

Social Work

Focus

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AASW MEMBERS WANT REGISTRATION HOW IT WORKS IN NEW ZEALAND

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NEXT EDITION

Contributions for the editorial content of the Winter 2024 issue will be accepted until 10 May 2024, with a publication date of 5 July 2024.

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.

MANAGING EDITOR: Dr Matt Loads**COPY EDITOR:** Ann Philpott**DESIGNER:** Linda Muir**ACKNOWLEDGEMENT OF COUNTRY**

We respectfully acknowledge the past and present Traditional Owners and ongoing Custodians of the land. We pay our respects to their Elders past and present, their ancestors and their families.

Join us on social media:

From the AASW National President

Linda Ford

Welcome to the latest edition of *Social Work Focus*, where we're diving deep into a number of crucial topics.



LINDA FORD

AASW National President

Firstly, I would like to warmly welcome the new board member, Muriel Wymarra. Muriel was born and raised in Gimuy (Cairns) and joined a remarkable all-female board at AASW, becoming the fourth woman with a First Nations background and the first of Torres Strait Islander culture. It's great to have you with us, Muriel.

As registration of our profession impacts us all, I thought I'd share some of the key reasons that our members ask us to advocate on this issue, particularly this year.

The Australian Association of Social Workers (AASW) has been championing this cause for quite some time, leading to a few recent wins. This means that 2024 is a pivotal moment for us to make a real difference in our community, and the AASW is taking action now.

In South Australia, we've seen some positive strides with the passing of the Social Worker Registration Act 2021 (SA), and they're actively working towards implementing a registration scheme by 1 July 2025. It's a fantastic move and it is urgent and vital for us that other states and territories follow this lead.

Why are you working so hard to make this happen? Firstly, it's about public safety. Statutory registration sets clear qualifications, ensuring

only qualified individuals can practise as social workers.

And here's a big one for me - professional quality. We've got to define and monitor educational and professional practice standards, ensuring that social workers, especially those in child protection and mental health, maintain top-notch professional quality. This includes continuing professional development and adhering to practice standards.

Registration is also suitable for our workforce mobility. A national registration system ensures consistent rules and protections for social workers across states and territories. It means we can move around more freely, knowing we have the same standards and protections wherever we go. Plus, it helps maintain the public safety standards we're passionate about.



The strides we're making toward registration are significant and important. As we celebrate the positive developments in South Australia, let's build on this momentum to drive change at a national level. Your engagement and support are crucial in this endeavour. In coming months we'll email you to tell you how you can share your insights and contribute to this collective effort. Let's make 2024 a year of impact and change for our community and profession.

Warm regards,

Linda Ford

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Registration ensures that only qualified and competently skilled practitioners can operate as social workers, setting clear standards that protect both practitioners and the public.

World Social Work Day

Amplifying the importance of social work to communities across Australia

The overarching theme of this year, “Shared Future for Transformative Change”, will lead to many insightful conversations on the pivotal role of social work in a future characterised by better inclusivity and equity.

I hope this message finds you in a good space as we move through 2024. I also hope you attended one of the many events across Australia on 19 March. Congratulations to our members for working to make the day such a success.

As we move into April, it's crucial to reflect on the significant developments we've seen and actively plan the path ahead. One aspect is the continued progress on registration. Building upon the groundwork laid in South Australia in 2023, we are continuing to make strides, which are a testament to the dedication and hard work of our community. In

our efforts to encourage registration and promote national change, every conversation counts. It's like a domino effect - one small move could have an impact. It's been a long-time effort for all of us.

We're looking at 2024 as the big year to make some real headway on this front, but it will be easier with the support of 17,000 AASW members all over Australia.

We also take a closer look at experiences across the Tasman, examining the impact of registration



CINDY SMITH

Chief Executive Officer

on social work in New Zealand. This exploration serves to underline that Australia is one of the few English-speaking countries without registration. The AASW is leading a campaign to highlight the issue with government decision-makers nationwide and the community, whose safety is paramount; keep an eye out for our communication.

Our association's strength lies in the spirit of social workers to share knowledge and experiences. In this edition, the article on the *Every Moment Matters* campaign serves as a clear example of this collaborative spirit. Addressing alcohol, pregnancy, and safe breastfeeding practices, the article provides directions for social workers to engage in meaningful discussions with families, contributing to the overall wellbeing of our communities.

I look forward to connecting with you throughout the year, to celebrate our profession, share insights, and... have a chat.

Warm regards,

Cindy Smith



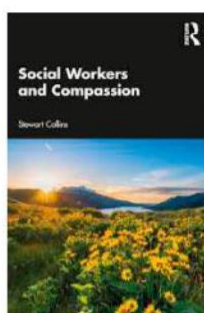
Highlights from the latest issue of *Australian Social Work*

In this Issue, several articles and a book review highlight the very real impact of homelessness and displacement. Other articles cover a broad range of topics.

The first Issue of *Australian Social Work* (Vol. 77(1)) for January 2024 is out and waiting for you to read and reflect upon. The Guest Editorial, written by Dr Chris Horsell, introduces us to the theme of the collection and reminds us that everyone has the right to housing and that homelessness is a major social policy and social justice issue. In addition to articles on the theme, we have articles that cover a broad range of policy, practice and research topics and debates, including young

carers, telehealth interventions during COVID 19, the needs of migrant and refugee families, supporting families transitioning from military to civilian status, insights for social work with interpreters, and the 2020 "Save Social Work Australia Campaign". The January Issue is a stimulating collection promoting a caring and compassionate profession and society.

