

SOCIAL WORK PRACTICE AND AGED CARE

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NEXT EDITION

The Spring 2017 issue will explore **social work practice and mental health**.

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. We accept up to 10 articles in line with each issue's social work theme.

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THE AASW INTO THE FUTURE

As it prepares the next strategic plan for the AASW, the Board has been exploring a range of questions about the role of the Association.

What do we want the AASW to look like in three to five years? How can we strengthen our voice as advocates for our profession and for social justice? What are the national and international challenges facing our profession and how should the AASW respond? How can we better collaborate with our neighbouring associations in the Asia Pacific? These are some of the questions the Board has been considering over recent months as we develop a new strategic plan for the AASW.

Our current plan, 2014-2017, has served us well. It has concentrated our energies and resources where they needed to be: on membership growth, financial viability, responsible governance, and advocacy for the social work profession and for social justice. In 2017, we can be proud that our Association has over 10,000 members, a sound financial base and Constitution, and is a stronger voice for our profession and for social justice.

Yet, we can also recognise that our current strategic plan is 'of its time'. It reflects the difficult financial and governance circumstances from which the Association was emerging when it was adopted. It is time to move to the next stage of the evolution of the AASW.

Earlier this year, the Board began to develop the new strategic plan. In May, we invited John Peacock of the Associations Forum to facilitate workshops with the Board and Branch Presidents on our aspirations for the future.

The emerging strategic plan is grounded in a new mission statement: 'The mission of AASW is to promote the profession of social work, advance social justice, uphold standards and build capacity of members'. We identified seven pillars to achieve our mission. These are to:

1. promote the profession of social work
2. be a strong voice for social justice
3. build the professional capacity of members
4. uphold responsibilities for regulation of the profession
5. advance Aboriginal and Torres Strait Islander social work
6. collaborate with international colleagues
7. provide responsible governance and management.

Over the next few months, the AASW Board and the National Secretariat will seek input into refinement of the new strategic plan. We aim for a plan that is aspirational and yet also responsive to our obligations as a self-regulating profession and to the diverse interests of our membership. The plan will be a guiding light in the next stage of the Association's evolution.

On to other news. The Board has recently approved the new Australian Social Work Education and Accreditation Standards (ASWEAS), and we acknowledge Brenda Clare's hard work and leadership in achieving this important milestone for the AASW. We thank the National Education and Standards Committee,

the Field Educators network, the branch management committees and the many members and stakeholders who contributed to the review.

The new ASWEAS offer increased clarity about program governance, entry standards and recognition of prior learning, educational themes and graduate attributes. The standards are aligned with AASW practice and ethical standards. We are pleased to have benefited from ongoing collaboration with our colleagues in New Zealand, with whom we share a Mutual Recognition Agreement in the development of the new ASWEAS. The ASWEAS will be available online in August 2017.

The National Symposium is in Hobart from 30 November to 2 December 2017. The theme is: *'Advocacy and social work: Creating individual and social change'*. This biennial event is a great opportunity to connect with and learn from members of your professional community.

An exciting line up of speakers is planned along with a special event by the Australian College of Social Work and workshops by AASW members. Keynote speakers will include The Hon. Michael Kirby AC CMG and Professor Gillian Triggs, recent past president of the Australian Human Rights Commission. Please consider contributing to the program and to taking this opportunity to connect and refresh with your professional community. Visit the AASW website for more details.



KAREN HEALY AM
AASW President

A TIME OF REVIEW AND RENEWAL

The AASW has been reviewing its internal operational processes to ensure that what we do, and how we do it, is in line with best practice and of benefit to members and staff.



CINDY SMITH
Chief Executive Officer

As part of the AASW's current review and renewal, we will soon begin the process of accreditation with the National Alliance of Self Regulating Health Professions , commencing in September. You may see some changes to our internal processes as a result of this work.

In the last few months we have also had some positive news for members. I recently announced the Teachers Health Fund will recognise counselling services provided by an Accredited Mental Health Social worker for a benefit under their Top Extras cover.

We have been advocating strongly in this space and have secured further meetings with other health funds. This is great news for the Teachers Health Fund policy holders who are wanting a broader choice of service provider when accessing counselling supports and for current and future AMHSW service providers.

