

Focus

SOCIAL WORK, DISABILITY & THE NDIS

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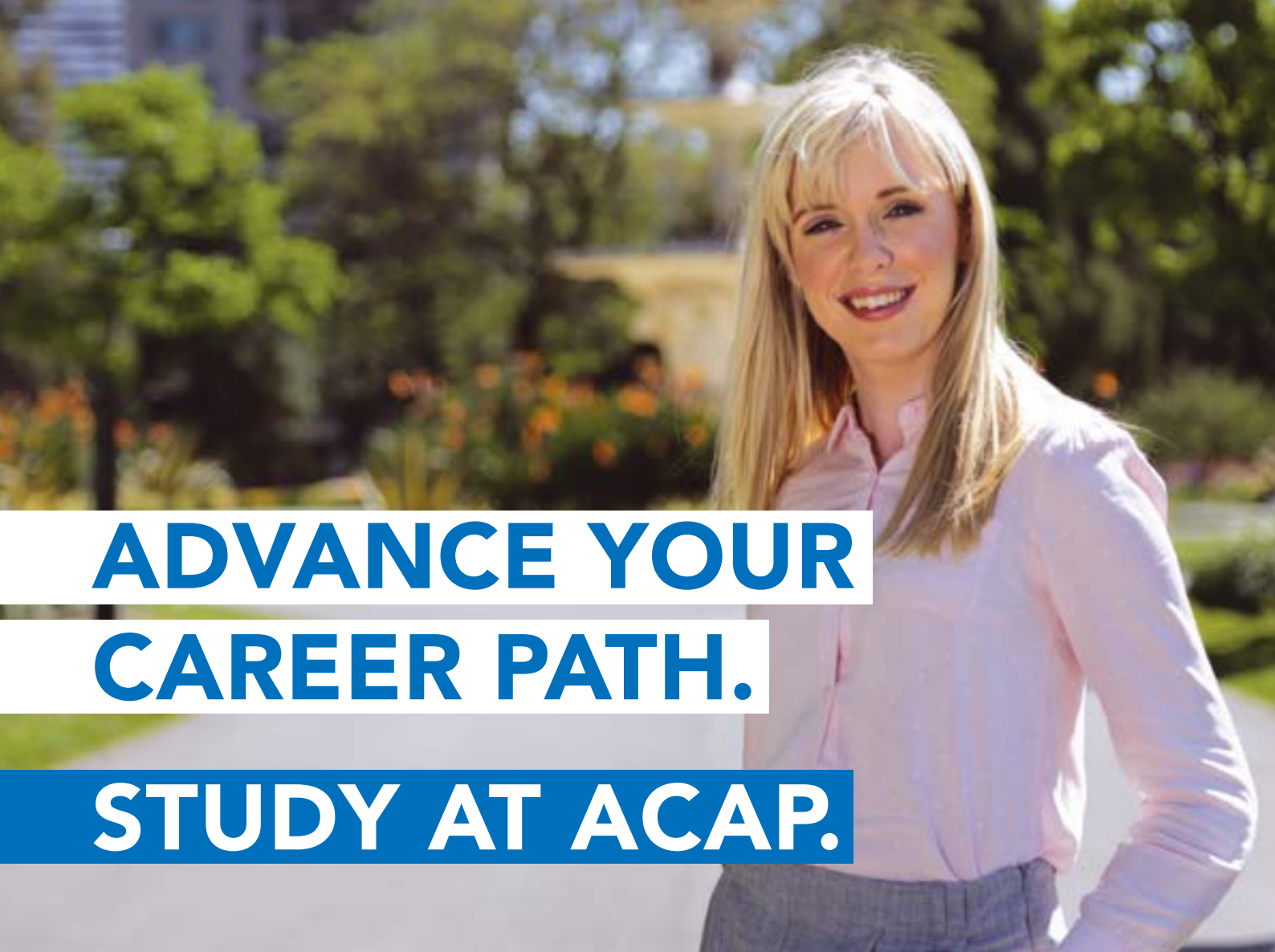
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NEXT EDITION

Contributions for the Winter 2017 issue will be accepted until 19 May. The theme for articles will be **social work practice and aged care**.

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PROMOTING COMMUNITY AND ENVIRONMENTAL SUSTAINABILITY

World Social Work Day 2017 celebrated the role of social workers in promoting community and environmental sustainability. As always, this annual event has provided us with an opportunity to reflect on our profession's achievements and the work that still needs to be done.

Our profession has a longstanding commitment to community building. More than a century ago, social work pioneers Mary Richmond and Jane Addams highlighted the influence that community systems have in shaping life opportunities and natural helping networks. This perspective continues to provide a key framework through which social workers understand and respond to the life challenges faced by the individuals and communities with whom they work. Community work, as one of the core methods of social work practice, is also recognised by the Australian Social Work Education and Accreditation Standards.

Despite evidence of the benefits that strong communities provide to individuals and society, the social worker's role in sustaining these is at risk due to the emphasis on measurable inputs and outputs that shape human services delivery today. In contrast to other human service activity, the work involved in building sustainable communities is less visible and difficult to measure. Building trust, creating community connections and enhancing community capacity take time and organisational commitment, and our profession needs to commit to articulating the evidence.

This year provides an opportunity for our profession to further develop its vision for creating more sustainable environments. While we understand that climate change affects the disadvantaged the most, and have begun articulating the profession's responsibility to promoting environmental sustainability, our vision is still underdeveloped.

World Social Work Day this year was also an opportunity for the AASW to promote social workers to general practitioners.

This included publishing and promoting a new 'Information for GPs' page on our website. You can read more about this resource on page 12. Photos from World Social Work Day events in the branches can be found on page 10.

Turning now to other AASW matters; this year we are supporting a variety of opportunities for members to connect and develop their professional knowledge and skills. In March, the Northern Territory branch held its biennial conference in Alice Springs. It offered a variety of papers and workshops that explored the themes of trust, diversity and dedication: grassroots programs, remote practice, working in intercultural settings and with Aboriginal communities, and self-care in regional practice, and how to attract and support professionals and students in remote settings. In June, the South Australian branch will hold a forum on professional registration in collaboration with universities and the state government. The AASW Board is supportive of this initiative as part of its continuing campaign for mandatory registration of social work, which would provide an important bridge to achieving public safety and building service quality.

In July, the biennial Rural and Remote Social Work Conference will be held in Albury, New South Wales. This is always a fantastic event where social workers across Australia connect and learn about innovative and inspirational practices in rural social work policy and practice. The AASW's Mental Health Practitioners in Private Practice group will be holding two workshops in Sydney and Melbourne in July and August. They will explore the business of social work and working with the NDIS, and provide valuable



KAREN HEALY AM

AASW President

opportunities for private practice social workers to learn from each other and develop proactive responses to emerging challenges.

In November, the AASW will be holding its biennial National Symposium in Tasmania. Its emphasis will be on practice development workshops that build knowledge and skills. The symposium will also host a meeting of the Australian College of Social Work. Other college news over the next 12 months includes establishing a recognition pathway for leaders in social work, promoting education and professional development and encouraging more members to join. Read more on page 13.

In the professional development arena, the AASW is continuing to grow its [Social Work Online Training platform \(SWOT\)](#). Our aim is for it to provide access to free and competitively priced presentations and professional development packages for all practice fields as well as connections with online practice groups. If you have ideas about how to develop SWOT's offerings, please phone our membership team on 1800 630 124.

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CREATING A VALUED MEMBERSHIP EXPERIENCE

Over the next 12 months the AASW will focus on developing a more tailored membership experience, review promotional opportunities and media strategy and enhance the standard of CPD and SWOT programs to meet the diverse career trajectories of social workers, including professional Accredited Mental Health Social Workers. Member advocacy and social policy reforms also remain high on the agenda.

Conferences and symposiums play a major role in enabling our members to network with like-minded colleagues and to form ongoing working relationships with the broader social work community. This year there are several exciting events coming up that support and underpin the knowledge development and future directions for our members. Details about these can be found in the event calendar on our website. We encourage you to also check your state branch website for local information.

Candidate nomination for the 2017 election process will commence in July, and we'll keep you informed along the way through our e-bulletins and website updates. To be eligible to vote you must be a current financial member. Elections provide an opportunity for members to appoint national Board and Branch Management Committee members.

This issue of *Social Work Focus* explores social work practice in the disability

sector, particularly the challenges and opportunities for social work services under the National Disability Insurance Scheme (NDIS). The NDIS is a landmark initiative that provides greater choice and access to supports for people living with disability across Australia. The scheme is creating new roles for social workers who have the knowledge, skills and expertise to provide supports at numerous levels including as Local Area Coordinators, planners, and in community development and direct practice roles. But are we equipped? Do social workers know how to become NDIS providers?

