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Social Work Focus

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NEXT EDITION

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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.

EDITORS

Noel McMahon
Marketing and Communications Officer

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.

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Australian Association of Social Workers

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Connect With Us

Introducing the incoming AASW National President

VITTORIO CINTIO
AASW National President

While this is my first message as the AASW National President, many of you will know me from being the Association's National Vice President (from 2018 to 2020), and previously as a Director between 2010 and 2012.

I would like to take this opportunity to thank everyone for their well wishes and the faith placed in me in taking on this new role.

I have been a social worker since 1976, with experience in the health sector and in private practice, counselling individuals and families. I am sure my family background and social circumstances had a lot to do with the profession I chose.

I was born in Trieste in 1955 in a refugee camp as my mother, single and pregnant, fled from Istria, now a northern province of Croatia, ashamed of the disgrace she had brought upon her family.

Our passage to Australia in 1956 was paid for by the US government through a program designed to help resettle people who had escaped Communist Eastern Europe. On the passenger manifest of the ship that brought us to Sydney we were described as "stateless". I often think about the irony of this, as we now have a government that has gone to enormous efforts to stop refugees from coming here on boats.

My mother married in Australia and carved out a life for herself, but she was forever damaged by what had happened to her during the war and after. It was much later when I was studying psychotherapy, that I came across the notion of the "wounded healer" and it gave me some explanation for choosing social work, and perhaps my fierce commitment to social justice and left wing politics.

In time I had my own family, and the 1980's and 90's passed in a blur as my partner and I juggled part time work and child rearing. We experienced the parenting extremes of joy, pleasure, and unconditional love, as well as the helplessness of nursing sick children, and the seeming impossibility of nurturing teenagers into adulthood.

Now a father to five children and grandfather to six, I have mellowed a bit, but while I have never stopped speaking truth to power, as vital as that is, it is eclipsed by the importance of living life from the heart.

As National President I promise to honour our diversity, our commitment to social justice and a greener world for our kids. I will work to improve field education, ensure that our private practitioners thrive, and that our branches and practice groups are well supported.

From my perspective the true value of AASW membership is in the professional and personal networks we build with each other. I am delighted to tell you that we are making big investments to ensure those networks grow, as well as becoming more accessible and more meaningful to a wider range of professional interests.

I believe that social work is a beacon of light in uncertain times. Our professional expertise is built not just on our knowledge and skill, but more fundamentally on our ethical commitments to each other and the communities we serve. Doing the right thing in oppressive circumstances is often more than an act of individual courage; it can be a decision to act collectively rather than suffer alone.

I am very happy to inform you that the AASW continues to take important step towards reconciliation and addressing the structural disadvantage and discrimination experienced by Aboriginal and/or Torres Strait Islander peoples.

We have proudly announced an increase in Aboriginal and/or Torres Strait Islander representation on the Board with the appointment of Ms Linda Ford as AASW National Vice President and Professor Sue Green as the new Aboriginal and/or Torres Strait Islander Director. I will be advocating to our Board that we enshrine this arrangement by changing our Constitution to create an additional National Vice President role reserved for First Nations Directors.

I am delighted to have Professor Green join us on the AASW Board as her experience and knowledge will be invaluable as we continue to learn from the past and work with First Nations Australians, to address the structural

disadvantage and discrimination they face in all facets of their lives.

We have a very talented Board, and I will soon be introducing all of them to you directly with the help of our media team.

Finally, I think it is very important to acknowledge our outgoing National President Christine Craik and her contribution to social work over many years. As I have come to know Christine it has become clear to me that she is an outstanding social worker, an inspiring teacher and a natural leader.

We wouldn't be where we are today without her work during the past nine years. When I reflect on that time, the enormity and the sheer hard work that is involved, it is a tribute to her stamina and dedication.

During Christine's time membership has doubled, equity has gone up 500 per cent, we have more conferences, more seminars and more member engagement on so many levels. We have also undertaken major revisions of our Code of Ethics and our university accreditations standards, as well as making significant steps forward in reconciliation and decolonisation.

These are just a few of the many highlights, so on behalf of the Board, our members and the whole profession I would like to offer a huge vote of thanks to Christine for her determination, dedication and hard work.

There are challenging but very exciting times ahead for the AASW in 2021 and beyond and I look forward to working in collaboration with our CEO Cindy Smith and her team promoting and advocating for the profession of social work and AASW members and being a strong voice for social justice.

From my family to yours, look after those around you and have a safe and happy Christmas and New Year.

Vittorio Cintio

Vittorio Cintio

As National President I promise to honour our diversity, our commitment to social justice and a greener world for our kids. I will work to improve field education, ensure that our private practitioners thrive, and that our branches and practice groups are well supported.

Rounding off a tumultuous year

CINDY SMITH
Chief Executive Officer

With Christmas and the New Year on our doorstep, it is difficult to comprehend how quickly 2020 has disappeared despite the intense pressure and never ending challenges communities and individuals across Australia have faced this year.

Australians have excelled against the odds and we have seen the compassionate side of our community and the selfless individuals on the frontlines, rise to the occasion over and over again. They are to be admired and thanked as the genuine heroes that they are.

While there seems to be some light at the end of the tunnel and the distinct promise of better days ahead, with the economic recovery only in its infancy, another hot summer looming and COVID-19 still an ongoing threat to us all, it would be risky to be lulled into a false sense of security. So, the mantra for the next few months and into 2021 must be stay safe, work smart and look after each other.

Throughout a tumultuous 2020, the AASW has undergone significant and often rapid change but there has always been a focus on supporting members with the daily challenges of our profession, ensuring we meet the professional needs of our members and continuing to raise awareness of the profession and its diversity within the community and allied health sector.

I have said it a few times throughout the year, and I think it bears repeating, just how proud I have been of what we have achieved as an association, the resilience of our sector and how we all have responded and grown as individuals.

I am proud of the AASW staff and volunteers for their enormous efforts in developing and rolling out the wide range of programs and initiatives designed to bring significant benefits to the way we work and communicate.

One of the genuine highlights of 2020 was the amazing AASW National Symposium we had in November and while I share everyone's disappointment that we weren't able to meet face to face in Darwin, I was delighted that we were able to come together on a virtual platform and be rewarded with such an impressive agenda, to share many wonderful stories and experiences.

This year's theme 'Promoting Aboriginal and/or Torres Strait Islander Social Work' was an outstanding opportunity to broaden our knowledge and gain valuable insights into Aboriginal and/or Torres Strait Islander social work and bring together social workers from across Australia to discuss and promote thoughts on the social work practices and ideas that shape Aboriginal and/or Torres Strait Islander social work culture, research and teaching.

I am sure I am not alone in saying how much I thoroughly enjoyed the diverse selection of keynote speakers, abstract presentations, Truth-Telling sessions, networking and more.

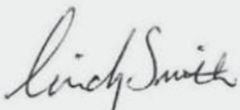
While hosting a virtual event was a step into the unknown and always going to create new challenges for organisers and attendees, and throw up some amazingly steep learning curves for us all, I must say how impressed I was with how we rose to the occasion and adapted remarkably well. I was delighted to have the registration numbers exceed my expectations, so thank to everyone who attended, not only for their interest in the event but for embracing this new concept which allowed us all to come together and overcome the restrictions imposed on us by COVID-19.

While a comprehensive range of initiatives has been completed this year, there are exciting times ahead in 2021 celebrating the Association's 75th year, and I am just as enthusiastic about new developments that will continue to be rolled out.

This has been a tough year and while I take this opportunity to encourage everyone to make the most of the holiday period to recharge themselves and spend valuable time with family and friends, I am well aware that Christmas is a very emotionally taxing period of time for the most vulnerable people in our community.

I know we will all be thinking about those less fortunate than ourselves, that is what we do and it is in our DNA, but please take some time out for yourself and those near and dear to you. You have earned it.

Have an enjoyable Christmas and New Year and please look after your friends and family, and stay safe.