Books reviewed in this Issue for your consideration are:



SOCIAL WORKERS AND COMPASSION

Social Workers and Compassion by Stewart Collins, UK, Routledge, 2023, 210 pp., \$73.99 (paperback), ISBN 9780367632311

With a UK context that is applicable more widely, the author highlights the importance of compassion for all players within our everyday practice - including ourselves.



HOMELESSNESS

Homelessness by Cameron Parsell, Cambridge, UK, and Hoboken, NJ, USA, Polity Press, 2023, 250 pp., \$36.95 (paperback), ISBN 9781509554508

In this book the author challenges readers to look beyond individual shortcomings to see the pervasive, prevailing societal contexts that contribute to homelessness and how we can all work towards ending homelessness.



ABOUT THE AUTHOR

Susan Gair is the current Editor of *Australian Social Work*, and Adjunct Associate Professor at James Cook University, Townsville, Queensland.

Social Work Registration

The New Zealand story

As AASW continues to push towards national registration, it's worth looking across the Tasman to map the success and challenges of registration in New Zealand, which has had registration since 2003.

The journey to the *Social Workers Registration Act 2003* (SWRA) in Aotearoa, New Zealand, wasn't a smooth ride, marked by debates, tension, and pragmatic compromises among stakeholders. Despite concerns about conflicting goals, the Act aimed to professionalise social work while upholding values of human rights and social justice.

The push to register in New Zealand was driven by a need to professionalise social work in line with global organisations emphasising standards and education. The SWRA aligned New Zealand with international practices, requiring social workers to meet recognised qualifications and promoting competence and accountability.

After a long period of consultation with social workers and governments and

support from the Māori caucus of the ANZASW (Aotearoa New Zealand Association of Social Workers), the Act went through parliament in 2003. The SWRA's implementation saw the creation of a registration board and tribunal tasked with ensuring social workers' competency, fitness, and professionalism. The inaugural board, a diverse mix of individuals, began a new era for the profession.



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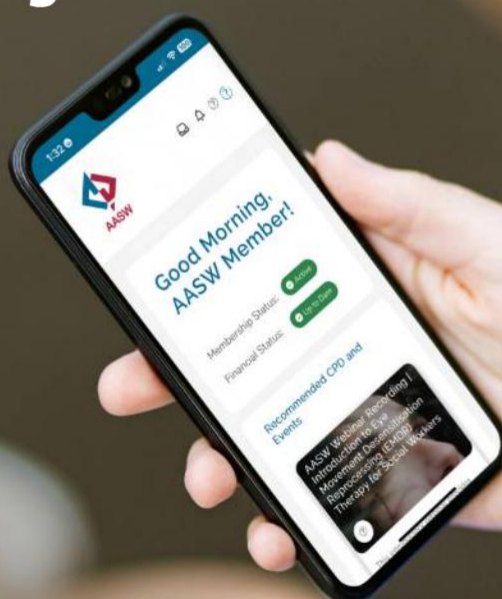
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The Act was a pragmatic compromise, aligning New Zealand with global practices. While it aimed to protect the public and enhance the profession's domain, concerns persisted about the voluntary system, with debates on the need for mandatory registration continuing. The political climate early on added complexity, with fears that increased regulation could compromise social justice goals. After allowing an almost twenty-year stretch of voluntary registration, the New Zealand Government moved to implement mandatory registration by 2021. Some saw this as a compromise between the self-regulating world (which Australia now has) and the mandatory environment of 2023.

In 2013, the SWRA underwent a parliamentary review, and by that year, nearly 40% of social workers were registered. Governments and NGOs encouraged this, particularly for social workers working with First Nations people. Some recommendations for change were made, but overall, the registration of social work was seen as broadly positive over the first ten years.

More recently, the regulatory board has taken a more active role, particularly in the "big picture" area of social work in New Zealand, allowing the Aotearoa New Zealand Association of Social Workers (ANZASW) more time to focus on its members' concerns.

Its *Annual Report 2022-2023* lists, among other achievements, the ANZASW's hard work in terms of pay equity to social workers across specialised areas, an understanding of better collaborations with professionals who work closely with social workers, the managing of complaints and a lot of time spent on research into how social workers are perceived in the broader New Zealand society and how they can improve the wellbeing of people in the community. It is worth noting that the AASW currently does all these things in addition to the other tasks it carries out, as indicated on our website.

In the 21 years since the inception of social work registration in New Zealand, the journey has been one of evolution and progress. From the debates and compromises surrounding the *Social Workers Registration Act 2003* to

the recent shift towards mandatory registration, the profession has undergone significant transformation. New Zealand's registration system has not only lifted professionalism but also elevated the profession's profile, bringing it in line with most other English-speaking countries (except Australia). As Australia moves towards nationwide registration, the New Zealand experience is a valuable benchmark demonstrating how the process of moving to registration can take time. This case study shows how the NZ profession lead the change with most social workers becoming registered.

Hunt, S. (2017). The social work regulation project in Aotearoa New Zealand. *Aotearoa New Zealand Social Work*, 29(1), 53-64.

Aotearoa New Zealand Association of Social Workers. (n.d.). Home page. <https://www.anzasw.nz/>

Social Work Registration Board (n.d.). Home page. <https://swrb.govt.nz/>

Supervisor training with AASW

"Today's training session has been very valuable on so many levels. I was able to reflect on what it has been like for me as a supervisee in supervision, but most importantly, what I bring as a supervisor."

Secure your spot today and take the next step towards mastering best practices in supervision.

REGISTER 



In Memoriam

Nic Hastings-James (1942–2023)

In this issue, we would like to reflect on the life of Nic Hastings-James, a towering advocate, a beacon of compassion, a lifetime member of the Australian Association of Social Workers (AASW) and a life member of the Youth Affairs Council of WA (YACWA). Nic, who died almost one year ago, on 25 April 2023, leaves a strong legacy - in his contributions to social work and youth work in Western Australia and beyond. It is a timely reminder of the impact one life can make to the betterment of our world.