The AASW's aim is to support, educate and advocate for members and maximise the opportunities of the hard-fought-for NDIS scheme. To date, AASW advocacy has ensured that qualified social workers, their services and values, are part of the NDIS story. Among our successes in this area has been securing the opportunity for our members to provide social work supports, achieving pay parity

CINDY SMITH

Acting Chief Executive Officer



with psychologists, and ensuring that, compared to other allied health groups, social workers are eligible to provide the most number of supports under the scheme. The AASW is also working to provide several educational resources, including a recently published guide for members on becoming a registered provider, NDIS-focused CPD activities that build members' skills across the branches and via SWOT online, and several upcoming events which we will announce shortly. We are also continuing to work with the National Disability and Insurance Agency to facilitate the greater involvement of social workers in the scheme.

The NDIS is a once-in-a-lifetime reform that has significant potential to improve the health and wellbeing of people with disability. We look forward to working with members and stakeholders to make sure the scheme achieves its aim of creating a more inclusive Australia.

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THE ROLE OF SOCIAL WORK IN THE NDIS

Social workers have welcomed the advent of the National Disability Insurance Scheme (NDIS) as a rights-based approach that supports the independence and the social and economic participation of people with a permanent impairment or condition. The values of 'choice and control' that underpin the scheme are consistent with the values and principles of self-determination and empowerment that have guided the social work profession for many decades.

Professional social work skills and supports have historically been integral to disability services in both government and non-government organisations. Social workers have served in key assessment, planning and case management roles across all types of disability and service provision. This is because of their expertise in addressing both personal and systemic dimensions of support and intervention.

Social workers focus on maintaining and enhancing quality of life in a range of settings to facilitate empowerment and assist people with disability, their families and communities. Social workers practice at all levels of management and program design, individual planning, counselling, coordination and case management, as

well as policy development, research and advocacy.

The values, qualifications and skills of social workers are aligned with the person-centred approach of the NDIS. Social work practice covers the lifespan of clients, including working with children, adults, families, carers, groups and communities. Most importantly, social workers work alongside people with disability to facilitate their empowerment (and that of their families) and achieve their needs, goals and aspirations.

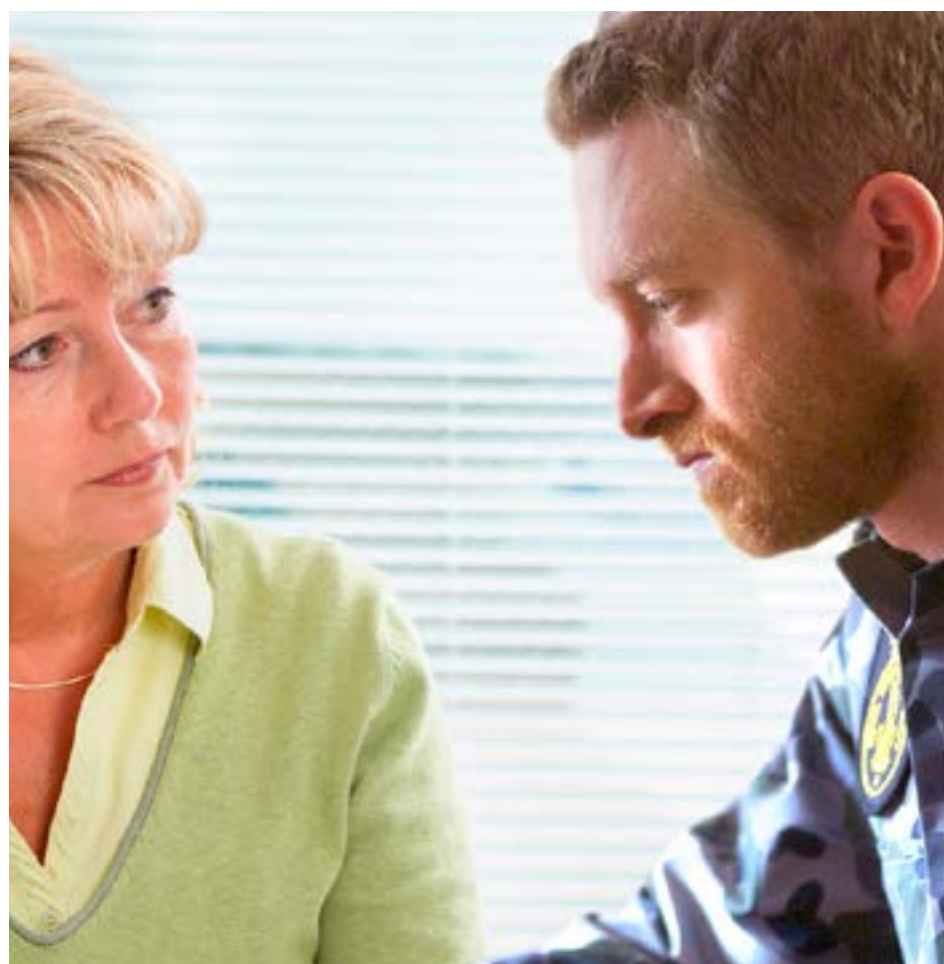
Social workers are already present throughout the entirety of the NDIS in varied roles, including planners, Local Area Coordinators, managers, supervisors and as registered providers. The AASW

has been strongly advocating for the role of the social work profession in the NDIS. Achievements include greater regulation of the profession within the scheme (as all providers of social work supports must be AASW members) and achieving pay parity with similar professions for providing the same supports. The AASW has also developed an [NDIS guide](#) for members interested in becoming NDIS providers.

As the scheme rolls out across the country we will continue to advocate for its importance and the unique and valuable contribution of social workers.

Read more articles about social work practice, disability and the NDIS on pages 14-17.

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PROF. NATALIE BOLZAN

1958–2017

NEIL HALL AND JUSTINE O'SULLIVAN

Professor Natalie Bolzan made a foundational contribution in establishing a world class and industry-renowned social work program at Western Sydney University, where she worked for over two decades. She was also the inaugural appointee to the Margaret Whitlam Chair of Social Work. Natalie died in January 2017.



Through her research and teaching, Professor Bolzan pursued equality and social justice, particularly through her research with young people. Her published works focused on young people and issues of youth justice, resilience, social capital, mental health, homelessness, asylum seekers, and out-of-home care. They reflected the social and regional mission of Western Sydney University and the legacy of Margaret Whitlam.

Defining the principles of social work in a 2007 article in *Asian Social Work and Policy Review*, Professor Bolzan, commented that 'social workers work with, or on behalf of, individuals, groups and communities to identify, minimise and ultimately remove disadvantage associated with social arrangements, both formal and informal'. This was the model and inflection that she stamped upon the Social Work and Community

Welfare programs at Western Sydney University, which not only set the university apart but also placed it at the frontiers of the discipline in Australia.

Natalie was loved and respected by students and colleagues alike and will be much missed by her many friends at the university. Our thoughts are with her family, particularly her two sons, Nat and Oli.

She had friends in social work, education and many other communities in Sydney, Australia and worldwide. Together in our loss, we would like to express our sincerest thanks to this wonderful and wise woman. **Rest in peace, Natalie.**

•

About the authors

Dr Neil Hall is Acting Director of the Social Work and Community Welfare programs at Western Sydney University. He commenced working there the same year as Natalie Bolzan and they collaborated on a number of youth-related research projects.

Dr Justine O'Sullivan is currently the Academic Course Advisor for Social Work and Welfare at the Western Sydney University's Bankstown campus. She worked with Professor Natalie Bolzan as the Director of the Social Work and Community Welfare program in the development and implementation of the UWS Health Workforce Australia initiative. Natalie's long-term passion for field education led to many stimulating hours of shared professional activities.

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THERESA LINDSAY HAYWARD OAM

1925–2016

SHEILA SIM

Theresa (Tess) Hayward is remembered by friends and colleagues as a social worker of great integrity who, throughout her long career, made a rare, innovative contribution to paediatric social work. Tess died in December 2016.

Tess was one of the first Australian social work almoners, graduating in 1951. Her training was pioneered by that formidable visionary, Kate Ogilvie who instilled in her students, including Tess, a passion for advocacy and action, demurely dressed as they were in hat and gloves.

Tess then worked in London at Great Ormond Street Children's Hospital and in an action-research project with families in Hackney, in a unique collaboration of three NGOs. She studied psychotherapy at the Tavistock Clinic, and from this she developed a deep understanding of attachment and loss, the underpinning for her unique mix of the practical and psychological.

