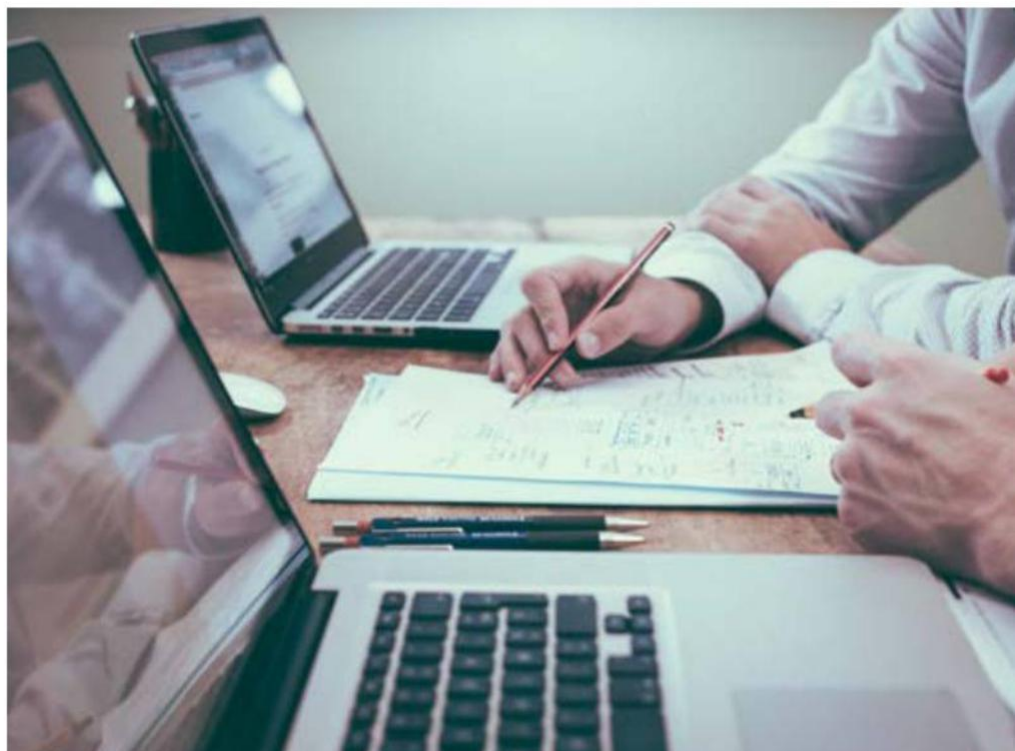
There are many trustee companies to choose from. When it comes to social workers selecting a provider, above all it's important to seek one that will invest in building a relationship with your client so that the service is as personalised as possible. Thankfully, the best providers do take the time to understand the client, their unique situation, and their wishes and work to develop tailored solutions with strong empathy for clients and families.

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About the author

Alex Madsen joined Australian Unity in 2017 and is responsible for developing and leading Australian Unity Trustees Limited, a team of compassionate and client-focused legal and financial experts that provide traditional trustee services to help Australians. All clients have a dedicated client team who regularly meet with their clients and their circle of support to build and foster ongoing relationships.





World Social Work Day

With 15 events held nationally, World Social Work Day on 15 March 2022, was the most successful celebration of our profession in recent history. From sold-out breakfast seminars to celebratory lunches and dinners, university lectures, a function at the Northern Territory Government House and a national webinar all discussing the theme Co-building a new eco-social world: Leaving no one behind, thousands of our members directly enjoyed activities or supported them through social media engagement.

Ensuring the voice of social workers across the country was heard, the AASW delivered a social media campaign leading up to and throughout the day celebrating our members and also reminding the community of the vital work that social workers undertake.

Nationally, the work of our profession was recognised in an article in major newspapers across the country discussing the variety, importance and future outlook of social work. The article, which quotes AASW CEO, Cindy Smith, discussed both the pressures on social workers but

also the foreseen expansion of our work both in actual numbers and settings. The article that appeared in Melbourne's *Herald Sun* can be seen here: <https://www.heraldsun.com.au/careers/surge-in-social-workers-experiencing-mental-health-issues-during-covid19/news-story/a92c193ea211361e2ea5a5a0e1a7b4f4>

As World Social Work Day wrapped up for another year, it was heartening to see so many member activities spread across both major population centres and regional areas.





AASW
Australian Association
of Social Workers

WORLD SOCIAL WORK DAY
15TH MARCH 2022
#WSWD2022

CO-BUILDING A NEW ECO-SOCIAL WORLD: LEAVING NO ONE BEHIND



BRANCH EVENTS



Supporting front-line child protection workers with innovative training

ABUL KHAN

An intensive professional development program for child protection practitioners aimed to build capacity and emotional self-care through reflective practice in demanding one-day workshops. This article describes the challenges and triumphs as the participants wrangled time pressures, the unpredictable nature of child protection work and a pandemic.