Nic's professional journey was marked by a dedication to pursuing a more just and compassionate society. Despite his modest and quiet demeanor, his impact reverberates through the corridors of advocacy and service, leaving a mark on social and youth work landscapes.

Throughout his career, Nic supervised nearly 100 social work students on fieldwork placements, imparting a deep and inspirational commitment in students of the importance of social work ethics and practice standards. His influence extended beyond the academic realm, as he mentored volunteer youth leaders, introduced pioneering initiatives, and played a pivotal role in the foundation of critical organisations such as the Youth Affairs Council of Western Australia and Youth Work WA.

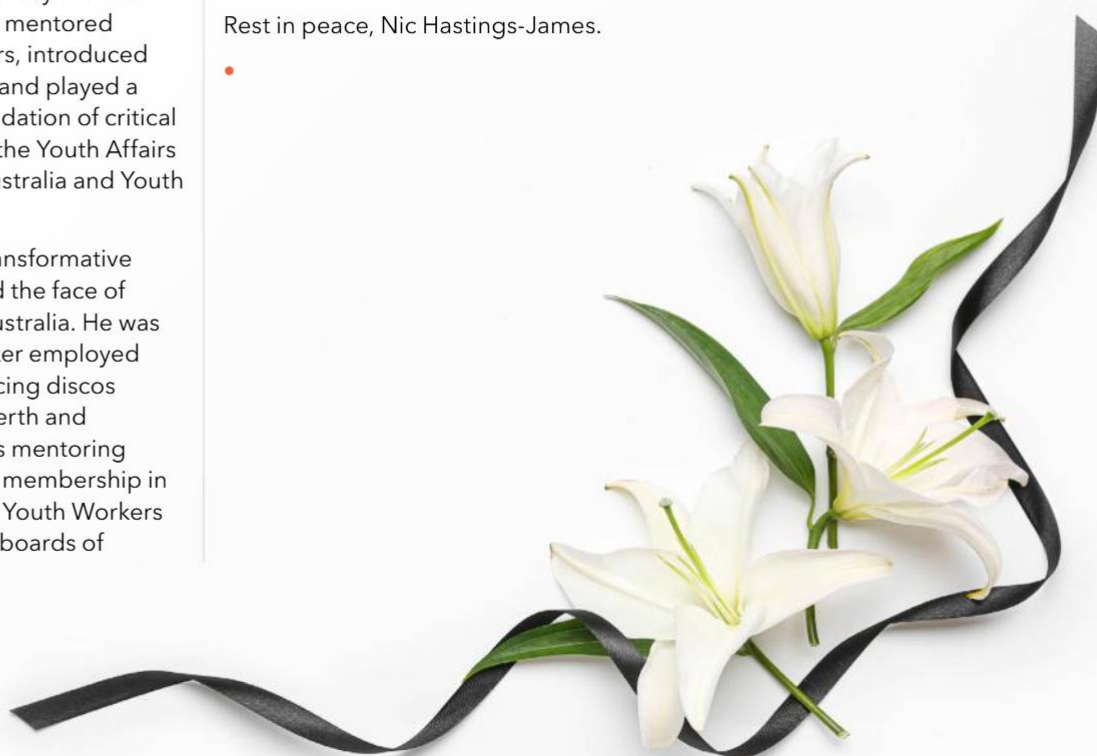
In youth work, Nic's transformative contributions changed the face of services in Western Australia. He was the first outreach worker employed by the YMCA, introducing discos across metropolitan Perth and establishing numerous mentoring services. His founding membership in the WA Association of Youth Workers and his service on the boards of

various youth-focused organisations underscored his commitment to empowering young people. He also worked as a school social worker at John XXIII College for many years. Nic is one of those people who left this world better than he found it.

As we reflect on the enduring nature of Nic's contributions, we recognise that his wisdom, advocacy for social justice, and a compassionate approach to those in need are not bound by the calendar. His legacy persists - a lasting testament to a life well-lived in service to others.

Rest in peace, Nic Hastings-James.

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THE AASW FELLOWSHIP

We are proud to announce that highly experienced members of the AASW can now apply to become a Fellow of the Australian Association of Social Workers (FAASW).

Becoming a Fellow means you're recognised as an expert in your field, with Fellows recognised and respected worldwide as leaders of industry.

Congratulations to our latest members who have become a Fellow of the AASW:

Stephanie Azri

Tiffani Clingin

Tracey Harris

James Newton

Dr Venkat Pulla, (PhD)

Mickey Skidmore

FEATURE ARTICLES

Every Moment Matters campaign

DIANNE WOODS

Promoting positive change is the foundation of social work. Supporting women to achieve alcohol-free pregnancies and breastfeeding, and assisting them to identify actions that are achievable for their own situation can have lifelong benefits for parents, babies, children and families. This article describes how social workers are uniquely placed to assist pregnant and breastfeeding women in reducing harm caused by alcohol.

Women who are pregnant or trying to conceive need and expect clear advice on substances that can harm their pregnancy and developing baby – like alcohol.

In fact, 97 per cent of women report that they want to know about alcohol and pregnancy.¹ They expect the services they engage with to bring up the topic and be able to provide advice and support. Women are likely to accept advice when this is discussed in an open, factual, culturally safe and supportive manner.

Social workers play a vital role in asking about alcohol use in pregnancy and providing links to support services if needed. The established, trusted and meaningful relationships you have with your clients provide a safe space to have strengths-based conversations without fear of stigma or shame.