Cindy Smith

2020 AASW National Symposium

Held every two years the National Symposium is an important event for the AASW and while COVID-19 restricted members meeting face to face and any interstate travel, we were rewarded with an amazing virtual experience, a stunning agenda and diverse selection of keynote speakers, abstract presentations, Truth-telling sessions, networking and more.

The theme 'Promoting Aboriginal and/or Torres Strait Islander Social Work' was a thought provoking and wonderful opportunity to bring together social workers from across Australia to broaden our knowledge and gain valuable insights into Aboriginal and/or Torres Strait Islander social work and to discuss ideas that shape Aboriginal and/or Torres Strait Islander social work culture, research and teaching.

While hosting a virtual event was a step into the unknown and created new challenges for organisers and attendees, registration numbers of 1,066 exceeded expectations, and everyone attending embraced the new concept and adapted remarkably well.

While we enjoyed our virtual gathering, we are hopeful that 2021 will present us with a vastly different scenario and with a more normal world to live and work in and that we will be able to come together in person when we host the 2021 Asia Pacific Social Work Conference in November in Brisbane.

The theme of the three day conference is Sustainability and the event is a major coup for the AASW, hosting it alongside bid partners from eight Queensland-based universities and, the Australian and New Zealand Social Work and Welfare Education and Research (ANZSWWER).

This is a partnership of higher education providers and professional bodies, with a solid history of developing and leading the social work profession in Australia, providing a unique opportunity to deliver an innovative and thought provoking conference that reflects the insight, originality and inspiration of the Asia Pacific region.

The Conference will be a wonderful opportunity to showcase Australian social work on the global stage in our region, so please mark it in your diary because it will be something special and an event not to be missed.

I know many people are looking forward to heading to Brisbane and experiencing what the beautiful city has to offer and taking the time to explore the stunning south-east Queensland before or after the conference. We look forward to seeing you there, as the Association celebrates its 75th year.

Trauma Education

presented by Dr Leah Giarratano

Leah is a doctoral-level clinical psychologist and author with vast clinical and teaching expertise in CBT and traumatology since 1995

Two highly regarded trauma focused programs for all mental health professionals. Offered in Australia and New Zealand and internationally as a self-paced online program or via 2-day livestream

Clinical skills for treating post-traumatic stress disorder

Treating PTSD: Day 1 - 2

This two-day program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. The techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. In order to attend Treating Complex Trauma (Day 3-4), participants must have first completed this 'Treating PTSD' program.

1/2/21 to 1/5/21 self-paced online INT
4-5 March 2021 Livestream AU
1/4/21 to 1/7/21 self-paced online INT
3-4 June 2021 Livestream AU
17-18 June 2021 Livestream NZ
1/7/21 to 1/10/21 self-paced online INT

Please refer to our website for capital city event dates resuming in August 2021

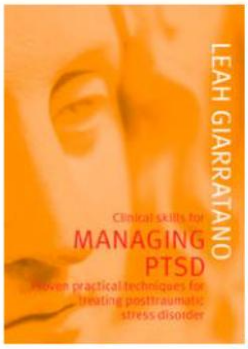
Clinical skills for treating complex traumatisation

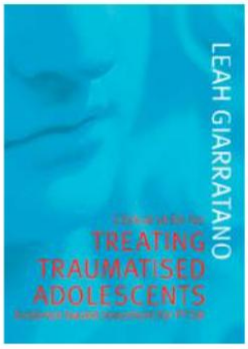
Treating Complex Trauma: Day 3 - 4

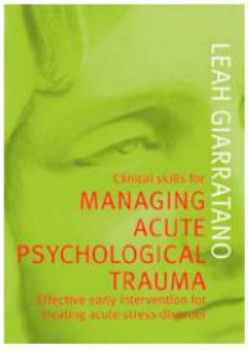
This two-day program focuses upon phase-based treatment for survivors of child abuse and neglect. Applicable to both adult and adolescent populations, incorporating practical, current experiential techniques showing promising results with this population; drawn from Emotion focused therapy for trauma, Metacognitive therapy, Schema therapy, Attachment pathology treatment, Acceptance and Commitment Therapy, Cognitive Behaviour Therapy, and Dialectical Behaviour Therapy.

1/2/21 to 1/5/21 self-paced online INT
11-12 March 2021 Livestream AU
1/4/21 to 1/7/21 self-paced online INT
10-11 June 2021 Livestream AU
24-25 June 2021 Livestream NZ
1/7/21 to 1/10/21 self-paced online INT

Please refer to our website for capital city events resuming in August 2021







Fees: Day 1-2 or Day 3-4 are $795 for online modes or $895 for capital city

Fees: Day 1-4 are $1,390 for online modes or $1,590 for capital city

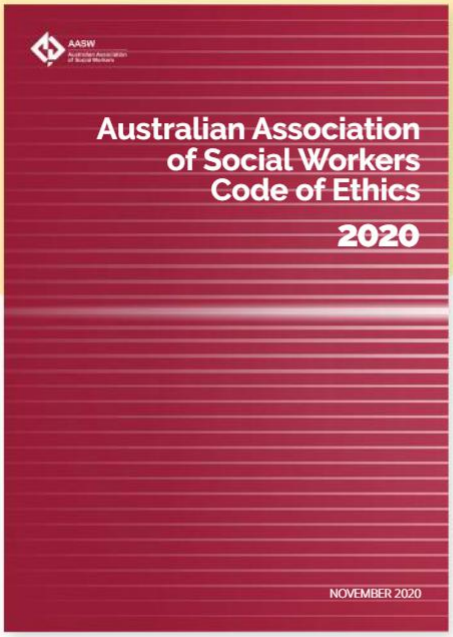
Livestream: Highly interactive, with breakout groups and includes complimentary access to one-month self-paced online

Self-paced online (over three months). Highly engaging, not just a recording of a past live event. Includes complimentary access to a Livestream during access period

Day 1-4 online modes include complimentary access to a Case-Study Livestream applying skills to more real cases (2hrs + 2 hrs preparation)

Note that attendee withdrawals attract a processing fee of $77. No withdrawals are allowed in the ten days prior to the workshop start date; however, positions are transferable to anyone you nominate (or to an online offering).

Please visit www.talominbooks.com for further details about Leah's books and these training offerings



Introduction of the 2020 AASW Code of Ethics

The AASW is proud to announce that the 2020 AASW Code of Ethics (the '*Code*') was formally released to members at the AASW Annual General Meeting on 6 November 2020, finalising a comprehensive and inclusive three year review process.

The *Code* represents a continuation of the AASW's robust commitment to a meaningful and practice-based code, expressing the values and responsibilities that are integral to, and characterise the social work profession. It is intended to assist all social workers, collectively and individually, to act in ethically accountable ways, in the pursuit of the profession's aims.

Core changes

A central change to the *Code* relates to its structure, with the *Code* now comprising three core components:

1. Statement of ethical principles focused on three core principles of respect for persons, social justice and professional integrity, and what they mean for social workers
2. Standards of ethical conduct that state in broad terms what the profession expects of its members with respect to their behaviour and conduct across all personal and professional activities
3. Complaints and sanctions to guide AASW in deciding whether action is needed to protect the public in the event of allegations of ethical misconduct.

The updated *Code* also includes an array of considered amendments to support its usefulness as a document fit for contemporary practice. These include:

- Changes in language reflecting contemporary service usage, including the importance of service user agency, and variations in social work service settings
- A clearer code, with less duplication, simpler language, and greater clarity regarding practice expectations, guidelines and ethical responsibilities
- Specific recognition of First Nations Australians and the profession's responsibility to continually strive and engage in de-colonising practice
- Changes and shifts in social work practice with respect to the use of technology, and the growing number of social workers working in fee-for-service settings
- Greater recognition of diversity, culture and the individuality of practice
- Direct inclusion of the AASW Ethics Complaints Management Process and Fitness to Practice considerations, offering greater alignment with the profession's registration goals for the future.