About the author


Abul Khan is a clinical social worker with over 24 years of practice, teaching and research experiences internationally. He has completed master's level research on an international comparative study, "Substance abuse management between India and UK" at Queen's University, Belfast. He has also completed his PhD in Social Work at James Cook University, Townsville, on "Re-visioning child protection management embedded in family empowerment". Abul is a team senior in public mental health services and adjunct senior lecturer at Monash University, Melbourne.

This pilot project brings together a wealth of rich data regarding the impact of an innovative training program in child protection practice development, which was informed by contemporary research findings. This report outlines the experiences of front-line child protection workers who attended an intensive professional development program, specifically focused on capacity building in practice skills and emotional self-care. The principal objective was to promote "family empowerment centred" child protection practice by building reflective practice skills and the emotional self-care capacity of the front-line practitioners using a mental health clinical approach.

The concept was primarily informed by recent doctoral research conducted at James Cook University (Khan et al., 2018) on experiences and aspirations of families involved with public child protection services. This study identified significant engagement skill issues (as experienced by the families) while articulating the value of empowering the front-line practitioners for improved "family centered" practice. The research has crafted an empowerment concept map, a broad three-stage service redevelopment model consisting

of building front-line practice, team development, culture, and proactive management, as a broad pathway to rebuild child protection practice. The outcome of the research (Khan et al., 2018) has reinforced the principal objectives of the Victorian best-interest case practice model and later, the SAFER model that has re-defined the process of working with families by building relationships, engagement, partnership, and empowerment. These models have led to new practice guidance (State of Victoria, 2012; 2018).

Building on this research direction, and while seeking to explore the practical implications of the findings for professionals, an intensive one-day training program was developed. This focused on sharing the findings of the study with the front-line child protection practitioners and sought to establish whether it had application in a statutory setting. The sessions were attended by a cohort of 40 child protection practitioners (i.e., practitioners, team leaders and practice leaders) through a series of full-day workshops across the Gippsland region. The sessions were well received. In response, a pilot project was developed in consultation with the executives of Latrobe Regional



...the participants reflected overwhelmingly positively on the value of the sessions...

Hospital and Department of Health and Human Services, which involved providing monthly sessions to a cohort of child protection practitioners over a five-month period. The sessions comprised master classes, clinical group supervision and individual clinical supervision. The post-project feedback (as collected via completed survey questionnaire, semi-structured interview prompt and diary notes) articulates the practitioners' acknowledgement of improved practice capacity and emotional skill and confidence building. This feedback also suggests an improved ability to manage challenges of daily practice as indicated by the participants in a survey questionnaire at the beginning and end of the project.

Improvements were noted in several domains:

- *Mental health risk assessment capacity* increased from 61% to 71%
- *Compassion focused practice capacity* increased from 86% to 93%
- *Sense of being a positive team player* increased from 87% to 92%
- *Capacity of parenting risk assessment* increased from 63% to 81%
- *Feeling confident about one's job* increased from 69% to 75%
- *Positive sense of psychological wellbeing* increased from 59% to 78%
- However, interestingly, *confidence about engaging with complex families* declined from 76% to 63%.

While these numbers do not appear to be statistically remarkable, when these outcomes are seen in relation to several implementation challenges,

they become quite significant. Paucity of attendance at the sessions was put down to workload demand, and the complex and unpredictable nature of statutory child protection work. As the sessions occurred only once a month, they had to accommodate all the principal segments into the day-long package, and some participants reported being exhausted at the end. The individual clinical supervision, an important part of the session, which was scheduled at the end of the day, was noticeably rarely utilised. While the participants reflected overwhelmingly positively on the value of the sessions, some practitioners felt certain parts of the training sessions were "too heavy" or emotionally "confronting". Some suggested that we divide the sessions over two different days. Some practitioners were concerned that their extremely busy work schedules prevented their participation. They suggested the sessions be deemed a mandatory exercise so they could be appropriately supported and could then dedicate time to attend.

The current, public child protection program can be made more effective when designed to provide a practically orientated program, suited to the time restrictions and emotional demands of this particular cohort.

In addition to these complexities, the training had to be stopped halfway through when the coronavirus pandemic arrived in March 2020. As a result of this disruption, significant segments of the training could not be delivered, and the final feedback collection was gradually pushed back and finally delayed to December 2020. However, this delay allowed the participants a longer time to reflect and test the value of their training through daily practice. It can be assumed that this unprecedented social circumstance has enhanced the quality of the final feedback and added new value to the findings.