Every Moment Matters is a national awareness campaign about alcohol, pregnancy and safe breastfeeding practices. It launched in November 2021 and includes resources and training for health professionals and service providers to increase awareness of Fetal Alcohol Spectrum Disorder (FASD) and provide guidance on discussing this topic with families.

The campaign is based on the National Health and Medical Research Council (NHMRC) *Australian Guidelines to*

Reduce Health Risks from Drinking Alcohol:

- To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
- For women who are breastfeeding, not drinking alcohol is safest for their baby.²

ALCOHOL AND PREGNANCY

At any stage of pregnancy, alcohol consumed passes directly to the developing baby via the placenta. A developing baby's blood alcohol level will increase as the mother's blood alcohol level increases. The baby's brain starts developing early in pregnancy, often before someone knows they are pregnant.

The risk of harm to the pregnancy and baby increases proportionately with the amount and frequency of alcohol consumed.³

This can disrupt the development of the baby's organs and systems, which can result in an array of developmental, learning, language, behavioural and physical outcomes collectively known as Fetal Alcohol Spectrum Disorder (FASD).⁴

Drinking alcohol during pregnancy also increases the risk of miscarriage,



ABOUT THE AUTHOR

Dianne Woods is FARE's Health Promotion Manager, and a key member of the *Every Moment Matters* team. Di has been actively involved in community development and engagement in the alcohol and other drugs sector for over 25 years.

Di has a Bachelor of Public Health, and post-Graduate Certificates in Health Promotion and Health Management & Policy.

stillbirth and babies being born prematurely, small for gestational age, or with low birth weight.^{5,6,7}

The 2019 National Drug Strategy Household Survey found that one in seven women drink alcohol after becoming aware of their pregnancy and one in four women who are pregnant or would consider having a baby in the near future are not aware that drinking alcohol during pregnancy can cause FASD.⁸

A brief conversation – and reinforcement of the message that alcohol should not be consumed during pregnancy – can help to prevent FASD. This improves outcomes for both the mother and baby. It is also important to support people who are planning for pregnancy or are currently breastfeeding to be aware of the risks of alcohol at these times too.

ABOUT FASD

FASD is a lifelong neurodevelopmental disability caused by alcohol exposure during pregnancy. It is the leading preventable developmental disability in Australia. FASD is diagnosed through expert assessment of evidence of impairment to the central nervous system structure or function and understanding the extent of alcohol exposure during pregnancy.

People living with FASD can experience a range of challenges, for instance, with learning and memory, language development, physical and emotional development and controlling their behaviour. Presentations are diverse due to the range of paternal, maternal and child factors that influence prenatal development, along with differences in the dose and timing of prenatal alcohol exposure.

While there is growing awareness of FASD in Australia, it is challenging for families to access assessment and diagnostic services. This is particularly

true for adolescents and adults, as in some states and territories there are limited or no services for people in these age groups.

SUPPORTING CHANGE

It's best for women to stop drinking alcohol when they are planning a pregnancy – but it's never too late.

It is important to support women to focus on the positives of the health changes they can make, rather than to feel guilt or worry from alcohol they may have consumed.

Social workers can work with families to implement strategies which support alcohol-free pregnancies. Where possible, encourage a partner or friends to go alcohol-free with your client during their pregnancy. Help them identify the role alcohol may play in their life and support them to identify healthy habits, such as finding ways to socialise without alcohol and alternative ways to relax.

Some women may find it difficult to stop drinking alcohol or may be alcohol dependent. It is important to provide reassurance that help is available and to reinforce the benefits of stopping drinking at any stage during pregnancy to minimise further risk.

For some women, it will be necessary to have ongoing medical support, because to stop suddenly can be dangerous for both mother and baby. This could include referral to specialist antenatal care and alcohol and other drug treatment by a multidisciplinary team.



RESOURCES AND TRAINING

Resources and training for social workers and other health professionals are also available as part of the [Every Moment Matters](#) campaign, including:

- free and accredited online training
- downloadable brochures and fact sheets
- evidence summaries and guides
- resources for people working with Aboriginal and Torres Strait Islander communities.

You can also contact the campaign team at [FARE](#).

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ABOUT FARE

The Foundation for Alcohol Research and Education (FARE) is the leading not-for-profit organisation working towards an Australia free from alcohol harms through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion programs. Working with local communities, values-aligned organisations, health professionals and researchers across the country, FARE strives to improve the health and wellbeing of everyone in Australia.



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The SWIFT Model

Social work intake, flow and triage in a health social work setting

ABOUT THE AUTHORS



Sarah Connolly has been Manager of Social Work and Spiritual Care Services at the Royal Children's Hospital, Melbourne since 2014 and more recently Director Allied Health at RCH. She holds post-graduate Masters in both Social Work and Human Services Management. Sarah has particular interests in access to care, improving health outcomes for vulnerable children and families as well as staff support and development. You are welcome to contact [Sarah](#) at the RCH.



Kate Nield is a senior clinical social worker and team leader at the Royal Children's Hospital, Melbourne. Kate has worked in a variety of health and child protection settings in Victoria, Western Australia, Queensland and the United Kingdom. She holds Bachelor degrees in Social Work, Behavioural Science and a Graduate Certificate of Health Management. Kate was a winner of the Royal Children's Hospital Allied Health Innovation Award for leadership and development of the SWIFT model to manage clinical demand and workflow. You are welcome to contact [Kate](#) at the RCH.

SARAH CONNOLLY AND KATE NIELD

Hospital social workers continually balance increasing psychosocial complexity and ongoing pressures to safely discharge patients to assist hospital flow. This article describes the development of a social work prioritisation tool and traffic light system that has applicability for a range of clinical settings.