The Review Process

The *Code's* three year amendment and review process included both broad consultation and specific expert advice. Core steps included:

1. Establishment of an Expert Advisory Panel, comprising Professor Donna McAuliffe, Dr Sharlene Nipperess, Professor Linda Briskman, Dr Richard Hugman, Ms Sue Vardon AO, Professor Susan Green, Ms Josephine Lee and Professor Wendy Bowles, with input from the AASW National President and Board Directors. The Expert Advisory Panel developed a skeleton framework,
2. Three focus groups were created to review specific areas, then a survey was released to members which resulted in more than 700 responses and a Noticeboard was provided for AASW members to provide broader feedback.
3. A further draft was developed incorporating feedback and comment from all parties, which was then refined by the Expert Advisory Panel. This forms the basis of the final version of the 2020 Code of Ethics.

We recognise however that no review process is ever complete, and that as a 'living document', the *Code* will continually evolve as it is applied, integrated and understood by social workers in practice.

A webinar formally launching the updated *Code* (on 10 December 2020) is available for members to view here

The AASW Ethical Consultation and Practice Standards service is also available to all members to discuss ethical practice matters with respect to the *Code*. The team can be contacted via ethicsconsult@aasw.asn.au or on (03) 9320 1000.

Groundbreaking South Australian legislation

The Australian Association of Social Workers has commended the South Australian Parliament for its bipartisan commitment and national leadership, as the first Australian state to develop specific legislation for the statutory registration of social workers.

The final report of The Joint Committee on The Social Workers Registration Bill 2018, has been released with South Australia taking the lead nationally, putting in place a state based legislative framework for the registration of the social work profession.

When this legislation is introduced early next year it will significantly improve the quality of social work services in the South Australian community and will hopefully have a ripple effect across the nation.

Comparable countries such as the UK, USA, New Zealand, Ireland and Canada have long recognised the complexity of social work and have regulatory schemes for social workers. This groundbreaking legislation is a first for South Australia (and indeed Australia) and hopefully it will be replicated in every state and territory in the near future.

Currently in Australia, anyone can call themselves a social worker and this is a significant public safety issue and the AASW has been calling for formal registration for several decades as it would protect the public from unprofessional practice.

The findings of the South Australian coroner investigating the tragic death of Chloe Valentine in 2012 called for formal registration of social workers and now thankfully this is finally closer to becoming a reality.

When the legislation is passed, it will go a long way towards reinforcing and building public confidence in the skills and accountability of Australian social workers.

The AASW will be closely reviewing the legislation in anticipation of the legislation being voted on by the South Australian Parliament in early 2021.

The social and economic benefits of improving mental health

The release of the Productivity Commission's report on the Social and Economic Benefits of Improving Mental Health that outlines a vision of a person centred system has been welcomed by the Australian Association of Social Workers.

The Commission's report focuses on a vision of preventing ill health, intervening early and delivering the full spectrum of clinical services and community supports that people need to recover and lead healthy, fulfilling lives. This means that supports and services need to be available whenever and wherever people need them. They need to be easily accessible, and culturally appropriate.

The Productivity Commission has undertaken a comprehensive review of all aspects of the mental health service system, and produced a detailed report that shows the magnitude and complexity of the task ahead.

We welcomed the report's recognition of the damaging effects of socio-economic disadvantage, isolation and discrimination on people's mental health and appreciate the report's direct and comprehensive nature that shows that the reforms we need are not just confined to mental health services but also need to be incorporated into the whole of our service system and re-inforced through community attitudes.

The report documents the touchpoints that will make a difference to individuals, their families and carers, from the support we provide to new parents, well-being programs in schools and employer responsibility in workplaces. It also demonstrates the need for a skilled, multidisciplinary workforce and the AASW and its member base are exactly the specialist, advanced practitioners that the report endorses and we look forward to being part of the solution.

New Medicare mental health items to support aged care residents

The Federal Government will implement all six recommendations the Royal Commission into Aged Care Quality and Safety, made in its COVID-19 and Aged Care special report.

The AASW has been strongly advocating for aged care residents to have access to mental health professionals under Better Access over a long period of time and we are especially pleased to see the acceptance of recommendation three, which will see the creation of new MBS items to support aged care residents with their mental health needs.

Residents of aged care will now have the same rights as other Australians to access mental health support under Medicare by an Accredited Mental Health Social Worker (AMHSW).

COVID-19 has had an especially negative impact on the mental health and wellbeing of aged care residents, and the introduction of these new MBS items is a good first step in addressing the psychosocial needs of residents.

This will be particularly important as residents recover from the isolation of facility lockdowns and not being able to see family and friends, all the while grieving the temporary loss of independence and autonomy, and the loss of fellow residents.

AMHSWs are specialised in taking a whole of person approach and focusing on the needs of older people within the context of their whole life, not just their ageing related needs, and we are pleased that residents will be able to access this support from 10 December 2020.

The AASW will continue to advocate for the rights of older people living in aged care facilities to access mental health support and we will be monitoring the recommendations from the release of the final report of the Royal Commission into Aged Care Quality and Safety in February 2021.

Career progression in social work

Many social workers chose their career due to their desire to help, without greater consideration about long-term career pathways. This speaks in many ways to the admirable core values of the profession: care; empathy; selflessness; and compassion.

The ability to undertake this work and become a positive influence on the lives of so many people is dependent on career progression, moving from the front-line service delivery that characterises many new graduate positions towards more advanced forms of practice, including leadership positions, policy and research.

It is the great variety in fields, approaches and opportunities that attracts many people to the social work profession. Social workers are present across every major social issue and are a part of all major social and health service and support systems. Social workers can work in health, mental health, disability, family violence, child protection contexts just to name a few. Each field is unique in terms of opportunities for career progression but regardless of context, there are similarities across every context.

There have been several[1] studies over the years looking at the career progression of social workers. Career progression has tended to be linear, with increasing responsibility offered as the worker accrues experience moving towards positions of leadership, though mainly management positions. Most new graduates begin their social work career in service delivery roles working directly with clients, in many cases linked to their placements as identified by a recent study finding approximately 50%[2] of placement students acquire a job as a result.

Once the social worker has worked within a particular field for a continued period of time, progression can come from specialisation of working with particular populations (children, women, men), issues (family violence, trauma, abuse), or practice methods (counselling, group work, education). While career progression takes many forms, continued education is one of the most common forms with an AASW study highlighting that more than 60 per cent of Accredited Mental Health Social Workers have post graduate qualifications[3].

Of course, the most traditional career progression for social workers is moving towards management. In these roles, social workers can use their skills in overseeing multidisciplinary staff and working towards the implementation of effective supports. While this has been what many people anticipate is meant by career progression, there has been renewed interest in recent years towards supporting social workers to advance their career but not necessarily in management roles. A 2018 UK survey found that 75 per cent of social workers want to advance their careers without taking on managerial responsibilities.[4] This has been attributed to workers wanting to continue working with people as this was a key motivator for choosing a career in social work.

For many social workers who want to continue working in direct practice, progression comes from specialisation through further education. In Australia, qualifying social work degrees are generalists and while they provide the foundations for social work practice across every major field, further training is required as a worker's practice becomes more advanced.

There is significant variety in post qualifying social work education, all except two (the advanced master of social work and social work doctorates) coming from non-social work specific degrees. Most post graduate qualifications are about specialising in particular fields early childhood, trauma, mental health or modalities of practice, like group work or different therapeutic approaches. The advanced master of social work and social work doctorates are not accredited by the AASW and therefore have varying forms of recognition within the sector. In recent years the AASW through its credentialing program is addressing this inconsistency by implementing a wide range of accredited specialisation that recognise the career progression needs of social workers.