Back in Australia, a chance interview led to a job at the Royal Alexandra Hospital for Children in Camperdown, Sydney (now The Children's Hospital Westmead), where she remained until she retired.

Hospitals were far from hospitable to children and parents in those days. There was no place for the concepts we take for granted in health care social work today – parent-infant attachment, the meaning of separation and trauma. Tess was a driving force in the truly revolutionary paradigm shift in patient care at the Royal Alexandra – informing and involving parents and children in decision-making, making the hospital welcoming and advocating for the needs of disabled children. She was a key activist in setting up,

for example, health care interpreters, the first hospital Aboriginal health worker, parents' lobby groups, and a Parent Information Kiosk (which was revolutionary then!)

Tess was a consummate, inspirational social worker and mentor. Her clinical work was mostly with children with disabilities, including spina bifida. She was a wise member of the management team within the Social Work Department. Her steady, patient demeanour created the right sort of ambiance for work with families facing trauma and loss – although she could be formidable when required.

Even in retirement, Tess never lost her curiosity about people and cultures. She was famous for gatherings in her lovely house and garden, surrounded by books, paintings and plants, and iPad to hand so she could stay in touch with colleagues, friends and her far-flung family. She was a member of the AASW NSW Branch's Ethics Committee, hosted the Psychodynamic Interest Group, and was the key speaker at AASW and Children's Hospital seminars. In 1999, Tess was awarded the Medal of the Order of Australia (OAM) for her distinguished professional contribution.

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About the author

Until 2014, **Sheila Sim** was a social work clinician and manager in women's and children's health in the UK and Australia. She has written this farewell to Tess Hayward with the collaboration of many of Tess's colleagues and friends.

70 YEARS: JOURNAL GOES FROM STRENGTH TO STRENGTH

Readers of the AASW journal *Australian Social Work* (ASW) will have noticed a new look to the internal layout of the hard-copy version and some other important changes online, all in time for this, the publication's 70th year.

Online, members will see a new interface that includes enhanced discoverability for journal articles and statistics on the number of times each has been read, downloaded or cited.

Altmetrics, in the form of a score, now also measure any online activity that an article generates. This gives authors a valuable tool to track the reach of their research by measuring activity on social media sites, newspapers, policy documents or even Twitter. The fresh modern look's extension to the hard copy journal has seen new heading formats and clarity in the layout of the abstracts and tables.

Since it first appeared in 1947, *Australian Social Work* has seen various changes and developments. This history is contained on the [Taylor and Francis website](#) (remember to login to the AASW member centre first), where almost all the issues going back 70 years are available.

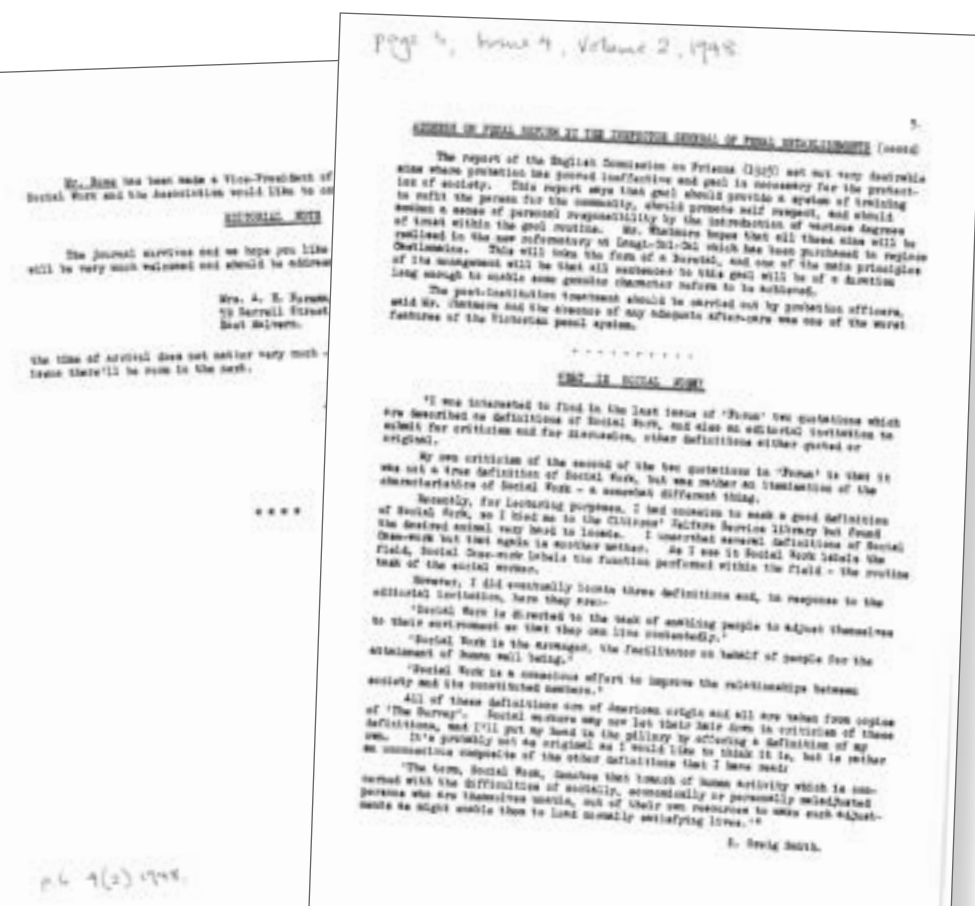
The journal began life as *Forum*, a brief newsletter published by the Victorian Branch of the AASW. A glance at volume 2, issue 4 from 1948, the earliest edition available on the website, indicates that it was then typed out on a typewriter and produced on a roneo machine. For those not familiar with such a device, it involved a carbon paper copy on a drum that was cranked by a handle to produce page copies one by one.



By February 1949 (volume 3, issue 1) *Forum*, although only 5 pages long, had become a professional journal, featuring articles and comment on social work issues. In 1950, the AASW Federal Council recognised the value of such a journal and provided funds that allowed *Forum* to ultimately become a national publication. The journal subscription was included in the AASW annual membership fee in 1954 and all members of the association have received a copy since that time.

Forum was first set to print in 1955. In the 'Editorial Notes' in volume 8, issue 1 from that year, the editor announced that 'from this issue onward, *Forum* will be a printed Journal, an objective towards which various past editorial committees have striven, and which is now made possible by our stabilized financial situation'.

The journal underwent a change of name in 1959 to become *The Australian Journal of Social Work*. Announcing the new name in the Editorial (p. 2, volume 12, issue 1) the editor commented, 'We hope that we have not been premature in our claim to be a national journal. Understandably, most of our material to date has originated in the two States with the largest membership. We are anxious, however, that it should not remain this way'.



CAPACITY BUILDING FOR THE FUTURE OF SOCIAL WORK EDUCATION

MARIE CONNOLLY

Over the past two years, the Australian Council of Heads of Schools of Social Work has focused its activities on leadership in social work education. The Council's international colloquium at the Monash University Prato Centre in Italy on September 2016 was a key initiative of this strategic agenda.

In 1971 (volume 24, issues 3 & 4) the journal's name was changed again to the title by which it is currently known, *Australian Social Work*.

In the intervening years, the journal has become somewhat weightier, both in the number of pages in each volume and in tone. It has developed into a refereed journal, guaranteeing the quality of the research reported on within, and articles are accompanied by abstracts and keywords to facilitate electronic searches.

A new era was ushered in when the printing of *ASW* was contracted first to Blackwells in 2002 and then in 2006 to the Taylor and Francis Group, both renowned international publishers of journals. The decision to use a publishing house has given the journal a professional look and a far greater distribution through their channels.

Journal editor, Mark Hughes, commented in his October 2016 editorial, 'In 2016 it was pleasing to see that the reach of the journal has increased. The 2015 impact factor increased to 0.667, which means that proportionately more people are citing papers in the journal than ever before.'

Over the years *ASW* has developed into the internationally well regarded social work journal that we know today, with an online edition that is a far cry from the roneoed newsletter of 70 years ago.

Australian and international leaders in social work education came together at the colloquium to consider solutions to contemporary challenges and to advance social work education across global contexts. The aims were to progress cutting-edge pedagogy, spearhead international research and collaboration, advance social work within the academy, and equip schools of social work for 21st century practice. Speakers presented on themes of political leadership, research and development, educating global citizens, and capacity building in the academic workforce.