Melbourne's Royal Children's Hospital (RCH) is the major specialist paediatric hospital in Victoria, caring for children and young people from interstate and overseas. The Hospital has more than 6,000 staff, a budget of \$850 million, 12 wards and 350 beds. Annually, the RCH has 300,000+ specialist clinic appointments, 90,000+ Emergency Department presentations and 20,000 elective surgeries.

The RCH Social Work Department is a large team of almost 70 staff, working across the hospital seven days per week until midnight.

During the COVID-19 pandemic, demand for RCH Social Work services was high, and the work undertaken increasingly complex. The pandemic also created significant additional psychosocial challenges for many families. Ongoing challenges of access and patient flow require a continual focus on discharge. To meet growing demand, complexity and patient flow imperatives, it was necessary to change social work referral criteria and prioritisation.

The AASW's "Scope of Social Work Practice - Hospitals" notes that the social work focus on patient-centred care, together with an ability to

consider psychosocial complexity, offers unique contribution to patients, families and to hospital systems (AASW, 2020). Social work practice in Australian hospitals is increasingly complex, with changing roles driven by cost, advances in medical technology, increasing expectations from consumers (Nilsson, et al., 2012) and patient discharge pressures (Kangasniemi et al, 2021).

Attempts to evaluate the workload of hospital social workers is not new (Stevens et al, 2008) with the link between workload, job satisfaction



To meet growing demand, complexity and patient flow imperatives, it was necessary to change social work referral criteria and prioritisation.

and stress being widely understood (Cole et al, 2002).

Victorian public hospitals commonly utilise a "Daily Operating System" (DOS) to help improve patient care, access and flow (Safer Care Victoria, 2020). This systematic, organisation-wide approach provides visibility of team workload; enables issues to be escalated and resolved; and ensures patient safety, access and flow are central across all teams and departments.

The system involves asking a series of questions about problems, people, resources, metrics and goals. For a hospital Social Work Department, this requires clarity about referral priorities, individual staff capacity and overall

departmental access levels on any given day.

This article outlines the development of a Social Work Intake, Flow and Triage (SWIFT) model designed to ensure that social work daily prioritisation aligns with hospital operations and contributes to overall patient flow.

This tool enables individual social workers to determine their daily capacity by considering three key domains: 1) caseload acuity; 2) non-clinical activity such as professional development, supervision and student education; and 3) emotional capacity. This last domain is central to social work clinical practice, encouraging reflection

and self-awareness regarding the psychological impact of the work. For example, emotional capacity may be lowered following a complex bereavement, a challenging family violence situation or personal circumstances.

Considering these three domains, social workers determine their daily capacity via a traffic light system:

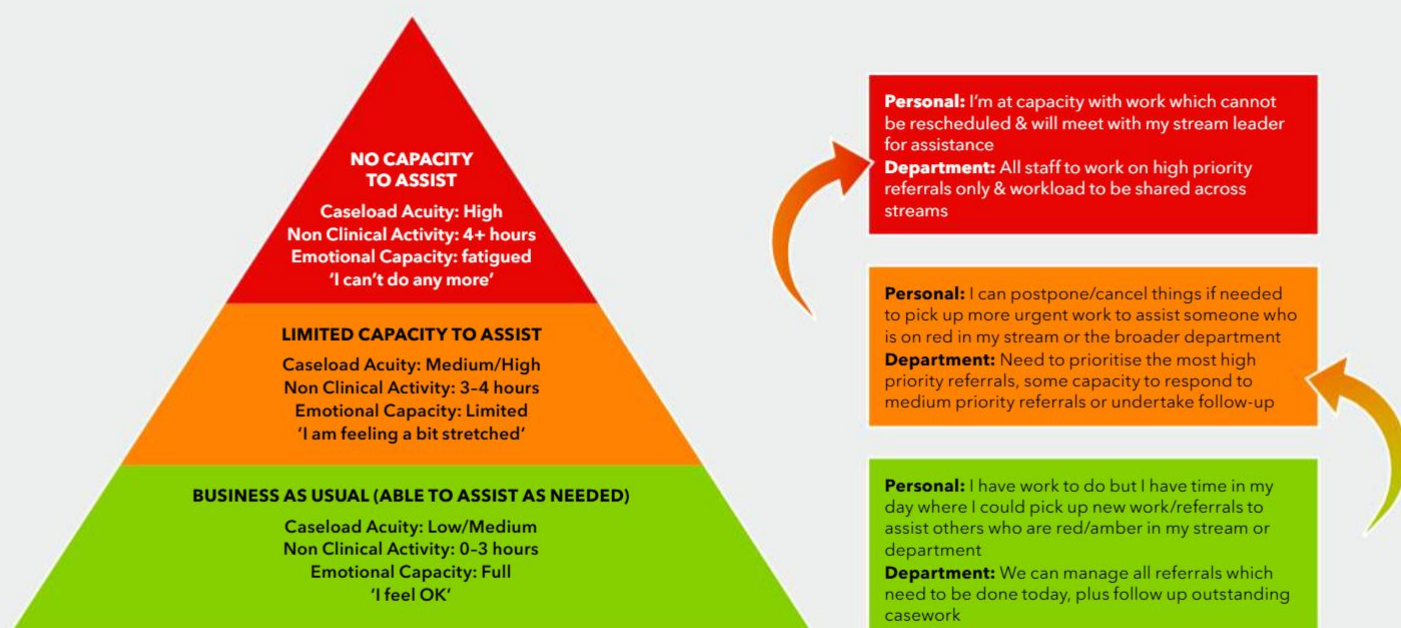
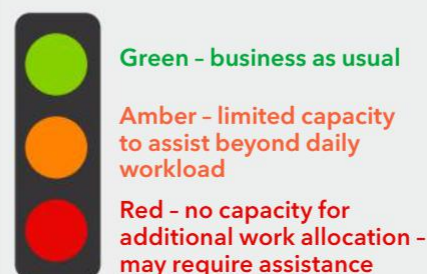


Figure 1 SWIFT Tool - Social Work Intake, Flow and Triage Model

Staff report their individual capacity level at a daily morning Huddle; this in turn determines the overall capacity level of the social work service on any given day. Adopting this SWIFT model has enabled the social work service to effectively contribute to the hospital-wide Daily Operating System to support optimal care, service delivery and patient flow. The SWIFT model is also used to assist the social work team to manage referral workflow and allocation, with "green" staff members identified to assist in areas of limited capacity. Early allocation of new referrals to staff with increased capacity assists with overall patient flow and discharge.