A third option away from practice and leadership role is a move towards policy, academia and research. For many social workers this transition is about utilising their practice experience and applying to a field that may not be commonly associated with the social work profession. While qualifying degrees provide policy and research content, it is expected within the field that the social worker has undertaken further study, and this can be a policy masters

1 Lyons, K., VALLE, I. L., & Grimwood, C. (1995). Career patterns of qualified social workers: Discussion of a recent survey. *The British Journal of Social Work*, 25(2), 173-190; Lesley Curtis, Jo Moriarty, Ann Netten, The Expected Working Life of a Social Worker, The British Journal of Social Work, Volume 40, Issue 5, July 2010, Pages 1628–1643;

2 Forthcoming

3 https://www.aasw.asn.au/news-media/2019-2/amhsws-are-experts-in-complexity-new-report-published-today-says

4 https://www.communitycare.co.uk/2019/09/04/progress-social-work-without-moving-management/

to a PhD as is in the case of research or academia.

Ultimately, career progression needs planning and consideration. Community Care UK[5] have developed a useful four-step guide to assure that social workers have a long, rewarding and fulfilling career.

STEP 1: FOCUS

Decide which area of practice you find the most rewarding. Is it a deeper understanding of a topic? Do you want to share your experience and expertise with others? Are you interested in trying to improve the quality and consistency of practice?

If you can't decide, talk to people in different roles, ask about potential shadowing opportunities or secondments and attend conferences to get more information.

STEP 2: RESEARCH CURRENT OPPORTUNITIES

Identify which employers offer your ideal job. This is best done by reading employment websites, signing up for job alerts and seeking out others who already work at the organisation. AASW networking events, can also help with this and, while you're there, tell recruiters/employers what roles you are interested in so your details can be kept on file.

5 https://www.communitycare.co.uk/2019/09/04/progress-social-work-without-moving-management/

STEP 3: ADDRESS SKILLS GAPS

Work to fill any skills gaps that will increase your attractiveness as a potential hire. Volunteer to hold workshops for your team or lead supervision sessions. Request further training. Find out about current research projects at your local University and ask if there are options for frontline practitioners to be involved. At the very least these actions will show your initiative, which many employers look for in advanced roles.

STEP 4: BE OPEN MINDED

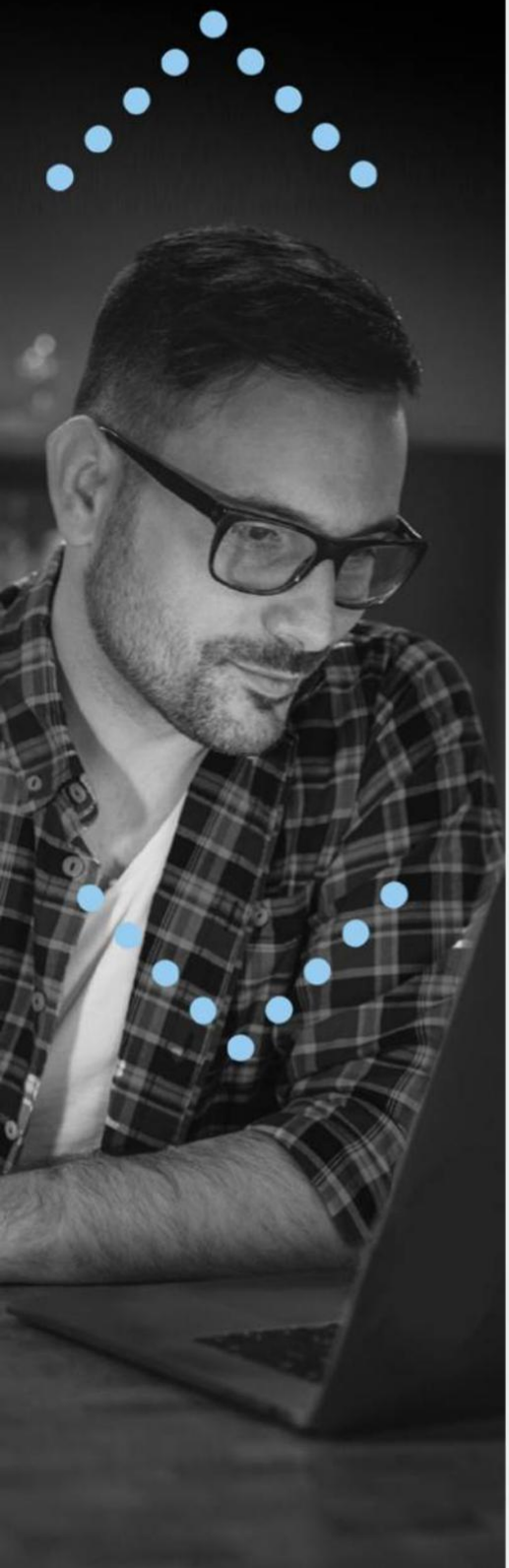
While a sideways move might not be your ideal scenario, don't dismiss the idea. Such moves will provide you with valuable additional skills that could give you the edge over other applicants further down the track. It can help to revive interest, provide challenge and broaden your knowledge base when working with service users.

The AASW has recently completed a profession-wide capability framework for Australian social work, based on the work undertaken by our British and New Zealand colleagues. This framework was developed with input from more than 800 AASW members, nine employers and a working group comprising of experts in social work capability development. The result was a list of 13 capabilities arranged in four key domain areas: Relationships; Social Justice; Evidence-based practice; and Professionalism and growth. This framework articulates social work practice, with four proficiency levels described for each capability starting at emerging and advancing through to expert. To bring this framework to life, the AASW are developing an interactive self-assessment tool where social workers will be able to self-rate against the capability framework. Tangible results will be provided with an actionable professional development plan.

Further, the AASW is currently working with leaders and stakeholders to develop a series of career roadmaps for various work streams and career progressions. Stories will be collected from leaders across leadership, academia, research, and education, sharing pinnacle moments and turning points in their careers.

You can start now with your career planning by identifying the requirements for your next move; what are the gaps between where you are today and where you need to be for this move? Think carefully about what you want for your career, map out your plan and make it happen.

We can't wait to hear your story.



Social work and credentialing

Recognising advanced practice

The social work profession is a vibrant community made up of a diverse, complex range of skillsets, knowledge base and expertise. This is our strength and celebrated as what makes us unique.

Social workers practice across the life span, from birth to death, and from early intervention to the most challenging and complex disaster recovery efforts. While there are significant differences in approaches, mostly dependent on the needs of each field, there are core practice skills and ethical standards that are shared by all social workers. This is in part due to the qualifying degree that provides generalist training supporting the development of skilled, knowledgeable, and ethical practitioners.

As new graduates, social workers embark on careers that further develop their skills and expertise. As there is no consistent pathway for advanced practice, or social work registration, this results in sometimes inconsistent levels of training or limited learning opportunities for social workers in the field. Furthermore, due to the lack of registration, social workers may become dependent on the workplace for required training and development, which might not be mapped to the professional needs of the social worker.

Our research informs us that many social workers independently and voluntarily engage in ongoing continuing professional development. This is aligned with our Code of Ethics and Practice Standards. Regardless, this is not consistent, and up until recently, the lack of clear credentialing and accreditation pathways after qualifying make it difficult for the people who use our services and also employers to appreciate the advanced practice of social workers. To address this, social work professional bodies across the world (for example the US) and now in Australia have been moving towards social work credentialing.

Credentialing is part of a larger trend of professional training that is currently shaping the tertiary sector, with a focus on micro-credentialing. Micro credentials are a certification of assessed learning that is complementary to or a formal component of a formal qualification. This is in recognition that traditional 2-5 year degrees do not offer the flexibility and lifelong learning needs of professionals and do not respond to the rapidly changing needs of the sector.

Universities across Australia are now moving to micro credentialing as a way of staying current to changing industry and workforce needs and to better support professionals, stay engaged and to remain current in their working lives. The Commonwealth government has also very recently demonstrated its interest and support of credentialing and micro-credentialing as a contemporary way of recognising skills and knowledge post-qualifications.