As well as providing quantitative data, the participants also offered rich feedback which we have thematically analysed to make sense of their thoughts and aspirations. These voices reiterated the highly complex and uncertain nature of the front-line child protections job, ongoing risks to their emotional wellbeing and strong desire for dedicated support so they can access training and development programs of this nature. The participants actively integrated with the sessions and overwhelmingly supported the unique value of this training in addressing their daily professional and emotional support needs.

What did work

- The training program created an intensive reflective space, via compassion-focused practice, to manage self-care and day-to-day practice challenges
- Practitioners found the sessions to be professionally stimulating and empowering as they were actively involved in asking or answering different questions in a reassuring, respectful, and dignified environment. This opened up the flow of multi-dimensional communication irrespective of rank, profile or team location
- The group supervision improved their understanding of mental health and protective contexts, informed by family empowerment-centred practice principles. It also developed skills in conducting external consultations, case presentations, collaborative decision making and ways of sharing risks
- The sessions were intensely therapeutic in nature and allowed unique solution-focused wisdom to emerge, including reassuring conversation and, most importantly, a lot of joyous laughter and lighter moments, enlivening the spirit of the program.

What did not work

- Lack of capacity to attend sessions due to high case loads
- Difficulty to remain focused and to attend consistently due to the unpredictable and critical nature of the job. Lack of capacity to be flexible due to workload priority factors
- Limited capacity to organise cover due to staffing issues.

Conclusion

The participants expressed a deep interest in this compassion-focused, reflective, capacity-building program. While the training module attempted to bring some rich and enabling experiences to the practitioners, it encountered some structural challenges that obstructed the implementation process. These issues, also articulated by the participants, suggest that the poor uptake, long sessions, timing of sessions, and the emotionally demanding contents of sessions did not fit with the current reality of a statutory child protection program. As such, it was of limited use to front-line child protection practitioners. However, armed with this knowledge, the current, public child protection program can be made more effective when designed to provide a practically orientated program, suited to the time restrictions and emotional demands of this particular cohort.

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Reflections on a research placement

Social work within the medical model

SOPHIE RICHARDSON

Sophie Richardson is studying for a Master of Social Work through Griffith University. In this article, Sophie offers her thoughts on her first research placement. This fabulous mix of personal reflection and novel research provides a taste of the origins of our profession from a student's perspective.



About the author

Sophie Richardson is currently studying for a Master of Social Work through Griffith University. Having completed her first placement in 2021 at the Children's Hospital Westmead she has become passionate about research and promoting the social work profession.

0433938282

sophie.richardson@griffithuni.edu.au

Prior to beginning my Master of Social Work, the sheer thought of completing two 500-hour placements within the course sounded extremely daunting, particularly with one being a research placement. At the beginning the end seemed far off; however, it simultaneously passed in the blink of an eye. I had the privilege of working alongside some amazing and experienced social workers at the Children's Hospital Westmead, and there is no way I would have maintained my enthusiasm and drive without their continued encouragement and support. Taking on a research placement within a large tertiary teaching hospital adds another level of intimidation and challenge, one that has stretched me both professionally and personally in the best ways possible.

Prior to studying social work in an academic setting, I understood little about the role. I knew it was a profession people went into to help others, but outside of that, I didn't have a clear idea. The broader scope of my research project was to look at the social work role within the medical model, and how it has changed over time, using Westmead's archival material as well as referring to my supervisor, Diana Carmody (OAM and AASW life member), as a case study example. It has been a fascinating endeavour to explore how social work exists within

and beside the medical model, and how shifts in practice, or lack thereof, have occurred over the period explored. Alongside using the Westmead archives and supporting literature on the development of social work in Australia, Diana and I also had the privilege of visiting the Mitchel Library to look at the AASW archival collection. We did a deep dive into the history of social work, as far back as when social workers were called "almoners". We were also able to start the process of preserving and digitising the Westmead archival material.

Key topic areas of interest were shifts in university qualifications and how the role of a social worker has changed and been re-defined. Most of these changes fit within the broader scope of shifting towards family-centred care approaches as best practice for paediatric care (Shields et al., 2009). As well, modern practice works from a strength's perspective, looking at the family unit holistically, giving the family choice, and providing access to a wide variety of resources (Allen & Petr, 1998). Specific changes to practice were explored within the context of initiatives at the hospital including accommodation, ward grandparents, the on-call service, group work and advocacy.