Australian social work education faces several challenges in terms of its academic workforce, including recruitment to senior level positions, the profile and sustainability of the discipline within the academy, research capacity and the building of the evidence and knowledge base of the discipline.

Concerns expressed in the Bradley Review (2008) on the shortage of Australian academics and researchers reverberated across social work, signalling the need for a concerted capacity-building effort and to consider the current profile and capability of the academic workforce in social work education, the constraints to research development and the mechanisms that would most usefully strengthen research capacity and build new leadership.

Following the colloquium, the Council is advancing a capacity-building project that will consider these issues within the discipline, exploring the constraints and enablers that affect key stakeholders.

The project will provide an in-depth consideration of the literature, conduct deep consultation and review strategies for change to develop a multi-tier, multi-level development strategy. The objectives of the project are to: identify current strengths and weaknesses in social work research capacity nationally; identify mechanisms to strengthen research capacity in the discipline; and to build the infrastructure and processes to facilitate new generation leadership.

Amanda Howard of the University of Newcastle and Charlotte Williams of RMIT, both of whom presented at the international colloquium, will lead the project. Updates on its progress will be posted on the Australian Council of Heads of Schools of Social Work Council's new website.



About the author

Professor Marie Connolly is President of Australian Council of Heads of Schools of Social Work (ACHSSW) and Head of Social Work at the University of Melbourne.

WORLD SOCIAL WORK DAY

On 21 March, AASW branches celebrated social workers' commitment to social justice, self-determination and human rights with World Social Work Day events around the country, including breakfasts, dinners, a trivia night, panel discussions and an award ceremony.

● Northern Territory

The NT Branch celebrated World Social Work Day with a morning tea and a dinner at the Dust, Diversity and Dedication conference, which was held 20–22 March in Alice Springs. The dinner included the Mary Moylan NT Social Worker of the Year Award presentation. Other morning teas and lunches were also held at Charles Darwin University, Royal Darwin Hospital and the Tamarind Centre.



● Queensland

AASW QLD branch joined Griffith University's School of Human Services and Social Work for an evening World Social Work Day trivia event in the South Bank precinct of Brisbane. The event focused on 'green social work'.



● South Australia

Child Protection Department Chief Executive, Cathy Taylor, outlined her vision for connecting all SA services for at-risk families and children, and the role social workers can play in community and government services, at the SA Branch World Social Work Day breakfast in Adelaide.



● Victoria

In Victoria, prominent family violence campaigner and founder, director and CEO of the Luke Batty Foundation, Rosie Batty, addressed 130 social workers at the World Social Work Day breakfast. She explored 'Social work and family violence: Inroads into cultural and structural change' and was affirming and inspirational for the many Victorian Branch members working on the frontline of family violence.



NEW GP RESOURCE

This year, in consultation with members in private practice, the AASW created the new [Information for GPs](#) page as part of its World Social Work Day campaign. The new web page highlights what social workers and Accredited Mental Health Social Workers do and how they can help GPs make a difference. As part of our campaign to reach GPs, we also advertised in the March issue of RACGP's *Good Practice* magazine.



RURAL REMOTE CONFERENCE

This 13th Biennial National Rural Remote Social Work Conference will be held in Albury NSW on 20 and 21 July and will be an opportunity to celebrate and share stories of motivating, stimulating, encouraging and innovating within practice to meet the challenges of rural social work.

The conference theme, '**Inspirational Rural Social Work Practice**', will inform the workshops and presentations as they explore the importance of local knowledge and relationships, the footprint we leave within communities and our understanding of what makes rural social work practice inspirational.

Keynote speakers are Dr Alison Kennedy, Deakin/National Centre for Farmer Health Research Fellow for the Ripple Effect; Dr Meaghan Katrak and Dr Amanda Howard, authors of *Rural, regional and remote social work: Practice research from Australia*; Denis Ginnivan and Alana Johnson of Voices for Indi, and Bernie Shakeshaft, founder and manager of Back Track - Helping youth at risk.

Visit the AASW website to find out more about the [Rural Remote Social Work Conference](#). Register by 31 May to receive the early bird discount.

COLLEGE SET TO GROW

Established in 2011 as a specialised tier of membership within the Australian Association of Social Workers, the Australian College of Social Work recognises and acknowledges the highest professional standards and qualifications of social workers and promotes social work leadership and expertise, and advances practice. The college provides members with opportunities to build communities of shared professional interests and expertise and to continue to develop context-specific advanced knowledge and skills.

Over the next 12 months, the college will establish a recognition pathway for leaders in social work, promoting education and professional development and encouraging more members to join.

The steering committee also plans to develop the college's marketing presence online and in person, including raising its profile at upcoming social work events such as the National Regional and Remote Social Work Conference, which will be held in Albury in NSW in July, and at the AASW's National Symposium that will be held in Tasmania in November.

As of late last year, a Leadership and Governance Community of Practice (CoP) is now in place, led by Sharon McCallum, along with a new convenor for the Clinical Division, Carolyn Cousins. The CoP's focus has been direct practice to date but will change direction this year to work with and mentor individuals moving from practice to management roles in the health profession.

The Clinical Division, which has experienced significant growth in recent months, has been exploring the development of a blog that focuses on advanced social work practice and provides a professional development forum for its members. Discussion groups are part of the plan, with members hosting online discussions across a range of topics.

Visit the AASW website to enquire about [membership of the college](#) and meet the members of the [steering committee](#).



Australian College
of Social Work

AMHSW SERVICES NOW A HEALTH FUND BENEFIT

After following the AASW's progress through the National Registration and Accreditation Scheme and self-regulation, Teachers Health and its sub-brand, UniHealth Insurance, now provide 300,000 Top Extras Cover members with access to Accredited Mental Health Social Workers (AMHSWs). Members of Nurses and Midwives, which is managed by Teachers Health, also have access to AMHSWs.

AMHSWs with Medicare provider numbers can provide counselling and focused psychological services under the funds and may have already started receiving calls from members. The AASW sees this as a landmark step in our history and continues to advocate for the inclusion of social work services with all private health insurers.

More information about the [Teacher Health funds initiative](#) is available on the AASW website and through the Mental Health e-News.



A photograph of a man and a woman laughing together outdoors. The man, in the background, is wearing a blue and white checkered shirt and has his eyes closed in a hearty laugh. The woman, in the foreground, has blonde hair and is wearing a colorful patterned top. She is also laughing, with her mouth open. They are standing in front of a dense green hedge. The image is partially overlaid with a red circular graphic on the left side, which contains white text.

.....

Therapies, special education, lifestyle skills training and community access learning ensured that Martin is now a confident, happy 39-year-old man.

.....

CAROLE CASWELL

THERE'S NO MATCHING THE DRIVE OF A PARENT OF A CHILD WITH DISABILITY

CAROLE CASWELL

Social worker, Carole Caswell, has been learning about and advocating on behalf of people with disability most of her life. Her journey began when, as a child, she helped care for her mother's sister, Myrtle, who had cerebral palsy, and continued with her son who survived a near fatal breech birth in 1977. She then helped to start a disability service, Rural Lifestyle Options Australia, which she now chairs - all while having a full and busy career working with defence families and veterans.

I spent a significant part of growing up, on weekends and during the holidays, at the family farm caring for my Aunt Myrtle who had cerebral palsy. A field placement, at the now Endeavour Foundation further enhanced my understanding of the impact of disability on families.

My life then changed dramatically when my son Martin was born with disabilities in 1977 after a near-fatal breech birth. My husband Jeff and I shared the load of caring for him and our two young daughters, Jeff dropping back to part-time work so I could resume my social work career. This helped us both to cope with grief and manage the heavy load of physical care, never-ending medical and therapy appointments and early intervention home-exercise programs. Throughout the years, as Martin grew up, we experienced

recurring bouts of grief at various milestones. However, our family, like many others, was resilient. As Martin matured into manhood, we celebrated his journey to reaching his potential despite intellectual impairment and major communication issues. Therapies, special education, lifestyle skills training and community access learning ensured that Martin is now is a confident, happy 39-year-old man.

Many of these services were provided through the efforts of Rural Lifestyle Options Australia (RLOA), the disability service that I helped establish in regional Queensland with other parents and advocates. We started four years before Martin was to leave school, in 1991, when we were all anxious about the lack of local programs or respite services. There had been some preliminary support

networks in our district but there were no formalised services for school leavers with special needs.