As social workers we understand the unique perspective and skills we bring to the field. Unfortunately, this is sometimes not widely recognised. Recognising and accrediting specialist social work practice skills is a priority for the future of the profession.

Credentialing develops clear processes to recognise and formalise the diverse ways in which social workers gain advanced practice skills and specialise in certain fields. This is pivotal for the next generation of social workers

AASW Accredited Clinical Social Worker

AASW Accredited Child Protection Social Worker

AASW Accredited Disability Social Worker

AASW Accredited Family Violence Social Worker

AASW Accredited Mental Health Social Worker

in terms of career progression with much clearer career pathways and also to provide distinction in a crowded marketplace.

Similar professions (like psychology and nursing for example) have frameworks for developing and recognising the core knowledge and skills that practitioners develop and for acknowledging competence in specialist areas of practice. More broadly we are also seeing significant policy shifts with much greater emphasis on specialist competencies, beyond generalist skills.

The NDIS, the family violence sector, child protection and Medicare Mental Health supports for example are progressively looking for professionals to demonstrate their skills in relation to particular sectors. Increasingly, the ability for social workers to demonstrate their advanced skills will determine whether they can provide services in major programs and government schemes. We are also seeing heightened competition with workers completing a range of social services rather than social work qualifications. They then complete other post-qualifying certificates, diplomas and master's degrees in areas such as mental health, counselling, child and family practice and disability.

Increasingly, to meet staff shortages, job titles are becoming generic and people are employed for their specialist skills, not their core profession. If the social work profession does not respond to these challenges it will risk its profile in many sectors, including family violence, child protection and mental health, and weaken its credibility. Credentialing is a key strategy to address these trends to enhance our profile in the sector and strengthen our profession for the future.

Social workers are aware of these pressures and AASW members have repeatedly called for greater action. More broadly, credentialing assures members of the public, employers and funding bodies that practitioners have reached a core level of practice and are actively engaged in ongoing practices to maintain this standard.

The AASW has seen great success with the existing credentialing process for Accredited Mental Health Social Workers. The expansion of Eating Disorder MBS sessions from 10 to 40, and inclusion of therapies from Accredited Mental Health Social Workers would not have been possible without credentialing. For the future of the profession and to adapt to the current context, AASW credentialing has now been expanded to other areas of social work practice, such as disability, child protection, clinical and family violence, creating a program and suite of AASW credentials. Further expansion of the credentialing program may include supervision and aged care.

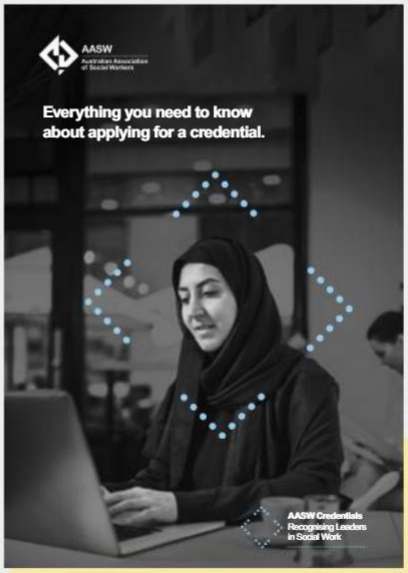
Credentialing is not about creating a stratified or hierarchal social work profession, but to recognise the expertise we can bring in a diverse and multi-disciplinary workforce. While there may be overlap across forms of credentials (as there are across fields of practice) we have worked in consultation with key sector stakeholders, experts and members to assure that each credential is reflective of the needs of each field and sector.

For our profession, many social workers already have specialist skills in sectors such as disability, child protection, family violence, clinical, aged care, and supervision. They have achieved them through a mix of qualifications, workshops, supervision and practice.

Without a formal process for developing and recognising these advanced capabilities, it is hard for employers, funding agencies or consumers to recognise these specialist skills. This is not a process for social workers to prove themselves, but rather establish clear standards for us as a profession to collectively advocate for the value of social work to employers, to the government, to funding bodies and to demonstrate a value proposition for engaging a highly qualified and skilled profession.

Social work as a profession began in the 19th century, and it has continued to adapt throughout the 20th and 21st century as we continue to strive for social justice and human rights. The 75-year history of the AASW has been a continued effort to create policies and processes that help advance and improve the standard of the social work profession in Australia. At the end of 2020 we need to look towards further cementing the skills and knowledge we bring and the incredible contribution our profession makes to the lives of individuals, groups and communities across Australia

Credentialing is the next chapter in our professional history. Click here for further information on the AASW credentialing program.



Helping university students get a fresh start

JENNIFER LEWIS

High numbers of Australian university students are stressed and anxious, with many having thoughts of self-harm or suicide, according to research by Headspace and the National Union of Students.

Further, Commonwealth Department of Education statistics show that approximately 20 percent of students who commence university do not finish.

That was before COVID-19.

Going to university generally coincides with the transition to adulthood. This means higher education students are a vulnerable demographic. Online learning, due to COVID-19, has seen many students disengage from their courses and has added an increase in social isolation to the mix. It is likely that this group (and their parents) represents a growing component of many social work practices.

Where students struggle, social work professionals play a key role in helping these students get their lives back on track. This may involve assisting students with the decision to withdraw from their studies or helping students who have failed subjects and/or dropped out to manage the consequences of their situation.

Assisting these students involves understanding what can and cannot be done to reverse fail grades and knowing the deadlines for discontinuation without penalty.

A crucial date for university students is the census date. This is the date by which students must withdraw from a subject if they want a 'refund' of their fees for the subject and to avoid a fail grade.

The census date is usually only 4–5 weeks into the semester. Accordingly, if you are assisting a student who is considering withdrawing from a subject, the student must confirm the census date as a matter of urgency. As you can imagine, the ability to withdraw without a financial or academic penalty is likely to make a significant difference to a student's ability to 'reset' their life.

Of course, sometimes you will deal with students who have withdrawn after the census date (and consequently have been awarded a fail grade) or who have not withdrawn and have failed the subject. In this situation, the student may still be able to have the fail grade removed and their fee debt remitted.

To do this, the student must make an application to the university showing that they were affected by 'special circumstances'. In considering whether special circumstances are evident, universities are required by legislation to apply set criteria.

In summary, these are that the circumstances:

1. were beyond their control
2. did not fully impact the student until on or after the census date
3. made it impracticable for them to complete the subject.

About the author

Jennifer Lewis is the Principal of Academic Appeals, a boutique legal practice providing legal assistance to university students throughout Australia. Jennifer has also worked as a solicitor for non-governmental agencies, Legal Aid NSW Refugee Advice & Casework Service and Financial Rights Legal Centre and as a mediator with Community Justice Centres NSW.

When making the application, the student should include supporting evidence that shows special circumstances. This evidence might include medical reports; reports from social workers, psychologists, and other counsellors; or statutory declarations from family members.

The student should check any time limits that may apply for these applications. Generally, a student must lodge their application within 12 months of their fail being recorded. There will also be an internal appeal process if the university rejects the application.

In summary, the key points for social workers who help university students to appeal a grade or withdraw from a subject are:

- Where possible, withdraw before the census date.
- If the student fails or drops out after the census date, an appeal process exists (time limits apply).
- When writing reports for students in support of an application, it is important that the social worker addresses the criteria for 'special circumstances'.

Many students will be able to navigate this process themselves. Others may be overwhelmed and need assistance from a legal professional who has experience in supporting higher education students in such situations.

How social workers can deal with difficult behaviour and aggression

MONIQUE RICHARDSON

Social workers play a prominent role in improving the lives of communities by helping individuals of all ages, and their work is crucial to our society. Depending on the work context, social workers may be dealing with addictions, mental health challenges, crisis and trauma interventions where service users and family members may be demonstrating higher levels of stress, emotions and aggression.