Even though organising accommodation for families might not explicitly fit within the job description



Grandparent volunteers are allocated to children, so parents are offered some respite during the day

of social workers in a hospital setting, it can be a very necessary piece of a holistic approach to working with long-stay families. In the past children would be isolated in hospital for long periods of time, unable to see their parents because of fear of infection, and it was not until the 1950s that this began to be questioned (*Venables House Parents Accommodation: A Brief History*, n.d.). During the 1960s this was officially changed, and as the hospital grew, so did accommodation options, both onsite and nearby (Cornwal, 2005; *Venables House Parents Accommodation: A Brief History*, n.d.). There is an increase in recognition of the importance of having siblings nearby when long hospital stays are required (Lord, 1991). Unfortunately, much of this progress in supporting the family unit has taken a backseat during the coronavirus pandemic.

Part of Diana's role here at the hospital, alongside the Association for the Welfare of Children in Hospital, involved the implementation of the Ward Grandparents scheme. Grandparent volunteers are allocated to children, so parents are offered some respite during the day, as well as in cases where parents cannot be present all day, for reasons like work, foster care placements, caring for other siblings,

long-term admissions and lack of social supports (Biviano & Carmody, n.d.; The Royal Alexandra Hospital for Children-Department of Social Work, 1993). The Ward Grandparents provide another role model and emotional support for the child outside of their family network (Biviano & Carmody, n.d.).

The after-hours, on-call service has also been integral since its introduction in 1988, with social workers serving the ICU, NICU and emergency departments, and in crisis situations, including grief and trauma counselling (Department of Social Work, 1989).

Since its entrance into social work settings in the 1950s, group work has provided an integral level of care, with mutual aid and peer support key tools in our work today (Gitterman & Knight, 2016; Konopka, 1960). Group work has adapted to pandemic restrictions with technology and outdoor meetings filling the gap.

Underpinning all the above is advocacy and the need to listen carefully to clients' voices. Advocacy allows us to uphold our professional values and ethics, and to practice in a socially just way that empowers clients. It promotes anti-oppressive practise, and many of the initiatives within the hospital over the period discussed have been

a direct result of advocacy from the social work department (Wilks, 2012). During the 1980s and 1990s there was a push towards taking children's voices more seriously after discovering institutional abuse in the childcare system (Scourfield, 2021). Diana has also helped advocate for the Centrelink Health Care Card for 16- to 18-year-olds. Prior to this, chronically ill young people in this age group were unable to get a Health Care Card once they reached 16 years of age (Barclay & Carmody, n.d.). Until the change, their parents' Carer's Allowance gave them access to medications at a reduced cost; however, 16- to 18-year-olds with chronic illnesses experienced a gap in service provision. Subsequently, the hospital's advocacy committee, alongside patients and carers, worked together to establish the Ex-Carer Allowance Health Care Card for over 18-year-olds enrolled in education (D. Carmody, personal communication, February 25, 2022).

This leads me to discuss future directions for professional development. By continually learning and reflecting on the past and how we practise, we will walk alongside our patients more effectively. As medical interventions increase life expectancy, there is a greater prevalence of chronic illnesses and with this, more discussions around balancing a diagnosis with childhood. We have an obligation to ensure form filling and tick-a-boxes do not take away from our ability to critically think and to provide agile solutions. As we increasingly engage with multi-disciplinary teams across services, we also need to make sure we have a concrete understanding of our professional role, as when

responsibilities are not well defined, confusion can arise. Fighting for space within a medical model can be difficult, emphasising a need for continuous analysis of the way we practice, whilst reflecting on where we have come from.

Going on a research placement is something I never thought I would enjoy and value as much as I have, and I would encourage all students to consider doing the same! You will learn invaluable theoretical knowledge and develop your character and skills in ways that are extremely important for our profession as a whole. Many of my cohort have expressed anxiety about, or disinterest in, a research placement. Having completed one, I am a staunch advocate for research placements and the role research plays within our profession.

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Reconsidering “professionalism” and “clinsplaining” in the mental health workplace

ALICIA KING

Alicia King is a doctoral candidate in the Department of Occupational Therapy, Social Work and Social Policy at La Trobe University. She is researching the sharing of lived experience by mental health professionals in the workplace. Alicia reports on some interesting findings, based on her interviews with staff, including social workers, at two Victorian mental health services. Alicia’s article may be of particular interest to those in supervisory and leadership roles in and out of mental health settings. While Alicia is not a social worker, her primary supervisor, Professor Lisa Brophy, is.



About the author

Alicia King is a PhD candidate in the Department of Occupational Therapy, Social Work and Social Policy at La Trobe University. She has worked in mental health services as an occupational therapist and in service improvement, consumer participation and teaching roles. Her research is inspired by her observations of the value of lived experience and barriers to colleagues sharing.