Furthermore, membership is growing in all our branches. Growth in membership is so important to ensure the organisation can work together and advocate for professional excellence and social justice. We are in the process of developing a new 2017-2018 Social Worker Online Training (SWOT) strategy that aims to provide you with many options for training that is both relevant and high quality. Keep your eye out for events

at your branch and on the SWOT platform, as I am sure they will be quite popular.

The theme of this issue of *Social Work Focus* is social practice in aged care. Social workers have a long and proud tradition of working together with older Australians, which includes a strong commitment to self-determination, dignity and respect.

In recent years, we have increased our work in the aged care space by strongly advocating for an aged care system that adequately supports the full range of psychosocial needs of older Australians and their families through our submissions to several government inquiries, key consultation forums and directly with relevant ministers.

In the last year we have made a submission to the federal government's inquiry into the future of the aged care workforce and been invited to give formal evidence; made a submission to the Attorney General's inquiry into elder abuse, and raised this issue directly with relevant ministers during the 2016 federal election.

The Association joined the National Aged Care Alliance, which is the representative body of peak national organisations, and as part of which we met with the previous Health Minister

and Minister for Aged Care. Looking to the future we are now strongly advocating for the extension of Better Access items to aged care residents as part of the Medicare Benefits Schedule review.

Being active in our communities and engaging in social policy is an important strategy, and provides opportunities to advocate on key social issues and the profession. It is also an important way that you can become involved in social policy development. I encourage you to get involved and help shape Australian public policy towards a greater focus on human rights and social justice.

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AASW AND AGED CARE

In its policy work, the AASW has strongly advocated for improved access to social work services for older Australians.

In the last year the Australian Association of Social Workers has strongly advocated for improved access to social work services for aged care residents through several government inquiries, key consultation forums and directly with relevant ministers.

The AASW's submission to the Australian Law Reform Commission's (ALRC) inquiry into elder abuse issues focused on the vital need for improved support in this area, and the role of social workers.

The ALRC's subsequent discussion paper *Elder Abuse*, released in December last year, substantially cited our submission, including recognising our assertion that 'social workers are integral to services that cater for the health and wellbeing of older

Australians in all settings across the aged care continuum'.

During last year's federal election, we advocated directly to government, including relevant ministers, and regularly informed members about this on our federal election web page. We also took member concerns about the My Aged Care system to the Department of Health.

As a member of the National Aged Care Alliance, the representative body of peak national organisations in aged care, the AASW has undertaken significant advocacy work in relation to supports in aged care. This included meeting with the previous Health Minister Sussan Ley and Assistant Minister for Health and Aged Care Ken Wyatt.

Resources developed for members on the subject of aged care can be found on the AASW website, for example the 'Scope of Social Work Practice: Aged Care' document, which is available as an advocacy tool for members in the field.

Furthermore, we have recently launched an aged and palliative care online forum through the SWOT platform. Social workers can communicate and network on items such as the impact of the aged care reforms.

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FAREWELL DEAR FRIEND: A TRIBUTE TO HELEN BOOTS

ROBYN MCIVOR

As she sat in the church service affirming the life of a magnificent social worker, great woman and dear friend, Robyn Mclvor was struck by the number of colleagues attending from the various organisations where Helen had worked, and the tributes and reflections.

Helen's career in social work spanned 38 years after completing a social work degree at Flinders University, Adelaide in 1977. During her career she worked in a number of positions including, Orana Children's Home, Anglicare's Mission of St James and St John, Victoria Police Social Work Unit and Mackillop Family Services.

Helen lived the social work values of compassion, being non-judgemental, hopefulness, humility and empowerment of clients. These were combined with sensitivity, quiet assertiveness, a lack of pretence and a no fuss attitude. Helen was passionate about social justice and working with vulnerable families to make a real difference in their lives, particularly the children.

I began my first social work job in the foster care arm of Anglicare where Helen was the Family Counsellor. My memory of Helen is that she was welcoming, knowledgeable, and empowering. I stayed in contact with Helen for the next 34 years, as we served as members of working groups, ran parenting programs together, and travelled together to Sydney to present my first paper, which Helen had encouraged me to write. When I unexpectedly found myself with three small children,

Helen was always happy to drive to my house for a visit, and to hold a crying twin or make a coffee for me.