Our small group's application for a research and development grant from the Queensland Government's Department of Family Services and Aboriginal and Islander Affairs was successful. We then contracted a social worker, Helen Ferguson, to identify people with disabilities aged from 14 to 40 years residing in the then Beaudesert Shire, to assess their needs and to plan for the provision of appropriate services. She subsequently wrote her findings in *Roads to Independence*, an outstanding report, of which the state government paid for a reprint so it could be more widely distributed. This report was the blueprint for getting RLOA up and running and, in 1994, we were able



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About the author

Carole Caswell is the Chairperson of the Board of Directors of Rural Lifestyle Options Australia. Her social work career in Queensland has been spent working primarily for the Veterans Affairs, Immigration, and Defence departments. She fondly remembers her early days as a psychiatric social worker at Greenslopes Repatriation Hospital where she later worked as a supervisor for the University of Queensland social work field education unit. At the Department of Immigration, Carole provided professional training for the Grant-in-Aid welfare workers then, as Queensland Community Development Coordinator, pioneered a new preventative social work program for defence families. She went on to become the Queensland Regional Director of the Defence Community Organisation, from which she retired in 2005. In 2007, Carole was awarded the Australian of the Year Local Hero Regional Queensland for her voluntary work in the disability sector, an honour she attributes to the achievements over many years of a team of parents of children with disability.

To learn more about her son Martin's journey, watch this [short video](#) made by Rural Lifestyle Options Australia.

to establish the foundation of day activities, accommodation support and respite services.

Sadly, in 1998, my husband Jeff lost his short battle with cancer. He had been Martin's primary carer and the founding of RLOA before he died gave him a sense of security that Martin's future would involve living independently and having a quality lifestyle. When he died, it was challenging and at times distressing to see our son dealing with his profound grief. He derived great comfort in helping to develop the memorial order of service booklet, as a tool to communicate his sadness, and was then able to start working through his grief, which eventually developed his amazing empathy for anyone experiencing a bereavement.

Before incorporation, RLOA was auspiced by the local umbrella community support agency. Within a year it became an independent incorporated association driven by women who were both passionate and experienced in the reality of caring for their children with disabilities. As the only professional social worker in the group, I was confident that all those women had great potential to learn and I reassured the local hospital medical superintendent, who voiced concerns about skills and capacity, that I would help coach them as required.

My own mother had always said that nobody is more driven than the mother of a child with disability. Our own committee certainly was committed and did succeed. Over the years, the membership was extended to include professional people with disability expertise, some participants with disabilities and other members who were parents of children with disabilities who were not RLOA participants.

The inaugural committee remained steadfast in achieving its goals, but not without trials and tribulations that involved learning to grapple with recruitment, performance management, conflict resolution and industrial issues, and meeting funding requirements. When as a group we needed specific expertise, I emphasised how important it was to seek professional input.

I recruited Meg Gordon to join us during this time. Meg had considerable experience as a social worker in developing services for people with disabilities and their families in Victoria, including later undertaking a PhD that explored the impact of having a child with a disability on women's workforce participation. She sat on the committee as a volunteer for three years and during that time provided valuable professional input especially guidance on the introduction of a participants' group and a successful submission for funding it.

Other contributors to the evolution of RLOA include social workers in disability working for both government and non-government organisations. They played important roles in liaison and facilitation in the early years. Several local politicians within all levels of government were also advocates for our service.

I've experienced great personal and professional satisfaction from seeing Rural Lifestyle Options Australia grow from strength to strength. It is now a registered and approved National Disability Insurance Scheme (NDIS) and accredited mental health services provider that employs a team of highly skilled and qualified staff. The organisation offers participants overnight respite and accommodation support, a variety of day programs and part-time employment in mowing and car washing enterprises. RLOA has the potential now to diversify and expand its services within the current models that operate its disability services.

I view the founding of a service for my son and his peers as a community development exercise that aimed to build on the strengths of its players. In the early days, I mentored some of my friends and rejoiced in them becoming empowered. My social work education and experience as a senior executive in the government sector were invaluable in developing my own skills that I utilised in this endeavour. I welcome the introduction of the NDIS, which, at last, will start to address the unmet needs of, and hopefully provide access and equity to, many disadvantaged Australians.

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SOCIAL WORKERS AND THE NDIS – WILL THEIR RELATIONSHIP FLOURISH?

DR CARMEL LARAGY

Social work and the NDIS have similar values, and social workers have the knowledge and skills to make a significant contribution to the development and implementation of the scheme, yet they have shown relatively little interest. Greater knowledge and strong leadership will help the profession take up the opportunities.

The National Disability Insurance Scheme (NDIS) is a major social reform that offers social workers employment opportunities. It will support 500,000 people with disability in a few years and is widely described as the biggest social policy change since the introduction of Medicare. Therefore, it is hard to understand why so few social workers are interested in it.

People with disability and their advocates have lobbied for the NDIS to get more funds and greater control over their use. Many were critical of previous case management practices which did not allow them to know their funding allocation, and spending was restricted to limited options. Since the introduction of the NDIS, disability support funding has been boosted through a new tax levy and participants develop an individual plan that is costed and funded accordingly. Principles of choice and control govern the planning process. A diverse range of support and therapy services can be purchased as well as social participation activities. These services are purchased from registered providers in a competitive market rather than from a limited number of services contracted by government.

For all the implementation difficulties being exposed as it rolls out nationally, many people with disability and their families report they prefer the NDIS to previous services. They like having greater control, being able to plan creatively and purchase supports that give them a better lifestyle – and many report having greater quality and dignity in their lives.

The NDIS is disrupting traditional disability services and social work jobs, and social workers who apply for planner and coordinator positions to work with individuals are facing fierce competition from other professionals and non-qualified applicants. While not glossing over the challenges, including the low fees paid for some services, the NDIS brings new

opportunities for social workers. They can work with individuals in planning and coordinating roles; register as a sole service provider; be a manager in the NDIS and contribute to shaping the scheme's design; be a disability services manager and develop client responsive services and, later in 2017, there will be NDIS *Information, Liaison and Capacity* services facilitating links with groups and communities.

Social work education provides a good foundation for all these roles. Social work values of empowerment, choice and control are consistent with the NDIS, and social workers know the importance of understanding the individual in their family and social context; links with the community, and the impact of social policies on individuals and their communities. However, few social work courses are giving the NDIS more than a cursory mention.

Leadership from the AASW includes hosting social work peer support groups that focus on people with disability and the NDIS. These are assisting social workers to become orientated to the NDIS. The groups include the national online Mental Health Social Workers in Private Practice (MHSWiPP) Forum; the Melbourne Individual Funding Social Work Practice Group and the Victorian [Barwon Region Social Work Practice Group](#). There may be more groups in other states and territories, and it seems likely that new ones will emerge.

While the NDIS is being shaped, there are opportunities for social workers to take an active role in its development and contribute their skills to benefit people with disability and themselves. Strong leadership will orientate professional social workers and students to its opportunities, however it remains to be seen if the relationship between social work and the NDIS will flourish or falter.



About the author

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Dr Carmel Laragy has studied individualised funding programs in disability and aged care and has published widely for over a decade. She is Senior Research Fellow at the Centre for Applied Social Research at RMIT University and the initiator of the Melbourne-based AASW Individual Funding Social Work Practice Group.

HIDDEN DISABILITY

DR CATE THOMAS

People with hidden disabilities face barriers and judgement and this should challenge social workers and educators to inform and influence change.

I am a social worker and I look 'normal'! I am very outgoing and social. I am very skilled at hiding the chronic joint pain my body creates but... I am challenged by people when I park in a disability parking spot because I have a hidden disability. I have been aggressively confronted and had to 'explain myself' to everyday citizens on numerous occasions. I am abused - told I'm taking the parking spot of someone who has a disability, or that the disability parking sticker is not mine. Because my disability is not obvious to the everyday person, therefore I do not have a disability. This construct is very 'wearing' and impacts personally.

Sharing the experience above is an excellent conversation starter in the ongoing debate of the Western societal construct of disability and the need to challenge existing perceptions and social norms of what constitutes disability.

Disability is defined by [The World Health Organization and the World Bank](#) as 'an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with health conditions) and that individual's contextual factors (environmental and personal factors)'. Most definitions discuss the limitations or restrictions of the individual not whether the disability is visible or hidden.

In considering the conversation starter above, societal perception of disability can be unnecessarily confronting, that is, the assumption that if you don't have a visible disability you do not deserve to access resources such as disability parking spaces.

This scenario has led to a small auto-ethnographic research project with Monica Short and Heather Barton from Charles Sturt University. The aim of the project was to compare experiences of those considered able-bodied, someone caring for a family member with a visible

physical disability, and an individual who lives with a hidden disability.