The distinction between difficult and aggressive behaviour is important. Difficult behaviour (as opposed to using the language of a difficult 'person') could be dealing with specific characteristics or emotions they are presenting in that moment and not necessarily reflective of their usual state. Aggressive conduct can be defined as intimidation, harassment, swearing, racial abuse, threats or violence.

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Clear procedures need to be in place to manage aggression and support team members as well as setting clear expectations and boundaries for service users and families. All service providers and organisations have a duty of care to comply with Work Health and Safety obligations, by identifying and mitigating potential risks towards social work staff and protect their safety and well-being at all times.

It is essential to develop and implement procedures including:

- Clear policies outlining management of aggressive behaviour
- Actively and visibly promoting zero-tolerance for aggressive conduct
- Recommended wording or language that can assist in de-escalating conflict
- Providing training on managing difficult behaviour and aggression
- Escalation paths including hospital emergency codes, duress alarms, or police
- Video surveillance
- Physical security presence
- Extra personnel in high risk interventions
- Consideration of exit points for a clear path to safety for all settings.

Managing difficult behaivour and aggression is a skill and one that is paramount when dealing with heightened emotions in a health or social crisis.

About the author

Monique Richardson is the author of *Managing Difficult Customer Behaviour – A Practical Guide for Confident Conversations* and is one of Australia's leading experts in Service Leadership and Customer Service. For more information visit www.moniquerichardson.com.au

The ACER Model

The goal of every difficult interaction is to diffuse the behaviour, with safety remaining the number one priority. Taking the time to understand why service users or families are expressing difficult behaviour is the first step in providing an empathetic response. This can be very useful not to excuse, but rather, understand where the behaviour may be coming from. All behaviour has meaning.

The following 'ACER' model is recommended to de-escalate difficult or aggressive behaviour.

A: ASSESS

It is critically important to assess the state of the service user or family member. Being observant to signals of escalating behaviour is vital. Physiological signs may be observed including:

- Flushed face
- Shaking
- Turning red
- Clenching of face, fists, or facial muscles
- Sudden or jerky movements
- Moving into your personal space
- Grabbing your arm
- Shouting or raised voice
- Prolonged staring
- Throwing items or pounding a fist on a counter.

You will need to recognise if the situation is escalating and if you or anyone else is in danger or threat of physical harm. These signals may alert you to escalating behaviour and help you to make a decision about what actions you need to take. Ultimately your judgement is critical in such situations.

C: CALM

Remain calm, focused and in control by focusing on your breathing. Where appropriate and safe, if a service user or family member is exhibiting aggressive behaviour set clear boundaries by letting them know in a polite, respectful, and non-threatening manner that aggression will not be tolerated and explain outcomes for continued behaviour.

E: EXIT OR ENGAGE

You will need to make an instant decision regarding your personal safety and if you are in immediate danger you may need to exit the setting straight away. If the situation permits, try to explain why you need to leave or cease the conversation and when you will be in a position to re-engage.

If you are in a position to engage and have a conversation with the service user or family member and if the behaviour moderates, work on resolving the issue. Speak in a calm, firm tone without raising your voice. Let them vent their frustration and listen attentively and empathise with their situation. Display open and neutral body language and be conscious of not invading personal space. Work to resolve the issue in a calm and professional manner.

R: REPORT

Depending on the severity of the situation, the incident may need to be escalated immediately by using the appropriate hospital emergency code or a duress button, calling security, or dialling 000 for police. A formal report should be prepared and documented for incident reporting and investigation.

Self-care

Self-care is crucial immediately after an incident and also as part of your daily working routine. If you do not take care of yourself, it is hard to take care of anyone else. While there are numerous approaches for self-care, it is about finding what is right for you. Strategies may include taking a physical break from your work environment where possible, making time for activities you find replenish you outside of work. Physical exercise, yoga or meditation may also be useful to de-stress. Having clear boundaries between work and home in such a demanding and challenging role is also essential.

Offer or seek additional support

Debriefing and professional supervision are a critical part of self-care. In some cases of aggression where the team member may have been deeply affected (either post-incident or some time down the track), EAP assistance (Employee Assistance Program) should be offered. It is vital to recognise signs of mental and emotional impacts that require professional counselling in yourself and others and seek additional support.

The significant role of social workers in our community must never be underestimated. Respect and courtesy must be shown at all times by all service users and family members. When difficult behaviour or aggression arises, it is about demonstrating high quality care and support while setting and implementing clear boundaries to ensure the protection and safety of the team.

Paediatric social work during COVID-19

The Melbourne experience

SARAH CONNOLLY

Sarah Connolly outlines the wide-ranging effects the COVID-19 pandemic and Melbourne's long lockdown had on the practice of the paediatric social work team at the Royal Children's Hospital.

The Royal Children's Hospital (RCH) in Melbourne is the major specialist paediatric hospital in Victoria and also provides care for children and young people from interstate and overseas.

For much of 2020, Melbourne was the site of Australia's largest outbreak and most affected by the second wave of COVID-19 infections, with locally acquired cases climbing to more than 700 per day in late July. A State of Disaster was in place from early August until mid-October.

The COVID-19 pandemic presented many challenges for children, their families and for social workers. Various government measures to curb the virus spread came with wide ranging restrictions. Complex social, emotional, economic, structural and practical complexities arising from the pandemic posed complex challenges for children in hospital, and their families.

Paediatric social workers actively respond to these issues, assessing and addressing psychosocial needs and continually advocating for optimal health outcomes for the child and family. COVID-19 demanded creative and agile solutions to a range of challenges.

Some of the key issues for hospital social workers follow.

CHILD PROTECTION CONCERNS

Vulnerable children with complex medical conditions and concerns about medical neglect and family violence, require assessment through statutory child protection services. In some situations, child protection workers were unable to attend onsite due to remote working or being furloughed. Social work services played an increased role in risk assessment, managing aggressive behaviour and significant additional time was spent managing these multiple and complex dynamics.

FAMILY VIOLENCE

Periods of lockdown increased the vulnerability of family violence victim-survivors given additional isolation, power and control dynamics and reduced observation and contact with women and children in the home. Education and advocacy were essential to ensure hospital staff looked for warning signs particularly during telehealth encounters.

MENTAL HEALTH ISSUES

Social workers continued to identify and assist parents with pre-existing mental health problems exacerbated by pandemic stresses and worked closely with treating teams to monitor and address mental health concerns for infants, children and young people.

About the author

Sarah Connolly has been Manager of Social Work and Pastoral Care Services at the Royal Children's Hospital, Melbourne since 2014. Sarah holds post-graduate Masters in both Social Work and Human Services Management. Sarah has particular interests in improving health outcomes for vulnerable children and families as well as staff support

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Children experienced fear, anxiety and loss of control during the pandemic. Behavioural issues of children with special needs escalated. Parents experienced heightened anxiety while also managing their child's medical issues, new diagnoses, clinical deterioration and developmental concerns. Separation from extended family, school closures, unemployment, and concerns about family finances impacted most patients and required specific clinical social work responses.

END-OF-LIFE CARE

Visitor restrictions and general restrictions on movement created specific challenges for end-of-life and bereavement care. The social work department facilitated contact, promoted virtual connections, liaised extensively with community services and provided additional interventions to parents given usual supports and rituals were often unavailable. Social workers continued to provide full bereavement care including for children deceased on arrival to hospital. Responding to distraught and overwhelmed parents was particularly challenging while using PPE and maintaining physical distancing requirements.

TRAUMA PRESENTATIONS

Social workers responded to a significant increase in trauma presentations and burns injuries, which appear related to increased time spent at home, risk-taking behaviour by adolescents and, in some situations, inadequate supervision as parents tried to manage the multiple demands of work, home schooling and parenting. Trauma interventions were complicated by the absence of usual support systems and the impact of separation from family during lengthy admissions.

VISITOR RESTRICTIONS

Legislated COVID-19 restrictions in Victoria allowed only one parent at the bedside with no siblings or other visitors permitted.