The SWIFT model sits in the context of clearly defined referral categories,

with referrals to the social work service being accepted based on clinical priorities.

Feedback from clinical social workers, team leaders and managers has been overwhelmingly positive with new staff regularly commenting on the benefit of a structured approach to daily workload planning that recognises the multiple and complex layers of clinical social work practice. This model has applicability to social workers in other clinical settings, and to allied health services more broadly.

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Honouring Lyra Taylor for World Social Work Day

Pioneering social work in Australia

On the morning of 14 March, 2024, in the lead-up to World Social Work Day, amidst the peaceful surroundings of Fawcner Memorial Park in Melbourne, a poignant event unfolded – a gathering of hearts and minds to honour the life and legacy of a remarkable individual, Lyra Taylor. Organised by the AASW, the unveiling of Lyra Taylor's headstone marked a happy occasion in the annals of Australian social work history.

Born on 11 July, 1894, in New Zealand's Taranaki district, Lyra Taylor's journey was marked by resilience, determination, and an unwavering commitment to social justice. Raised in challenging circumstances, Lyra's formative years were a testament to her mother's steadfast resolve to ensure her children received the best education possible.

Lyra's academic prowess and passion for social justice led her to pursue a law degree at Victoria University College in Wellington. Graduating in 1918 as only the second woman to do so from her college, she made history by becoming the first woman admitted as a barrister and solicitor in the Wellington Supreme Court.

In 1944, a pivotal moment unfolded when she received an invitation from the Commonwealth Department of Social Services to spearhead the establishment of its social work section in Melbourne. Tasked with advising on social services legislation, she initiated a groundbreaking program to train social workers under the Colombo Plan. Ever the advocate for global collaboration, she actively encouraged Australians to pursue United Nations scholarships in this burgeoning field, particularly in the United States.

Her influence didn't stop there. In 1946, she was foundational in forming the Australian Association of Social

Workers, cementing her commitment to advancing the profession within her homeland. Serving as a member of the board of social studies at the University of Melbourne from 1947 to 1952, she further solidified her impact on the academic landscape.

She was a crucial figure in elevating the status of social work. Her tireless efforts transcended borders as she embarked on numerous journeys abroad to conduct research, participate in conferences, and glean fresh insights. Each endeavour added a layer to her rich tapestry of contributions, leaving an indelible mark on the field of social work both domestically and internationally.

Lyra's pioneering spirit and dedication to social welfare resonated profoundly with those who knew her and those whom her legacy has touched. She died in 1979. At the event, speakers from various organisations, including the Australian Association of Social Workers and Services Australia, paid tribute to Lyra's contributions and the enduring impact of her work.

Dr. Jane Miller AM eloquently spoke of Lyra's profound influence on social work, highlighting her visionary approach and tireless advocacy for social justice. John Crisp shared heartfelt memories of Lyra, underscoring her kindness, compassion, and unwavering commitment to uplifting others.

Jodie Robinson, representing Services Australia, reflected Lyra's enduring legacy within the organisation, emphasising her pioneering efforts in shaping social welfare policies and practices and how she was a key figure in forming that organisation.

As the day drew to a close, amidst reflections and remembrances, a vivid portrait of Lyra Taylor emerged – one of resilience, compassion, and unwavering dedication to the pursuit of social justice. Her life is an enduring reminder of the transformative power of individuals committed to positive change.



Lyra Taylor's legacy is resilience, compassion, and a steadfast commitment to building a more equitable and compassionate society.



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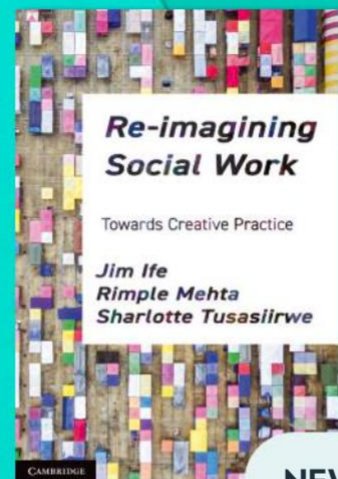
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The role of systemic conceptualisation in practice

MARIA VUCKO AND CATH ENNIS

The purpose of this article is to articulate our observation about the multi-faceted nature of much social work practice. As practitioners ourselves, we each engage in multiple ways of listening, knowing, understanding, reflecting, being and doing, and as educators we encourage our students to explore the same whilst undertaking their studies and particularly when on placement. We call this “systemic conceptualisation”.

The practice of Dadirri, as articulated by Bennett and Green (2019), has been an important learning for each of us and informs our model, and fits well with Gardner’s (2014) model of critical reflection. Using systems theory (Healy, 2014) as a basic framework to consider multiple layers of what influences and occurs in people’s lives, and to track interactions between those layers, we then draw on a range of other social work theories, field specific knowledge, and different tools and techniques to enact our practice. Our sense is that many of our colleagues do the same thing. We wanted to try to capture this process.