Some clear themes resulted from this research:

- Society attributes importance to being so called 'able-bodied' and the subsequent denial of access to resources if you appear 'able-bodied'.
- The notion of ableism is tied to concepts of undeserving and deserving.
- Judgements of undeserving/deserving can create barriers and disempowerment.
- These judgements and concepts of undeserving/deserving are considered descriptors of impairment.

Despite these themes, we cannot lose sight of the fact that people know their own bodies and live daily with their disability. As social workers, we need to move beyond reflecting to promoting social change and development, social cohesion, and the empowerment and liberation of people.

So what does this all mean? It means professional social workers and the AASW have an opportunity to build on these critical tales and experiences of hidden disabilities. As educators and social workers, we need to be influencing, informing and implementing change to reduce barriers, misunderstanding and oppression. Social workers have the potential to influence the framework for practice including the political. The profession can actively influence the structures of policies and frameworks that challenge oppressive structures, powers and disadvantages for people living with hidden disabilities. This could start with the recognition of how people view and define disability, including hidden disability, in their daily lives.

I challenge all social workers to undertake some critical reflection on their practice, and more broadly on the evolving concepts and definitions of disability. Our fundamental role as social workers

is to enable the full participation of individuals and be catalysts in overcoming oppression. I also challenge social work educators to consider how hidden disability is reflected in curriculum development with the next generation of social workers.

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About the author

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Dr Cate Thomas is the Course Director for Social Work Programs and a senior lecturer at Charles Sturt University. She has more than 30 years' experience in human services and recently was presented with an ANZWWER Social Media Award for raising awareness and debates around inclusion, advocacy and social justice issues.

THE DAWN OF A NEW ERA OF DISABILITY CARE

BROOKE KOOYMANS

On the eve of the full roll out of the NDIS, social workers are still wondering what it will mean for the world of disability care and how they fit into this new way of practising.

The NDIS will be a system for ensuring that people with disabilities have the supports that they need to be part of a social and economic life of the community in which they live, for their lifetime, which is a very different focus to the disability care that many social workers have experienced in the past.

The principal framework is based on universal insurance principles that take a lifetime approach, through investing in people with a disability early, to improve their long-term outcomes. With the NDIS's focus on building skills and capacity, people with disability will have opportunities to participate in their community and employment.

But understanding the NDIS is in itself a mammoth task that has left many practitioners, including the social work profession, unsure of what the scheme will mean for their profession and practice.

Social workers, as skilled professionals, have a lot to offer this new world of disability care and the intrinsic diversity of the profession positions them at the forefront of the allied health professions operating in this space.

Social workers can work both in and for the NDIS, adding value to people with disabilities on both sides of service provision. Of interest to the many hoping or planning to work for the scheme is the need to gain an understanding about how their social work practice could interface with this new model.

Before a social worker can even consider working for the NDIS they need to ensure they understand what an insurance framework is and how this may impact and potentially change how they practice. This means understanding goal-directed, outcome-driven parameters with accountability and cost-effective drivers.

At a glance, before launching into registering as a provider, it is essential that social workers grasp the three core

areas of funding – core, capital and capacity-building – and understand the outcome domains that form individual goal setting and the focal point for any services and supports. Gaining a thorough understanding of the support categories will enable practitioners to identify which support items they are capable of servicing and which registration categories they plan to register for.

Social workers can register for 25 per cent of the registration categories, which is the highest percentage of all the allied health professions providing services to the NDIS, followed by occupational therapy (16 per cent), psychology (11 per cent) and physiotherapy (8 per cent).

With such identified need for social work input, navigating the maze and becoming registered as a provider is more imperative than ever. Embracing this new world of disability care, under this new unfamiliar insurance framework, will not only offer people with disability appropriate and much needed services, but also provide social workers with opportunities to thrive as disability practitioners. If social workers are not proactive and take this opportunity to embrace this emerging new world, we will be left sitting on the sideline as other professionals move to fill the void from the absence of social workers emerging in the NDIS. It is the dawn of a new era for social work and our time to shine.



About the author

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Brooke Kooymans has almost 20 years' experience as a social worker in acquired disability, complex rehabilitation and catastrophic injury management. She has completed postgraduate qualifications including a Graduate Certificate in Rehabilitation Case Management and a Masters of Social Work, and is currently undertaking her PhD at the University of Queensland. Brooke has been working in private practice in the disability sector for the last 13 years and is the convener of the AASW Queensland Branch disability practice group.

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SOCIAL WORKERS AS NDIS SUPPORT COORDINATORS

KATHRYN SOAR

National Disability Insurance Scheme Support Coordinators who hold social work qualifications can provide a specialist skill set that maximises outcomes for participants. The AASW recognises that in this role social workers can play an important part in the delivery of funded supports under the NDIS.

A key support that may be overlooked by social workers is the provision of Support Coordination. Support Coordination is a funded role that provides the participant with support to understand their plan and the NDIS processes, link participants with providers, coordinate supports (NDIS and mainstream), build upon informal supports, resolve points of crisis, provide assistance, and develop participant resilience and ability to actively take part in the National Disability Insurance Agency (NDIA) processes (2016/17 Price Guide [WA/SA/ACT/NT]).

Three levels of Support Coordination exist and are determined for a participant by the NDIA Planner. Only the third level of Support Coordinator requires the provider to hold a

professional accreditation, such as a social work degree, and only this level is paid at an hourly rate on par with the hourly rate of an NDIS-funded therapist.

Regardless of the level of Support Coordination, social workers who deliver this support can provide specialist and diverse skills that maximise outcomes for the participant. Social workers who are passionate about empowering individuals, who wish to work at the meso and micro level, who enjoy using a variety of approaches and are passionate about the rights of people with disabilities, are strongly encouraged to consider providing Support Coordination to NDIS participants.

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About the author

Kathryn Soar completed her Masters of Social Work in 2015 and has set up the NDIS services and supports offered by Carers and Disability Link. She also provides social skills training to children and young people with disabilities.

Participant scenarios	Social worker skills
Has failed to call an allied health professional to make an appointment.	Identify the personal, systemic or environmental barriers for the participant and address these.
Disagrees with the recommendations of a therapist.	Provide information and education to both parties and facilitate the mediation process.
Has been given stringent recommendations from a medical professional.	Understand how the recommendations will impact upon the participant's own health and wellbeing; the immediate and extended family; social networks; the education and health systems; other medical disciplines and consider the implications in consultation with the participant. Promote self-determination, choice and control.
Is distressed, exhausted or has poor mental health.	Provide counselling support, information, and referral to the participant and their informal supports. Monitor and review the wellbeing of the participant. Provide crisis intervention.
Has multiple and complex needs.	Draw upon a task-centred approach, locate and refer on to specialist services, assist the participant to prioritise and address needs.
Is choosing not to engage with the NDIS processes.	Take a holistic approach, identify and address barriers, provide motivational interviewing.
Feels unsupported.	Advocate with the participant, permit and accommodate alternate values and approaches, identify and enrich participant strengths.

THE NDIS IN THE HOSPITAL SYSTEM

SUSIE HINES

The introduction of the NDIS in the ACT on 1 July 2014 has seen hospital social workers develop standard practices and draw on their theoretical and practical knowledge to assist in the early identification of eligible patients. It has also raised some questions about how the scheme will work alongside the hospital system and meet the needs of its clientele, writes Susie Hines.

The National Disability Insurance Scheme has a long and challenging road ahead if it is to work cohesively and productively alongside the hospital system. Its introduction in the Australian Capital Territory in 2014 has presented hospital social workers with many opportunities. Among them was the need to develop standard practices to navigate the scheme and meet the ever-changing needs of patients in the hospital system, which will hopefully be incorporated into the national rollout of the service.

The NDIS was initially launched at four trial sites across Australia and immediately impacted the way disability services were accessed in the ACT. Hospital social workers have had to draw on their theoretical and practical knowledge to assist in the early identification of patients eligible for the assistance, and take the necessary steps required for their journey from hospital bed to safe discharge home. To create strong connections with community partners and promote the best outcome for patients during this process, they have had to rely on the experiences of patients and their families and, to empower them, work to equip them with an understanding of the NDIS process and how to access its benefits.

However, there does appear to be a discrepancy among NDIS applications and outcomes. This could be attributed to the lack of knowledge, training and insight into the complex needs of individuals with disabilities by the NDIS, or it could simply be the result of the new system's initial 'shake-down'.