For research updates:
Twitter: @AliciaJeanKing or
Email: alicia.king@latrobe.edu.au

The growth of the ‘lived experience’ workforce in Australian mental health services has been promoted as a way to improve user experiences and outcomes. Experiential knowledge gained through lived experience of mental health challenges provides a unique lens to reflect upon mental health practice and opportunities for innovation and growth. However, staff in lived-experience roles (peer workers) face challenges in gaining traction as “change agents”. Recent research in two Victorian mental health services suggests that, despite sharing lived experience being an expectation of their role, peer workers often feel discouraged from sharing. Our research suggests that attitudes towards sharing in the wider workforce may contribute to this.

The “culture of silence” around mental health professionals’ own experiences of mental health challenges is often attributed to the presence of stigma beliefs in the workforce. Certainly, the fear of stigma and discrimination

weighs heavily in decisions to share (and not share) in the workplace. Nonetheless, our research suggests other factors may be at play. Interviews conducted with 33 professionals (including social workers, nurses, occupational therapists, psychologists and psychiatrists) and peer workers, found that ways deemed as being professional and team culture also contributed to decisions to speak about past and current mental health challenges.

Despite many professionals privately believing their lived experience gave them a unique insight on mental health practice, most professionals were unlikely to share openly, seeing it as “unprofessional” or “inappropriate”. In contrast, staff who associated sharing with being “open” and “authentic” in the workplace were more likely to share, particularly in team cultures that supported sharing.

Attributes of team cultures that supported sharing included those with a “flat” hierarchy, where team

"My vulnerability allows other people to be vulnerable and accept themselves. If team members are able to do that ... just show their humanity ... we can share at work."



Figure 1. Factors supporting, and outcomes of sharing, mental health challenges in the workplace

members felt their contributions and perspectives were equally valued, and "struggles" they encountered in their work were open for discussion. Such cultures resonate with descriptions of "psychological safety" in the workplace which has been found in other research to be associated with improved consumer experience, patient safety and organisational growth (see *"The Fearless Organisation"* by Amy Edmonson). Conversely, in teams in which informal and formal hierarchies of power, 'gossiping' and 'bullying' were present, staff felt reluctant to share. Sharing by staff in lived-experience roles in these teams was often "brushed aside" by other members of the team.

Research participants' comments supported the crucial role of line managers and clinical supervisors in supporting the value of lived and "living" experience in the workplace. Supervisors that created space for those being supervised to reflect upon their use of lived experience in the workplace supported them to do so openly and safely within teams. Line managers who encouraged their team to navigate the mental health challenges of staff members as a team powerfully "walked the talk" of inclusion in the workplace.

Both open and private sharing "lifted the burden" of secrecy and helped colleagues "share the load" through

mutual support. However, only through open sharing did staff experience a sense of authenticity and value beyond their professional training and skills.

The findings of this research have implications for all workplaces but particularly the mental health setting. Lived experience as a resource is an asset which we squander at the cost of quality service provision and outcomes.

The full paper describing these findings can be accessed at <https://www.mdpi.com/1660-4601/18/23/12831>.

"Clinsplaining ... you just, basically, get told why that won't work ... and then they just take over the conversation."

"...a feeling of real satisfaction within my role because I feel like I can bring all of myself to this work. It's not like I have to put on a professional façade and feel like I have a whole lot of experience that might be informing the way I do my work but that I need to keep a secret."

About the authors

Ms Penny Neller: Project Coordinator, National Palliative Care Projects, Australian Centre for Health Law Research, Faculty of Business and Law, Queensland University of Technology



Prof Ben White: Professor of End-of-Life Law and Regulation, Australian Centre for Health Law Research, Faculty of Business and Law, Queensland University of Technology



Prof Lindy Willmott: Professor of Law, Australian Centre for Health Law Research, Faculty of Business and Law, Queensland University of Technology



Distinguished Prof Patsy Yates AM: Executive Dean, Faculty of Health and Director, Centre for Healthcare Transformation, Queensland University of Technology



A/Prof Shih-Ning Then: Associate Professor, Australian Centre for Health Law Research, Faculty of Business and Law, Queensland University of Technology



Dr Rachel Feeney: Senior Research Assistant, End of Life Law for Clinicians, Australian Centre for Health Law Research, Faculty of Business and Law, Queensland University of Technology



National legal training to support social workers' end-of-life clinical practice

End of Life Law for Clinicians

Social workers have a significant role in palliative and end-of-life care. This includes facilitating communication between individuals, families, support networks and clinicians about end-of-life decisions; ensuring individuals understand information relevant to these decisions; and providing emotional and practical support. They assist with completing Advance Care Planning documents including Advance Care Directives, and preventing, managing, and resolving conflict about end-of-life decisions.