Systems theory, as is often critiqued (see Harms and Connolly, 2019) does not tell us what to do, or how; it merely assists us as practitioners to notice different aspects of the broader system and how they interact. It makes no comment on structural inequities, takes no stance on human rights, and doesn’t consider the internal workings of people, among other things. We think systemic conceptualisation adds to what systems theory does. In practice systemic conceptualisation invites us to think more deeply and broadly about what is happening, which generates multiple ways of understanding and affecting change.

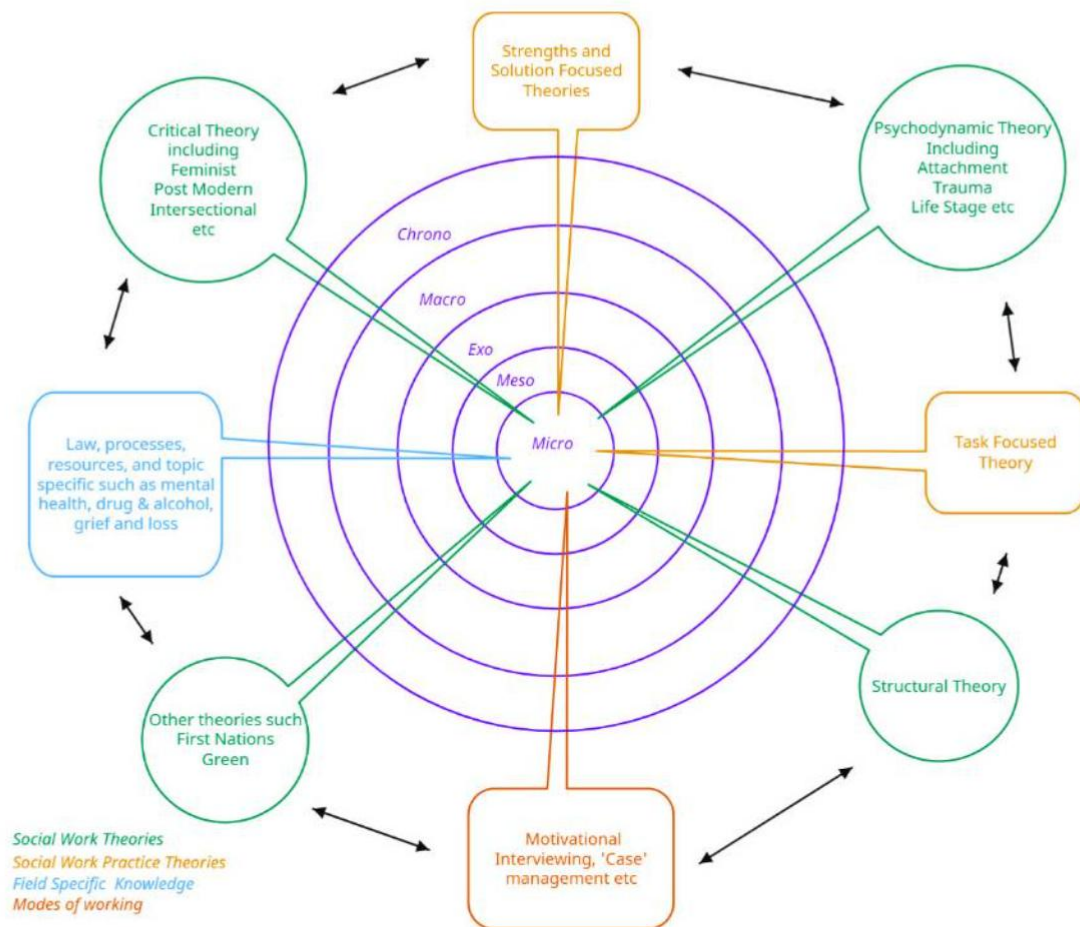
ABOUT THE AUTHORS



Maria Vucko and **Cath Ennis** are lecturers in Social Work within the School of Allied Health and Social Policy at La Trobe University. With a combined experience of 50 years in practice, they have worked across a range of settings including hospitals, government, private practice and non-government organisations. You are welcome to contact [Maria](#) and [Cath](#).



The following diagram may help.



A beginning attempt to visualize Systemic Conceptualisation- Each of the ways of knowing, doing and understanding (on the outside) interact across the systems layers (the concentric circles), and between themselves

A dynamic process of Dadirri (deep listening), to hear the ripples in the person's story, and ongoing Critical Reflection, to continue to enhance capacity, are key components of this practice.

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Here's a scenario to outline what we are on about.