Visitor restrictions have been one of the most significant and enduring challenges for families and, therefore, for hospital social workers. Interventions include responding to parents anxious about newborn bonding when only one parent can visit, increased stress for parents receiving bad news without their partner present, liaising with adult hospitals in cases where a child's parents have themselves have been injured and no other visitors available to support the hospitalised child.

Social workers have provided considerable practical support that would ordinarily be provided by family members including staying with a child while a parent leaves the bedside to have a meal and even accessing urgent toiletries for parents unable to leave

their distressed child. International patients from families speaking languages other than English required a range of assistance, for example where the parents were on student visas, or non-residents who are unable to return to their home country. Some families from refugee backgrounds with a mistrust of authorities found visitor screening checkpoints and visible security presence threatening.

SOCIAL ISOLATION

Even when discharged, families continued to experience social isolation, stress and carer strain as many of their usual social supports were unavailable and community supports were limited and often provided via telehealth.

FINANCIAL HARDSHIP AND POVERTY

Referrals to the social work department due to financial hardship were significantly increased because of the impact of unemployment, business closures, and the absence of paid leave for those in casual or insecure roles. It was necessary to increase provision of material aid throughout this time particularly when some charities were no longer able to provide necessities or were themselves overwhelmed by demand.

BORDER CLOSURES

Extensive efforts were made to assist families negotiate ever changing border restrictions, such as quarantine requirements and the associated impact on employment, finances, and health. Quarantine meant dealing with the specific needs of children facing two weeks in a hotel room with parents already struggling to meet their needs.

Gaps in community service provision: Social workers identified and responded to gaps in both hospital and community systems, such as the absence of hospital volunteers and changed or limited service response by child protection and maternal and child health services.

Clinical social work interventions throughout the pandemic response included additional complexity, increased family stressors, gaps in service systems and additional time taken to complete what were previously routine referrals.

Social workers quickly adapted to technological solutions, including virtual team meetings, video and telephone calls to families, and facilitating virtual contact between children and their support network where possible.

Social workers were called upon to assist families experiencing unprecedented levels of psychosocial stress and uncertainty. Core social work skills were certainly in demand – advocacy, empowerment, systems interventions and a capacity to manage constant change were essential tools.

Living and working in a time of lockdown meant social workers themselves faced the challenges of social isolation, lack of access to recreation or self-care activities, fears for their own safety and that of family members. Maintaining team morale, avoiding burnout and acknowledging these many pressures was an essential task for the social work team and wider hospital management.

At the time of writing in late November, hospital activity has returned to pre-pandemic levels creating further challenges for social work services to respond to usual demand in addition to the many, complex and enduring psychosocial impacts of a year where life as we know it became unrecognisable.

High risk family violence and COVID-19

Paediatric hospital social workers' reflections on Victorian Lockdowns, information sharing and firearms

JACK SOUTHWELL

Jack Southwell, a social worker at Melbourne's Royal Children's Hospital, reflects on the effects of the COVID-19 pandemic and poses practice questions about a hypothetical family violence case.

Concerns that increased social isolation due to COVID-19 would lead to an increase in reported family violence are being confirmed by police data in news outlets across Australia. In Melbourne, where the lockdown measures have been unprecedented, police have responded to 900 high-risk family violence calls a week during the lockdowns. In August 2020, police data stated that more than 5000 family violence offences had been reported since the pandemic began. With many social services limiting face-to-face contact, hospital social workers are faced with the difficult task of assessing risk and planning discharge – a significant challenge in the context of a global pandemic and in the face of high-risk family violence.

During the course of the pandemic, a high profile 2018 murder enquiry was also featured on national news. In July of 2018, despite a reported three-decade long history of family violence against multiple partners in New South Wales, a 68-year-old man legally obtained five guns and subsequently murdered his two teenage children. Media accounts suggest that the children's mother reported family violence to police 18 months prior to the children's murder, however the report was not investigated. Furthermore, when the children's father applied for a gun license renewal 12 months prior to the killings, no police alert was triggered.

Although the above case did not occur in the context of a pandemic, it provides an interesting hypothetical case study for practice reflection and analysis of hospital social work in the context of COVID-19:

A 15-year-old male is brought into the Emergency Department of a Victorian hospital by his mother with a temperature of 38.5°C and severe dehydration. His high temperature means he is tested for COVID-19. His mother is also tested and is required to remain isolated at her son's bedside until the results return. Advised of this, the mother becomes distressed and requests to leave hospital to return home to her younger daughter who is home with the children's father. When the mother is reassured that the test results should be back within 24 hours, she agrees to stay. Due to the mother's distress, a social work referral is made for psychosocial support. Via a routine psychosocial assessment, the mother discloses a significant history of family violence perpetrated by the father. She also discloses that the father is

About the author

Jack Southwell is an early career social worker based at the Royal Children's Hospital in Melbourne. My practice interest areas are child safety risk assessment, coordination of complex cases and postnatal psychosocial support.

With many social services limiting face-to-face contact, hospital social workers are faced with the difficult task of assessing risk and planning discharge

the legal owner of multiple firearms. The mother discloses that during the COVID-19 pandemic and increased social isolation, the father's violence has become more frequent and extreme. She has asked that the social worker not report the firearms to police as she is worried this will exacerbate father's violence further. A call to Child Protection services establishes that there is a history of concerns in relation to the father's family violence in previous relationships. The social worker discusses their concerns about the firearms with a Child Protection worker. The teenager is medically ready for discharge the next day.

A hospital social worker's psychosocial assessment routinely involves questions regarding family violence and makes an assessment of the level of risk to a child and carer. In the event of an unacceptable level of risk being assessed in relation to family violence, the social worker's role as part of the multidisciplinary team is to determine whether risk levels can be mitigated to a level appropriate to facilitate a safe discharge home.

Victoria has experienced the most significant lockdown measures in Australia. There is increasing evidence of the correlation between these measures and increased rates of family violence incidents and reporting. The Victorian system tasked with keeping children safe currently lacks a fully operational central reporting system that shares information pertaining to risk amongst multiple agencies. While Child Protection services hold the primary responsibility for the investigation and assessment of risk to children; police, the criminal justice system and health services still remain siloed, with consequences to families at risk.

Children's decreased visibility during the COVID-19 crisis has increased the vulnerability for those already at higher risk of exposure to family violence and neglect. The secondary issue is that in this context, face-to-face services supporting vulnerable children and families are significantly reduced. The limitations on services both due to pandemic resource requirements and system shortcomings means that transfer of risk and responsibility to community agencies upon discharge may be suboptimal.

While a weapon may be identified by a social worker's assessment, the challenge for hospitals is to bolster safety for families when services are limited due to COVID-19. The Victorian Department of Health and Human Services has highlighted that the restrictions and legislation in regards to social isolation has increased the opportunities that perpetrators have to use family violence, while the victim survivors are limited in their capacity to seek help.

A Multi-Agency Risk Assessment and Management Framework (MARAM) was legislated in Victoria following recommendations of the Royal Commission into Family Violence 2016, and is now established in the

SOCIAL WORK PRACTICE CONSIDERATIONS

- Should the concerns regarding the firearm be reported directly to police?
- What information can be shared with police without the mother's consent?
- Could concerns be reported anonymously?
- Is the young person safe to be discharged from the hospital?
- Will the police remove the firearm if it is licensed and locked away?
- Is there immediate risk of harm from the firearm?
- Is the family put at increased risk of harm by reporting?
- Can these concerns be documented in a manner that ensures the father will not access this entry under Freedom of Information provisions?
- Will Child Protection services report the gun to police?
- Will Child Protection services view the gun as a protective concern if it is licensed and locked away?
- Are there staff safety risks if father becomes aware of the Child Protection report?