Further complicating this potentially successful system is a lack of accessible and open communication pathways between hospital social workers and the NDIS. This can be frustrating for clients, families and professionals, delay the acquisition of services and create a

sense of uncertainty. For example, the NDIS has an impersonal generic email inbox that does not provide suitable two-way communication with health professionals such as social workers, or clients, families and service providers. The alternative communication contact point is the 1800 hotline, effectively a call centre, that has long waiting periods, and is not equipped to resolve issues. So, it is often difficult to know which NDIS staff can either provide disability care within the hospital or resolve issues, and how to contact them.

Despite its infancy, the NDIS needs to be willing and able to adapt to the challenges that face clients located within the hospital setting. Such challenges are not new to the NDIS alone, but the pre-existing demands of the hospital model that the insurance scheme has not prepared for, and which provides opportunities for growth as the roll-out continues. While the individualisation model has many benefits for its clientele and aids in the creation of new opportunities previously not available, it requires a consciousness about the unique needs of people with disabilities and their families and their need for connectedness to ensure that the reduced sense of community felt by some since the introduction of the NDIS does not continue. The focus on individualised care may or may not prove to be sustainable or beneficial.

With the roll out of the NDIS within hospitals, it has become evident that social workers have an increased role to advocate for clients in the disability sector. Advocacy is not only required at an individual level to enable people with disabilities and their families the opportunity to gain the highest level of care available; there is also a need for the government to ensure the NDIS can be sustainable, create a sense of

community and meet individual and community needs.

Despite the challenges faced within the hospital setting, the NDIS has a bright future as evidenced by the many opportunities that were not available in the previous disability service system. Its commitment to provide individuals with choice and control enables people with disabilities to dictate their own service requirements rather than being fitted into an existing model.

Hospital social workers can and need to help address the many different levels of understanding, education, knowledge and capacity within the disability sector to help clients navigate the NDIS and benefit from it.

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About the author

Susie Hines holds a Bachelor of Social Work majoring in health and ageing from the University of Queensland. She is currently a social worker with six years' experience across tertiary hospitals and community health.

CLICKABILITY SPREADS ITS WINGS

AVIVA BEECHER KELK AND JENNA MOFFAT

Established in 2014, Clickability is a disability service directory based on customer ratings and reviews that lets consumers give feedback about organisations and allows service providers to communicate directly with current and potential customers. A lot has changed in the National Disability Insurance Scheme (NDIS) landscape since Clickability was founded in 2014, and a lot has changed at the company too.

With the personalisation of services under the NDIS, the disability sector is becoming a marketplace and participants are now consumers afforded greater choice and control. It is imperative that participants are given real and meaningful choices. Our intent behind Clickability was to fill an information gap within the NDIS, providing participants with a knowledge exchange system that could help them make informed decisions about how to use their funding.

Data from the Clickability website is already demonstrating the importance of good customer service in meeting the needs of consumers. In April last year, we audited all our customer reviews and 26 per cent credited a provider with helping achieve positive change. By comparison, when reviewers are critical of a service, they regularly cite poor customer service, consistency, reliability, and flexibility. Simply, people with disability and their carers expect a level of service comparable to other sectors.

So, as social workers, we often empower people by giving them good quality, relevant information and support them to make good decisions for themselves. It is now central to what we could and should be doing to support consumers to navigate the NDIS marketplace, and, in fact, to support the growth of a marketplace that meets consumers' needs. Educating consumers about how to assert their consumer rights and responsibilities, including the impact of feedback and its potential to inform and improve service delivery, is vital.

At Clickability, we do this by providing a platform for consumers to share information as well as publishing industry blogs and policy pieces, running workshops and webinars, and developing

relevant resources for service providers and consumers. We measure our impact as a for-purpose organisation using an outcomes framework developed in-house that assesses transparency, quality, and empowerment. In fact, we are developing a confidence index with which to measure our impact. As a social enterprise, Clickability continues to challenge the tightly-held belief that for-profits are bad and charities good.

In the two years since launching at the Victorian NDIS trial site, over 10 per cent of organisations in Victoria have subscribed to Clickability and a further two per cent of our listings are offered pro bono to advocacy organisations. Our team has grown, engaging more than 20 people during the last two years, over half of whom are people with disability. We use a social work supervision model and find mentors for our team members. We have people employed in our 'office-less office' in Melbourne, Sydney, Geelong and Brisbane, and are trialling a non-traditional recruitment model to reduce barriers and carefully consider central decision-making and policy development in the business to make sure all these processes are as inclusive as possible.

With these policies and models in place, and as the NDIS evolves further, Clickability will continue to collect and publish blogs and data, and monitor the market from a consumer perspective in line with market stewardship principles.

Creativity, innovation, disruption, and co-creation are needed to make sure this new NDIS marketplace responds to consumer need. According to the literature, no one anywhere in the world has yet to achieve this to perfection and, as social workers trained to look critically at systems and communicate and create

change, we are well-placed to make it happen. With our social work values we ensure the Clickability system works and flourishes, and that the NDIS is more likely to do the same. We encourage you to think about how you, in your role, in your organisation, can help take a step towards truly customer-centred service design.

On 1 March, [Clickability](#) launched in New South Wales. Please get in touch if you or your organisation would like to be listed, or if you want to find out more.

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About the authors

Aviva Beecher Kelk and Jenna Moffat are the co-founders and co-directors of Clickability. Aviva is a social worker and PhD student with a background in research, mental health, community development, and project management.

Jenna has a background as a social worker in Melbourne's disability sector and as a team leader, she's been deeply involved in both clinical and organisational change management.

Working and building their social enterprise is the most aligned they have felt with their social work values.



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**As social workers, we
empower people by giving
them good quality, relevant
information and support.**

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AVIVA BEECHER KELK AND
JENNA MOFFAT

EARLY INTERVENTION SOCIAL WORK: A CHANGING PLATFORM

JULIE O'LEARY

Under the NDIS umbrella, a social worker within a team of developmental specialists can provide new insights and support for families who have a child with disability.

The disability sector in Australia has historically been a major employer of social workers. While the National Disability Insurance Scheme (NDIS) brings daunting, yet revolutionary change to social work practice in the sector, working within it remains a rich and rewarding career option.

Consider a community-based early intervention social work role within a team of developmental specialists, including occupational therapists, speech pathologists, developmental educators, physiotherapists and psychologists. A social worker within the team can provide new insights about communication development, sensory processing, motor and socio-emotional development in young children with disability. Social workers who understand the impact of developmental disability are vital to supporting families to gain a better understanding of their child's world to promote his or her development and learning.

Most parents and carers can be taught targeted activities and new ways of engaging with their child that work towards the child's developmental goals. These can be incorporated in everyday routines. The developmental therapy team plays a vital role in assessing and guiding, but the parent's role makes the difference to the outcomes for that child. Understanding how developmental delay in children impacts parental and family wellbeing is core knowledge for a social worker in this role. Some parents/carers require more support as they grapple with grief and loss upon learning of their child's disability. Parents may put their energy into searching for a diagnosis or seeking intensive therapy to counter their sense of powerlessness in dealing with an unknown outcome.

Having a child with a disability impacts on the capacity of parents/carers to access paid work, spend time with their other children, enjoy recreation and sustain their family. Helping families to see their child as a child above all else,

who needs play, fun, hugs, and so on, is an important function of the social worker. If families learn to see their child as a unique individual with everyday needs and wants, just like other children, pressure to 'therapise' family life reduces, as does parental anxiety. Parents' desire for answers is replaced with deeper knowledge of their child's disability and understanding of their child's emotional needs. Parents are given permission to be parents, released from the burden of being an opportunistic therapist. Some families hold certain risks so as social workers in a voluntary service, a relational and supportive systems approach is used with the goal of maintaining broader system engagement. Each family's needs vary, but walking alongside them and sharing in their journey, engenders a sense of hope for the future.

With the NDIS, as services become accustomed to utilising individualised funding within a business model, they are forced to become more efficient to remain viable in a competitive marketplace. Social workers require well defined boundaries, improved timekeeping skills and efficient administration systems. They must also deal with the teething problems of an emerging new system with ever-changing platforms and must be vigilant in ensuring quality is not compromised.

For many, the idea of providing a human service within a business model is incompatible with dominant discourses of 'the helping professional'. In a changing world where the welfare state is fast diminishing and individual choice and control is what matters, 'helping those in need' has become a commodity to be bought and sold. Adaptation is required for social workers to meet customers at a place of their choosing.

How the disability sector and the social work profession respond to the changing landscape is an evolving narrative.



About the author

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Julie O'Leary's interest in infant mental health and attachment saw her spend the first few years of her career as a social worker at a maternal-child inpatient facility before moving to an early intervention community-based disability service. She is now in a state government clinical leadership role with responsibilities across child and youth disability service programs.