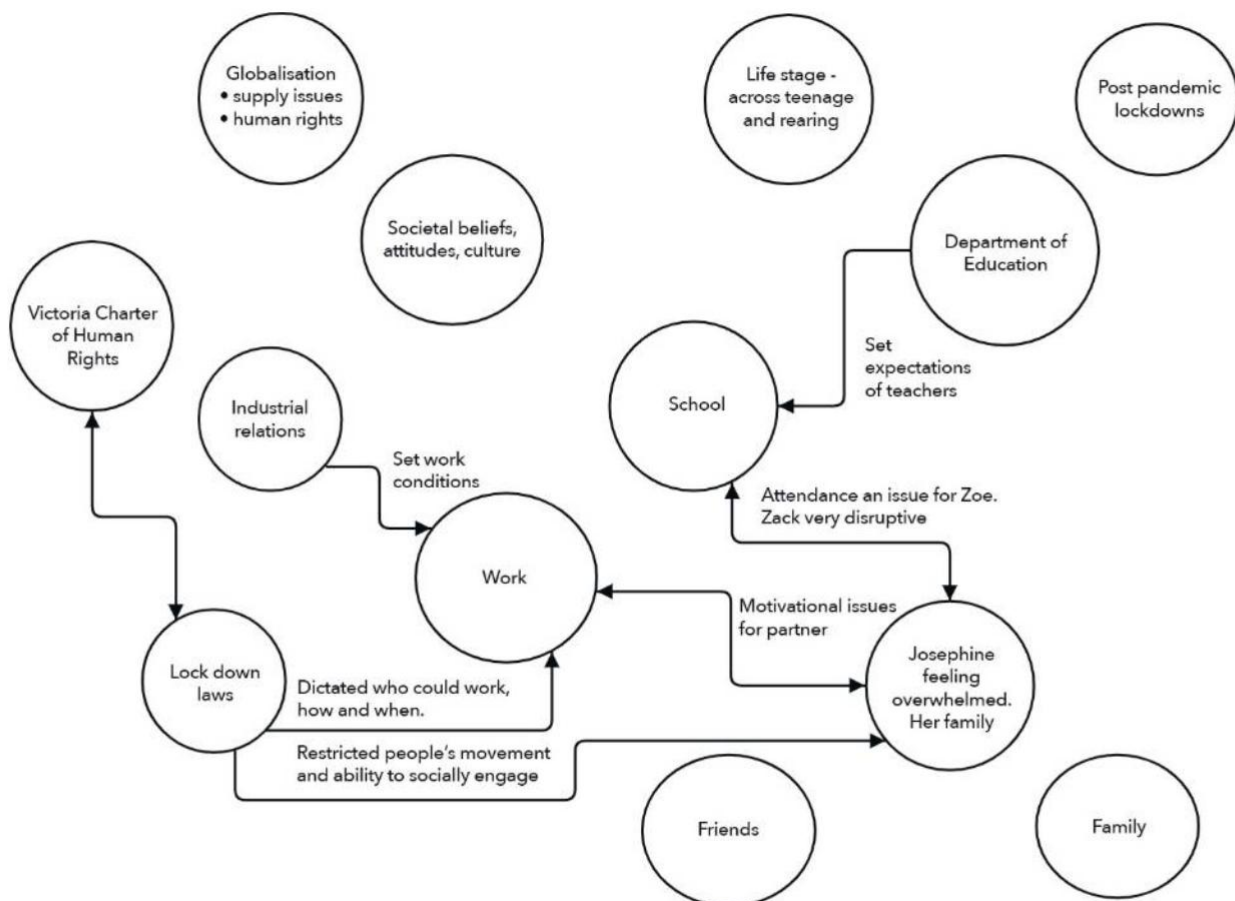
Josephine is a cis-gendered woman who is 47 years old and has 2 children, a partner and a dog. Her children, Zoe (14 years old) and Zack (8 years old) are enrolled at their local P-12 school. Josephine works as a casual house cleaner. She travels up to an hour to reach her clients and is paid cash in hand. This work happens during school hours - she has been unable to get permanent work that fits with raising children. Her partner works full time in the local supermarket, receiving the minimum wage. Living in Melbourne, having experienced pandemic lockdowns, both adults are struggling with mental health - Josephine with feeling overwhelmed and anxious, and her partner with motivation. Zoe struggles to get to school most days, and Zack is frequently in trouble at school. They live in private rental and the rent has gone up by 30% in the last 2 years. There is mould growing in wet areas of the house. They are on a month-to-month lease. Their pet dog, Scoob, is aging and needs lots of visits to the vet, putting a strain on their finances.

Adding to this, we might draw on other theoretical perspectives such as:

- the psychological experience and history of Josephine (and her family), including attachment, trauma, developmental and life stage (from a culturally sensitivity perspective)
- an intersectional analysis including things like neurodiversity, ethnicity, spiritual identity, sexual identity, class, and ability
- human rights - right to a living wage, and right to housing among other things
- a structural consideration including the influence of neoliberalism on wages and working conditions, and a feminist overview in terms of wage and working conditions on female-dominated work.

Below is a beginning ecomap of Josephine's story, using a tool of systems theory.

And the list goes on...





Underpinning this is a core empathy for where the person is at, and their experiences, and comes with a deep respect for the person's own knowledge and skills.

You can then track how this information affects the interactions between the different layers and the meaning making the person does.

Following on from this, there is information that is field specific. This would include knowledge around mental health, financial management, tenancy rights and responsibilities, emergency relief and so on.

Back to Josephine. This might include:

- the continuing impact of post-pandemic life such as increased anxiety around social engagement, travelling up to an hour for work
- engagement at school for the children – difficulties with social engagement for Zoe and lack of social skills for Zack managing the classroom and regulating himself
- the sharing of information about tenancy rights, and referral to appropriate legal services
- conversation about budgets and providing information about emergency relief and other tools for financial assistance
- the provision of information about government policies such as how to access a low-income health care card, and policies around financial assistance.

And again, the list goes on...

So now we move into the practice tools and techniques that we, as social workers, use every day. These include things like:

- biopsychosocial assessments
- mental state assessment
- strengths- or solution-focused techniques
- motivational Interviewing
- task-focused work
- "case" management
- therapeutic interventions.

Pulling this all together results in creative responses to the person's lived experience. Underpinning this is a core empathy for where the person is at, and their experiences, and comes with a deep respect for the person's own knowledge and skills.

When we sit and listen deeply to people's stories, we hold in mind a vast array of knowledge, including social work theories, field specific knowledge, and potential modes of intervention, whilst having a high level of self-awareness. It is like holding multiple layers, invisibly in mid-air, of all the possible meanings, views and responses, whilst noting what it is going on internally. Whilst doing this, we listen for and note the potential ripples in the person's life, and in our own. This is what we call systemic conceptualisation.

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