As I have spoken with other colleagues, we have remembered Helen's quiet strength. Several of us were incredulous at the negative actions of managers and organisations, but there was always a way through difficult situations and always space for resilience with Helen nearby.

Helen incorporated some wonderful travel adventures – often with her sister and best friend, Marilyn – and a love of football, theatre, friends and family, into a rich life.

There is much to say about Helen, but really she wouldn't have wanted a fuss. She was indeed a 'magnificent' social worker, not because of a seniority in positions, or her professional knowledge, but because of the way she walked with and stood by her clients, staff, colleagues and friends. What is important in the end is the impact we have in all the relationships that we are able to be a part of through our work and through our lives.

Thank you Helen for the mentoring, care and friendship you gave to me and to so many of our colleagues.

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About the author

Robyn Mclvor has worked in Melbourne for the last 34 years, in direct practice, teaching and management social work roles. She is currently Group Manager of Community Services at Lentara UnitingCare.

LOUISE VOIGT: TIRELESS ADVOCATE FOR SOCIAL JUSTICE

SUSAN TREGEAGLE

Louise Voigt was in her heart a social worker; a tireless advocate for social justice who focused on the best ways that the profession could improve the plight of children, young people, disadvantaged families and Aboriginal Australians.

Louise guided Barnardos Australia for 32 years integrating solid principles into practice and policy reform. On route, she reformulated Australian approaches to 'permanency planning' into innovative, workable solutions for the most vulnerable children.

Louise was trained in the United Kingdom and practiced initially in psychiatric social work. She was very proud of her bravery certificate from the Society for the Humane and Shipwrecked, awarded when she stopped a client's suicide at great personal risk. Arriving in Australia as a '10-pound pom' she continued in psychiatric social work, but later coordinated field work placements for social work students at the University of Sydney. There she became involved in the tumultuous changes in the Social Work Department in 1977-78.

Among her first work in child welfare was the development of the restoration foster care program that became known as Temporary Family Care - Barnardos now operates eight of these programs in NSW and ACT. Louise built Children's Family Centres up as the core of Barnardos work; merging family support and crisis casework. She built new Centres in a number of areas in New South Wales. Louise introduced the Looking After Children system to Australia to improve standards in casework with children and young people; this system subsequently developed into the MyStory electronic case management system used throughout Barnardos and by other agencies.

Louise closed the last of Barnardos residential care units for young children, maintaining only one specialist unit for refugee young people. She replaced residential care with high quality foster care and community placements for adolescents. Louise was a proponent of open adoption from the care system, arguing that children and young people who could not live at home needed the most normal upbringing possible. Among her last achievements was the establishment of the Institute of Open Adoption Studies at the University of Sydney.

Louise was recipient of the Australian Association of Social Workers' Social Justice Award in 2000, and in 2014 she received the Association of Children's Welfare Agencies' Lifetime Achievement Award. She was Honorary Associate at the University of Sydney School of Education and Social Work and in 2016 was awarded the University of Sydney Dean of Education and Social Work Alumni Lifetime Achievement Award. She was also the subject of a finalist portrait in the Archibald Prize 2015.

Louise, whose illness was diagnosed just after her retirement, is survived by her husband and companion of 48 years, Lothar, her children Merinda, Alice and Rohan, and her grandchildren. She was creative, a lateral thinker, a reformer, a visionary and common-sense problem solver. She will be much missed.

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About the author

Dr Susan Tregeagle worked with Louise for 30 years at Barnardos Australia. They co-authored many journal articles and book chapters in the areas of technology in child welfare practice, prevention of entry to care, open adoption and management.

COLLEGE OF SOCIAL WORK CLINICAL DIVISION

CAROLYN COUSINS

Carolyn Cousins, new convenor for the Clinical Division of the College of Social Work, talks about her new role and the opportunities it presents to members of the Clinical Division.



About the author

Carolyn Cousins (BSW, MSW) has a background in child protection, violence and trauma, and mental health work, having held front-line, management and specialist roles both in Australia and the UK. She has been in private practice for seven years and, with qualifications in adult education, has mixed direct practice with training and education at an organisational or vocational level and at tertiary level.