Performing these tasks successfully relies on social workers having sufficient knowledge of the law on end-of-life decision making. However, recent research by our team shows that Australian health professionals, including social workers, have legal knowledge gaps.¹

End of Life Law for Clinicians² is a free national training program that can help social workers manage end-of-life legal issues, leading to improved quality of care and practice. It comprises 11 online training modules and national workshops and is complemented by *End of Life Law in Australia*,³ a website about relevant laws in each Australian State and Territory.⁴ The End of Life Law for Clinicians training program is funded by the Australian Department of Health and developed by the Queensland University of Technology.²

The online modules include clinical case studies, vignettes, and readings, developed with input from the Australian Association of Social Workers and its members. Recommended modules for social workers explore capacity and consent; Advance Care Directives; substitute decision making; children and end-of-life decision making; and managing conflict.

An emerging area of end-of-life care for Australian social workers is voluntary assisted dying. Five of Australia's six States have passed these laws, and they are operating in Victoria and Western Australia. New South Wales' parliament is currently considering a voluntary assisted dying bill (correct as we were going to press). Social workers across Australia are likely to play an integral role in providing psychosocial care to a person accessing voluntary assisted dying, and their family.⁵⁻⁶ This may include providing information about it; exploring psychosocial issues contributing to the person's request for the service; and supporting a person to decide whether to access it.⁷ End of Life Law Clinicians training has recently launched a module which discusses Australia's voluntary assisted dying laws, and the role and legal obligations of social workers and other health professionals in relation to it.

After completing the End of Life Law for Clinicians program, social workers should be able to describe key end-of-life legal concepts, understand how to apply the law in clinical practice, and identify where to access information about end-of-life law. Knowledge gained from this training can assist

social workers to better support others (individuals, their families, support networks and substitute decision-makers, or colleagues) when legal issues arise, improve communication and facilitate decision making, and manage and resolve conflict about end-of-life treatment and care. It can also help them to manage legal risk and enhance their confidence in delivering lawful care.

We invite social workers and social work students to undertake the End of Life Law for Clinicians' online modules by registering at the End of Life Law for Clinicians training portal.² Certificates of completion are available and may be used for claiming Continuing Professional Development points.



For further information or to contact the End of Life Law for Clinicians project team email endoflifelaw@qut.edu.au.

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I didn't choose social work: it chose me!

SUZANNE BAYLISS

Immediately following the Second World War, our frail troops begin returning home. Thanks to the combined efforts of family and community, our men and women are reintroduced to peace, comfort, nurture, security, family life and for many, rehabilitation.



About the author

Suzanne Bayliss is a retired social worker who spent much of her career working with refugees. These days, her passion is to raise awareness of dystonia, a little known and greatly misunderstood neurological disease. Many life experiences prepared her for social work in civil wars, statutory departments and non-government organisations, from basic entry level to middle management positions, including work in international, remote and isolated communities. After her retirement, she continued in private practice for a while. Her following presentation invites you to travel with her through memories of awe, refugee dislocation and resettlement, our government and non-government institutions and her personal experiences of supporting those with an incurable neurological disease.

Strong physical relationships weave a new fabric of society. The baby boomers!

Nineteen forty-six! What a year to remember, acknowledge, commemorate, and celebrate the formalisation of our profession, the Australian Association of Social Work.

It also happens to be my year of birth. Since then, our skills and theoretically based practice continue to grow. For example, post-Second World War medical models developed into advanced and eclectic models of practice. These are based on solid theoretical knowledge and research in all aspects of society's needs, within a framework of social justice.

*Impressions: the birth of a calling ...
My earliest recollections begin in 1949.*

I'm three years old. I go with my mother to Greenslopes Military Hospital to visit soldiers. Some are survivors of the First World War; many others still return by ships from the Second World War zones in Asia, Papua and New Guinea, and the Pacific. Old men are friends of my Mummy's and Daddy's. They cough all the time. Their skin is really patchy yellow and white. I don't like the smell of their skin or their breath, but I like when Mummy lifts me onto their beds. They cuddle me and give me jellybeans and boiled lollies. Nearly always they fall asleep and make funny noises breathing. I like patting their arm and chest as they sleep.

Daddy tells me true stories about how brave they are. There was a big war and the men got gas dropped on them. It burnt their skin and they breathed it in, too. Some old men have no eyes. They reach out to feel my face. Their fingers and hands are icy cold.

Sometimes Mummy and Daddy both take me to visit men home from the new war and who are very sick. Daddy said he was with some of the men. They didn't get away from the enemy in time. They are really skinny, and their big eyes pop out.