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NDIS AN OPPORTUNITY FOR INNOVATIVE ONLINE PRACTICE

AARON WILLIAMS

A new e-health platform, Mindstar, is helping social workers establish practices online so they can connect with users across Australia and around the world.

The roll-out of the National Disability Insurance Scheme (NDIS) is presenting challenges to delivering much needed services to people who have issues with mobility or who live in rural and remote areas. I see huge potential for social workers to work in this space using e-health platforms to address psychosocial disability.

Innovative online practice is the way of the future and is a key target area for the NDIS. However, many social workers don't necessarily have the technology, business and marketing skills to be able to provide their services in this way to the NDIS or to the National Injury Insurance Scheme (NIIS), the Department of Veterans' Affairs, aged care, workers compensation and other agencies or industry bodies.

The digital revolution brings huge potential to the professional lives of Australian social workers and to the lives of the clients that we support. I have spent the last two years adapting technology to make it easy for each one of us to gain the full benefits that the web provides.

In 2015, I left my role with the Department of Health to start [Mindstar](#), a service that supports social workers and other health professionals to establish an online private practice and connect with service users. The following year, I launched Mindstar with the support of the University of Queensland and via ongoing collaborative research with the University of the Sunshine Coast (USC).

I originally came from a corporate background. However, in 2004 after a 6-month battle with depression and suicidal thinking following the sudden death of a young friend, I came out the other side asking a lot of questions. I went back to university and completed my social work degree, began working

in mental health and then started a PhD. It was here that the spark for Mindstar was born.

With this platform, I have created an easy way for social workers to get themselves online and provide supports. I see this as an opportunity for Australian social workers to embrace technology and revolutionise their practice.

In its first year, Mindstar is already supporting individuals, schools, corporate organisations, NGOs and elite sport. It was a sponsor of the Australian athletes at the 2016 Rio Paralympic Games, providing connection to the Paralympians in Brazil via online face-to-face video with their support teams at the Australian Institute of Sport in Canberra.

The range of opportunities that technology now provides is incredibly exciting. Mindstar is an example of how e-health can support Australian social workers to get online and make themselves easily available to the families and individuals across the country who need them most.



About the author

Aaron Williams is the CEO of Mindstar, an Accredited Mental Health Social Worker and a former mental health social worker with the Queensland Department of Health. He can be contacted at hello@mindstar.com.au

USING RESEARCH IN THE DISABILITY FIELD

PROFESSOR CHRISTINE BIGBY

Social work practice in the disability sector can be informed by current research.

People with disability are among the most disadvantaged groups in Australian society. They have high rates of unemployment, poverty, abuse, poor health and social exclusion. The umbrella of disability hides diversity in this group, which includes children, adults and very different types of impairments and levels of severity. Most people with disability are also part of other groups defined by gender, class, ethnicity, race, sexuality, and place that can compound their disadvantage as a disabled person. Disability has long been a field of social work practice; social workers encounter people with disabilities in specialist disability services as well as mainstream services and other fields of social work practice, such as health, education, criminal justice, child and family welfare. As the *Every Australian Counts* campaign flagged, 'disability is everyone's business'.

The disadvantage and social exclusion of people with disabilities is receiving unprecedented government attention. This is due to the 2006 United Nations Convention on the Rights of Persons with Disabilities and the realisation that the service system was inadequately funded, costly and unsustainable. Reform has two planks; the National Disability Strategy, building on anti-discrimination and human rights legislation and aiming to ensure equitable access to mainstream services and inclusive communities, and the National Disability Insurance Scheme (NDIS), delivering individualised funding packages to an estimated 460,000 people with severe disabilities under the age of 65 years. By the time the NDIS is fully rolled out in 2020 funding for disability services will have doubled, amounting to approximately 1.1 per cent of GDP. Reform on this scale has major workforce implications and creates new opportunities for social work.

Despite optimism about social work's place in a reformed service system,

disability has had a relatively low profile and somewhat chequered relationship with the profession. For example, academics critique the limited attention to disability in social work curricula, and suggest too that students lack interest in disability. Social workers will require both generic and disability-field-specific knowledge and skills to stake their place in the disability sector. Developing and delivering effective disability services and supporting inclusion in mainstream services requires multiple forms of knowledge derived from research, practice wisdom and the lived experiences of service users.

Important considerations are: what disability-related research knowledge do social workers have? How do social workers and other human service practitioners find and use disability research knowledge? How useful is it? What are the gaps? These questions form part of a new project investigating the production, utilisation and impact of social work knowledge being undertaken by Clare Tilbury, Christine Bigby, Mark Hughes and Mike Fisher, funded by the Australian Research Council. Research is much broader than testing evidence-based interventions; it also generates new ways of framing problems, new thinking about concepts, new understanding of the institutional arrangements (policies, organisational arrangements, programs or funding mechanisms) important in delivering interventions, and helps in developing new theory and practices.

Of concern is the conclusion drawn from an audit of all Australian disability-related research published between 2000 and 2013 that this body of research was 'not fit for purpose... and augers poorly for evidence informed policy initiatives relevant to the Australian context'. Where does social work research fit within this body of research? An initial review of social work disability research found a steady

increase, indeed a tripling in the average number of papers published per year from six in 2007 to 21 in 2015. Despite this growth, the average of 13.8 papers a year compares poorly to output in the child protection field of 18.6 papers. As in other fields, most social work research in disability is qualitative. It contributes to understanding 'problems' and highlighting the disadvantaged position of people with disabilities and service inadequacies. A growing number of studies however, are explanatory, testing interventions or evaluating service models. Somewhat surprisingly there is a neglect of gender, Aboriginal and Torres Strait Islander people, regional, rural and remote issues, and participatory methods.

Social work research in disability has a distinctive focus on the effectiveness of support services, service systems and policy as well as the experiences of people with disability, their families and others in their support networks. Community and civic participation and social relationships are more prominent than education or economic issues. Social work research in disability is concentrated on adults, in particular adults with cognitive disability (intellectual disability or traumatic brain injury). Importantly, these are the very people who have been neglected by the disability rights movements. However, they will make up 60–70 per cent of participants in the NDIS. Their cognitive impairment brings complex challenges in exercising rights to choice and decision making. Working with them requires the skilled application of theory to practice. Existing social work research with these two groups provides some of the necessary foundations for meeting the challenge posed by the expansion of disability services and the search for better evidence to inform policy and practice.

Nevertheless, a concerted set of strategies will be necessary to prepare

the profession for greater engagement in this growing and complex field of social work practice and its research knowledge-base. An important step in this will be understanding how social workers access and use disability-related research. The research project mentioned earlier will be interviewing a cross-section of social workers in disability about their experiences of using research, asking questions about the type of research they draw on, how easy it is to access, whether it is useful in informing their practice and what they see as the priorities for new research in this field. We will be interviewing policy makers, funders such as the NDIS and State governments, and service users about their access to and use of research.

Disability is one of three fields of practice in this study. The other two are child protection and aged care. Looking at the use of research from another perspective the study will assess the

impact of specific pieces or programs of research by forming a series of impact assessment panels. Finally, it aims to interview some of the leading researchers about their perspectives on ways of increasing the uptake of research in the profession and across human services more generally. By the end of the project in 2019 we will be closer to developing stronger strategies for the production, dissemination, and use of disability research by social workers, other human service professionals and policy makers. In turn, better use of research knowledge will help to improve the quality and effectiveness of disability services and quality of life of people with disabilities.

For more information about this research project, please email [Christine Bigby](#) or [Clare Tilbury](#).

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About the author

Professor Christine Bigby is a life member of AASW and was editor of *Australian Social Work* for 8 years. After 10 years in practice she joined La Trobe University in 1998 and has specialised in the field of intellectual disability ever since. She is Director of La Trobe's Living with Disability Research Centre.

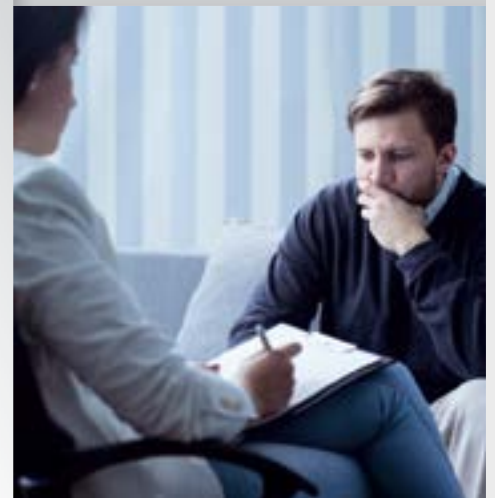
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