Explaining what she is looking forward to in her new role, Carolyn Cousins says, 'I'm excited to look at how the Clinical Division of the College can provide opportunities for experienced clinical social workers to connect with each other, share their wisdom and ideas, as well as engage in robust discussion to advance their work.'

The aim is for the Clinical Division to be an inclusive and encouraging group. 'I take a broad perspective on the term "clinical" - we have members from a diverse range of practice areas and interests', she says.

When she was in the UK Carolyn worked at the Tavistock and Portman NHS Trust where there was a robust and lively social work division, where new ideas, the future of the profession and broad clinical debates and discussions were all part of the agenda. Carolyn is hoping the Division can provide some of these professional development opportunities for members.

'Geography will present a challenge, and a lot of our connections will need to be online for this reason. It is wonderful that we have members from all States and Territories,' she says.

One of the new initiatives she is excited about is the plan for an online journal club. Members will have the opportunity to receive a selected article once a month and then join either a live chat at a specified time, or leave comments

and thoughts about the article, as well as responding to those of others, for a period of one week. Carolyn calls it an 'online, professional version of a book club'.

There will also be selected professional development content that will be promoted for live forums and engagement. A working party of existing members of the Division is currently being formed, and it will look at the best ways to keep members of the Clinical Division connected, engaged and sharing with each other about their practice.

Carolyn also plans for the Clinical Division to have a strong presence at the National Symposium (30 November - 2 December), to encourage social workers who work in clinical areas of practice to see the Division, and the College, as something they would like to join, now or in the future.

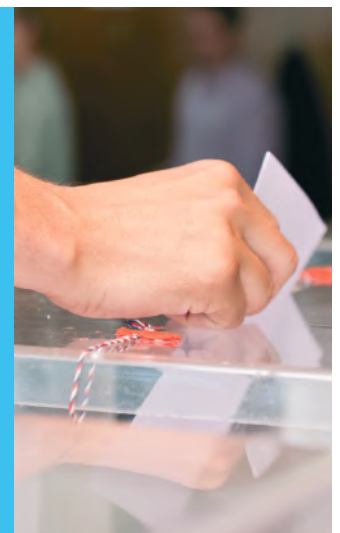
'I am passionate about practitioners examining the theoretical basis of their practice, and most of my non-direct clinical work is about supporting and resourcing other social workers and professionals to deliver high quality, reflective and theoretically grounded service provision,' she says. 'I am also passionate about front-line practitioners publishing their work and researching, alongside their direct provision.'

•

HAVE YOUR SAY: AASW ELECTIONS

Voting will open on Thursday 14 September so please make sure you're eligible to have your say by ensuring that you are a financial member of the AASW by 31 August. [Renew your membership.](#)

For more information, visit [Elections 2017.](#)



AASW AT THE UNITED NATIONS

SEBASTIAN CORDOBA

Every year, in coordination with the International Federation of Social Workers and the International Association of Schools of Social Work, the United Nations (UN) hosts a day-long event to recognise and celebrate the contribution of social workers. This year in April, the AASW's social policy advocate, Sebastian Cordoba, was the Australian delegate in New York.

'Social Work Day at the UN' is a unique opportunity for social workers from all around the world to discuss the vital role that the profession plays in the protection of human rights. In recent years, the event has focused on how the professional community can contribute to meeting the UN's Sustainable Development Goals. The goals are a set of 17 global targets supported by 193 member states that look to address the world's most pressing issues, including ending poverty, climate action and reducing inequality. Given the current global political climate, social work skills and knowledge are instrumental to achieving these aims.

The UN recognises that as human rights advocates, social workers are key partners. The day tends to focus on discussing and identifying the major social and environmental challenges we are currently facing and exploring the ways in which social workers can come together and better coordinate our efforts. Given the AASW's reputation at an international level for our advocacy work, especially in relation to asylum seekers, we were invited to attend this year.

The day proved to be an inspiring opportunity to build professional networks and better align our advocacy work to that of the UN, and fellow

associations from other countries. The day began with a morning session in the main UN building where keynote speakers explored the theme for this year, 'Promoting Community and Environmental Sustainability'. Highlights included hearing Ambassador Masud Bin Momen (permanent representative of the Mission of Bangladesh to the United Nations) talk about the impacts of climate change on Bangladesh and the vital role of social workers to address these devastating impacts. The central theme was the injustice that characterises a lot of the impacts of climate change, where the countries that emit the least amount of pollution (for example, Bangladesh) tend to feel the effects with greater severity.