My Dad was sick too. Mummy says Papua New Guinea Angels carried him a long way to a safe place because he had malaria and black water fever. That was from mozzies and his wee was yucky black. He got sent home on a ship with a big red cross painted on it. Mummy says those Papua New Guinea Angels must have said lots of prayers because Daddy got better and then I got born.

The ground beneath me seems to spin rapidly. I'm transported onward through life's stages, rich in familial experiences, cross-cultural connections, and the results of mankind's inhumanity to man.

Vivid and formidable as these experiences are, they mould my future. Empathy expands my consciousness in remarkable ways. Life's ongoing experiences extend to phenomenological interests,

pathways and storylines. With feelings of fear, sadness, awe, and pride for others who suffer and survive, I develop thoughts about connections to assist survivors of inter-generational trauma. I'd not realised I'd been doing that my whole life.

Come, walk together through my reflections on social work from late 1980s to the millennium and beyond ...

In the late 1980s I study community welfare. Then, into the early 1990s, social work. This action forms a worldwide bond ... my social footprint on planet Earth.

Lecturers, tutors, student companions, and norms of university life all contribute to formalisation of a body of knowledge supported by valuable life experiences.

In the early summer of 1990, I depart Far North Queensland and my much-loved family for the Americana Centro's Católica Anglicana Iglesia's Proyecto Armonia (Project Harmony) and a civil war zone in El Salvador.

Guatemala is my base with short detours into El Salvador and Mexico. Armed with books, journal note diaries and a barely functional level of Spanish, there is no time to waste.

On that day there is a massacre high up in the Mayan mountains. A small indigenous village is overrun by heavily intoxicated soldiers from a nearby military base. When the furore subsides, there are many bodies of men scattered in the rich volcanic soil. Wounds so severe they fall where they die. Beheading and extreme sexual assaults are favoured methods of torture against non-combatants and populous control.

Women and children scream for help. Others stare blankly, not seeing what they look at. There is a lot of blood. They all tremble from fear, shock, pain. They have been raped before. Now is

no different. The government offers menial support.

Social workers, psychologists, doctors, all hesitate before offering help. Foreign aid and local humanitarian groups hurry to offer practical support and crisis intervention. We are first responders. It's dangerous. There are large signs in this civil war zone, warning of this area being targeted by active guerrilla recruiting groups.

The indigenous people are predominantly subsistence peasant farmers growing maize and other vegetables.

I feel distanced from reality. Does the world know this is happening?

We do what we can. Our little group gathers, decisions are made. We leave immediately while there is still daylight, the only protection we have. Our vehicle is old and unreliable. Other small groups meet to determine their action. Most stay.

Ongoing work in Guatemala city consists of a program analysis then writing and introducing a health program, an education program and a child sponsorship program.

These goals are achieved in addition to unexpected side events ... a military coup d'état to overthrow the sitting president; bombing of the Coca Cola factory only a few hours after I had left there; a mysterious gas explosion destroying the home of a prominent member of Guatemala's corrupt elite ...

In late January 1991, I start to wind down my activities ready for my homeward bound departure in March to finalise my studies.

As the new academic year commences, I graduate with an Associate Diploma in Community Welfare at James Cook University in Cairns and work night shifts and weekends at the Cairns Anglican Girls' Shelter for homeless girls in their teenage years. I graduated

in April 1995 with a Bachelor of Social Work with Honours. At this time, I am also Manager at Atherton and Innisfail Child Protection and Juvenile Justice, part of Queensland's Department of Children's Services.

After this period, together with my husband we work intensely advocating for refugees, both individuals and entire families, to become Australian citizens. Many of these people are subject to Australia's humanitarian refugee policies.

I am now a war widow and am living with an incurable disease.

I reflect on a lifetime of assisting refugees surviving concentration camps, inter-generational war trauma, dislocation and resettlement, and chronic mental and emotional illness.

The impact of soldiers suffering post-traumatic stress disorders has had a profound effect on me and all my five adult children for our entire lives.

In solidarity and with strong empathy for people with a disability, I do not deny my incurable disease, dystonia. I am speech, vision, hearing, swallowing and mobility impaired. I have two microchips in the basal ganglia of my brain. These connect via leads to a neuro-stimulator in my chest. I charge it weekly, receiving constant therapy.

While my formal career involved statutory and non-statutory state and federal departments, non-government organisations and private practice, these days I am happy to volunteer.

Dystonia is my passion; organising, speaking and supporting Australian and international events for people with dystonia and other incurable neurological movement and brain diseases.

Social work skills continue to empower me to educate and support people, globally.

•

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Their extensive network of contacts with vehicle franchise dealers enables them to have access to all vehicle makes and models and their national presence ensures the buying service is available to both metropolitan and country members.