Family Violence Protection Act 2008. COVID-19, true to its disruptive nature, has resulted in the deferral of the second phase rollout of MARAM to 2021.Once fully enacted, organisations prescribed under MARAM (i.e. Child Protection, police, hospitals, specialist family violence services) will have more freedom to share information in relation to family violence risk and pivot the perspective onto monitoring the behaviours of the perpetrator as opposed to the traditional focus on mitigating risk to the victim.

While organisations are beginning to shift towards MARAM's framework for practice, until the formal uptake of its procedures by all organisations is complete, unidentified high-risk family violence and barriers to effective information sharing, and therefore safety planning, will remain.

Hospital social workers are faced daily with the dilemma of discharging children home knowing that family violence is present. COVID-19 has reinforced the reliance of hospital social workers on other services (Child Protection, police and family violence services) to follow up concerns in regards to high risk family violence. Hospital social workers play an important role in providing psychosocial assessment and safety planning in these situations, however, cannot protect families independently. High risk situations require effective collaborative practice between multiple agencies.

The paediatric hospital social worker is in the unenviable position of both assessing family violence risk and providing support in the aftermath of an incident occurring. During COVID-19, family violence risk assessments remain a key pillar of practice with the additional challenges of limited face-to-face support services and lack of resources to bolster supports for vulnerable children. When reflecting on high-risk family violence, where the perpetrator has access to a weapon, the enactment of MARAM by all agencies tasked with protecting vulnerable children will promote a practice of information sharing, collaboration and shared responsibilities – this practice change needs to be a priority for agencies working with vulnerable children during the pandemic and in the future.

A Brief History of Pathological Demand Avoidance (PDA)

SHARON MORRIS

In 1980, child psychologist Elizabeth Newson came to note a cluster of children presenting with an atypical autism presentation at the Child Development Clinic within Nottingham University. Twenty-three years later she published an article in the journal *Archives of Disease in Childhood* arguing for the presentation of Pathological Demand Avoidance (PDA) to be recognised as a unique profile within the autism spectrum. She was supported in this by the many parents who continued to bring their 'autistic but not quite autistic' children to her.

Although it was clear these children met many markers for autism, such as communication difficulties, social challenges, and emotional and sensory dysregulation, they were unusual in that there was often capacity for superficial social interaction, imaginative or fantasy play and a persistent lack of positive responses to the usual early childhood behavioral interventions. These children would most likely meet criteria for what was once known as Pervasive Developmental Delay Not Otherwise Specified (PDD-NOS) considered part of the autism spectrum. Professor Newson died in 2014, but her work has been continued by former students and colleagues at the Elizabeth Newson Centre, who advocate for ongoing research in the area of Pathological Demand Avoidance.

Where are we now?

Looking to present day 2020, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM 5) now recognises autism as a spectrum, no longer referring to PDD-NOS (or Asperger's Syndrome). Additionally, neither the DSM 5 nor the *International Statistical Classification of Diseases* (ICD-10) make reference to PDA. However, the Autism CRC (Cooperative Research Centre for Living with Autism) released a national guideline in 2018 acknowledging the PDA profile as part of the autism spectrum.

This guideline document has been endorsed by the National Health and Medical Research Council (NHMRC) so represents optimal clinical care in Australia. Autism CRC in now in consultation with Australian state and federal governments about how to implement the guideline into clinical practice. Furthermore, pediatricians are becoming increasingly aware of this profile and are connecting families with PDA-aware child psychiatrists, occupational therapists, psychologists, behavioural therapists and support workers. Social workers, however, are most likely to encounter the PDA profile via government agencies, often in an involuntary capacity and with no known diagnosis of PDA or autism.

Why does PDA remain controversial?

Autistic people may routinely avoid demands or situations that trigger anxiety or sensory overload, disrupt

About the author

Sharon Morris graduated from Curtin University with a BASW in 1999. Her areas of interest have been women and trauma with an emphasis on the justice system. In 2008 her third child was born and at the age of 2 was diagnosed with autism. This led to additional training as a behavioural therapist and becoming a passionate disability advocate.

routines, involve transitioning from one activity to another, and activities or events that they don't see the point of or have any interest in. So autistic avoidance is a well understood phenomenon. However, those with PDA avoid the everyday demands of life in order to maintain a sense of control, even activities they may enjoy or are in their best interests.

This can present as oppositionality or deliberate defiance, leading many to consider the behaviors a result of improperly applied behavioural techniques or inconsistent parenting. Many of the management techniques parents find useful for PDA, such as lowering of demands, are easily misinterpreted as parents lacking boundaries around inappropriate behaviours.

In addition to avoidance, common behaviours seen among children with PDA may be verbal and physical aggression when feeling loss of control, self-injurious behaviour, property destruction, school refusal, refusal to participate in self-care such a bathing or brushing teeth, or inability to attend social events. Children with PDA may refuse to allow parents to have friends visit, controlling what noises are allowed in a home, such as no music or only certain music, and are often combative with siblings. Food also has potential to become a source of conflict about what to eat, when to eat, who to eat with. It is a complex and challenging presentation, often leaving families and professionals alike floundering to find answers.

Why is PDA not ODD?

Many people with PDA are mistakenly diagnosed with Oppositional Defiance Disorder. This is not surprising as there are many similarities in the external presentations, for example, refusal to engage in demands, rules, or requests by authority figures. However, the aetiology in each is quite distinct.

The ODD child is making a conscious decision to assert their will and challenge authority. These children have an innate understanding of hierarchy and expectations. Importantly, those with PDA, remembering it is an autism spectrum condition, do not understand inherent power dynamics. The idea an adult has more authority or control than a child is not appreciated by those with PDA. In combination with this, the overriding motivation for demand avoidance in PDA is anxiety-based need for autonomy from control of others rather than the defiance of expectations for its own sake as in the case of ODD.

Often the difference between the two presentations is won't/can't. ODD is a willful choice to disobey, PDA is a crippling inability to comply. An important distinction is that children with ODD do respond to consistent behavioural interventions and positive support plans. PDA children do not.

Why does PDA matter to social workers?

Social workers are most likely to encounter PDA in child protection, child mental health, and the justice systems. Raising a child with PDA is incredibly challenging for the whole family unit. Often child protection services will become involved either via external reports of concern from police or teachers, or families will themselves reach out for support, often at breaking point.

Unfortunately, due to lack of awareness and understanding, supports offered rarely meet the unique needs of these families. The most likely outcome for parents is to be offered parenting classes such as the Triple P Parenting program, and if lucky, some form of respite. Consider then the frustration of parents being asked to follow typical parenting strategies to no avail, and yet not being believed by the professionals they turn to for help, or worse still being blamed for their child's behaviours.

All research points to early identification and tailored support being the best predictor of positive long-term outcomes. Recognising the PDA profile increases the potential to access support that will be most helpful for each individual and their family. However, at present, families can find social workers in the best-case scenario to be of no help, and in the worst case, a threat to the wellbeing of the family unit. In the words of one parent I spoke with, 'getting social workers involved was the biggest mistake of my life'.

The lack of current awareness of PDA and its manifestations means families struggle to advocate successfully for their child. Social workers are well placed to be effective sources of assistance in terms of both supporting struggling families and to educate other colleagues and practitioners about the challenges PDA presents and the best ways to ameliorate them. This is crucial as many suggested remedies offered to parents with PDA children are currently counterproductive, leaving households feeling increasingly isolated with nowhere to turn for help.

Where can you find more information?

Currently one of the best sources for online information is the PDA Society in the UK, https://www.pdasociety.org.uk. Furthermore, many parents and adults living with PDA now have blogs, books, and a solid social media presence. Kirsty Forbes is a mother of children with PDA and is PDA herself. She can be found on Facebook.

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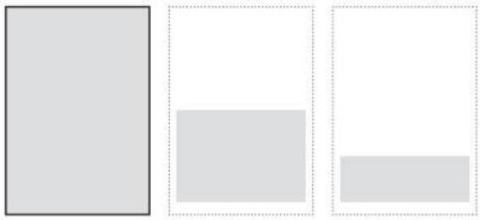

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