For a referral to an AVBS specialist, complete the online form on the AASW Member Benefits website or call your AASW Member Benefits team.

Not available on second-hand vehicles. New & Demo models only.

Income Protection and Life Insurance



Whilst most people acknowledge the importance of insuring their homes, cars and personal possessions, they often overlook their most valuable asset, their income. No one expects sudden illness, accident or death to occur, yet if they do, they can be devastating for you and your family.

Members can obtain quotes on Income Protection Insurance, Term Life Insurance and Life and Total and Permanent Disability (TPD) Insurance.

Visit Benefits your AASW Member Benefits website for more information or contact your AASW Member team for a referral to a licensed advisor.

Avis Australia



Save up to 50% on accommodation.

At Australia's leading car rental company, Avis, members have access to:

- 10% discount* for Australian car rentals
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Visit your AASW Member Benefits website for more information

**^Terms & conditions apply*

memberbenefits.com.au/aasw

1300 304 551 // aasw@memberbenefits.com.au



AASW

Australian Association
of Social Workers



VIRTUAL WORKSHOPS

Upcoming Live CPD

Category 2

Skills and knowledge

■ Providing Feedback // 29 April //

Implement best practice techniques to provide effective feedback.

■ Walk with me: Acceptance and Commitment Therapy with Autistic Adults // 24 & 25 May //

Develop strategies for working individually and in groups with Autistic adults using ACT in this two-part interactive workshop.

■ Diaphragmatic Breathing (DB) for Mood Disorders // 14 & 21 July //

Experience, learn and develop proficiency in slow, diaphragmatic breathing as a simple skill for mental health practice.

LIVE WEBINARS

■ Disability and the Health System // 20 April //

Learn strategies to support clients along the NDIS pathway and best practice for discharge planning.

■ Growing your private practice // 27 April //

Plan effective strategies to grow your practice and professional networks.

■ Responding to young people who display harmful sexual behaviours // 2 May //

Understand the key practice principles when treating young people who display harmful sexual behaviours.

■ Incorporating digital tools into Mental health practice // 31 May //

Add iCBT to your toolkit to improve client accessibility.

■ Culturally Safe Mental Health Practice for Young People from CALD Backgrounds // 17 June //

Consider the unique lived experiences of CALD young people and the barriers in accessing mental health supports

■ Solution-focussed Brief Therapy techniques for single or limited session interventions // 27 June //

Identify the benefits and barriers of using Solution-Focused Brief Therapy with clients one-on-one.

■ A Solution-Focused Approach to Single-Session Client Work with Couples and Families // 16 August //

Plan a structured approach to achieve the best outcomes with single session work



Social Work Focus

ADVERTISING

Social Work Focus is the Australian Association of Social Workers' Member magazine. It is published four times a year and is accessible to Members via email and on our website in accessible digital formats, such as PDF, flipbook and a webpage.

You can advertise in *Social Work Focus*.

BULK DISCOUNT

		Single issue rate	4 Issue Package
Full Colour	Full page (inside covers)	\$1,100.00	\$3,970.00 (\$992.50 per advert)
	Full page (back cover)	\$1,330.00	\$4,760.00 (\$1,190.70 per advert)
	Half page (horizontal)	\$685.00	\$2,465.00 (\$616.25 per advert)
	Full page	\$1,030.00	\$3,380.00 (\$845.00 per advert)
	Quarter page (horizontal)	\$365.00	\$1,320.00 (\$330.00 per advert)

Prices are inclusive of GST and per advertisement.

Advertising Specifications (Sizes)

Full page 210x297mm Plus 3mm bleed	Half page horizontal 192x148mm	Quarter page horizontal 192x74mm
KEY: Artwork area Bleed (min 3mm) Page trim		
Note: Measurements are width x height		

To Book Your Print Advertisement

Please complete the booking form at the end of this document and email it to: editor@asw.asn.au

To discuss your advertising needs, contact:

Social Work Focus Editor

Phone: 03 9320 1005

Email: editor@asw.asn.au

Supplying Artwork

AASW will only accept final art that is supplied as a print ready, high resolution PDF with minimum 3mm bleed and crop marks. Minimum of 10mm margins are recommended for full page ads. All images must be 300 dpi.

Please send your artwork to editor@asw.asn.au

Please check that the size of your advertisement reflects our specifications.

If your advertisement does not reflect the quality of our magazine, we will contact you before we make any changes to it.

2022 SWF Deadline Dates

Issue	Booking Deadline	Publication
Autumn 2022	28 January	4 March
Winter 2022	29 April	3 June
Spring 2022	29 July	2 September
Summer 2022	28 October	2 December