As the Australian representative, I had the opportunity to address the room and pose a point for discussion to the panel on the challenges many Australian social workers face in incorporating green social work principles to daily practice, given the significant time and resourcing limitations. The discussion focused on how environmental justice can inform all aspects of work, including a fascinating reframing of advocacy and direct action as a form of self-care. The ideas will greatly inform the

work of the AASW in this space into the future.

The AASW also took the opportunity in New York to personally deliver a letter to the UN's Human Rights Council stating its opposition to Australia's nomination. Australia has recently bid for a seat on the council and this has raised significant concerns because of our country's human rights record. Given the importance of the Human Rights Council and its leadership role, its membership must be made up of countries with a commitment and proven track record of protecting human rights. Sadly, Australia currently does not meet this standard and as an association we cannot support this nomination until there is a significant change in policy.

Attending the UN was an incredible opportunity to raise the profile of the work that Australian social workers undertake every day in advocating for social justice and human rights. The relationships and professional networks that were established in New York will greatly assist our work in striving towards a more socially and environmentally just Australia, and world.

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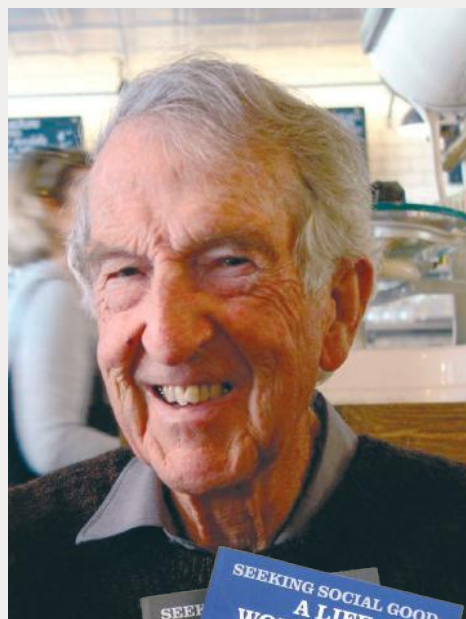


About the author

Dr Sebastian Cordoba is the AASW's Policy and Advocacy Officer, a social worker and an academic at RMIT University, where he teaches critical theory and human rights. His practice experience includes working in educational and health care settings with children, young people and their families, specialising in trauma work.

'AN INVALUABLE RESOURCE': THE AUTOBIOGRAPHY OF JOHN LAWRENCE

JANE MILLER



John Lawrence's autobiography, *Seeking Social Good: A Life Worth Living*, is about more than a long and distinguished career, it is also partly the history of social work in Australia and partly a social history of the times. Discussing the book, social worker and historian Jane Miller explains why it is such a valuable resource for anyone interested in the back story of the profession in Australia.

The celebration of 70 years of our national association last year threw into stark focus the fact that Australian social workers know little about their profession's history in this country. Australian professional social workers have not prioritised keeping records of their history. I know from my experience undertaking historical research just how difficult it is to obtain documentary evidence about Australian social work from the past.

And we are not alone. It seems to be an international social work problem. American academic social worker and historian Robert Fisher commented in *Social Service Review* (1999) that for social workers, history has 'always been tangential, not fitting with the more present-oriented, science-based discipline of social work'. We tend to be more action-oriented than reflective about our history. Yet if we are not to repeat the mistakes of the past we do need to understand what has happened in previous years.

The good news is that we do now have some progress on this issue. John Lawrence, the author of *Professional social work in Australia*, the only history of professional social work in Australia, has recently completed a substantial autobiography. He has also donated his important personal archive comprising 84 boxes to the University of New South Wales. This archive contains a life-time collection of minutes, reports and correspondence materials, including the material gathered during his work for his doctorate on which his history is based. Much of this material is now virtually unavailable anywhere else.

The material from Lawrence's own career will prove valuable for future researchers, both in Australia and internationally, as it covers his work at Sydney University in Australia's first academic appointment to teach social policy, as well as all his work as the first Professor of Social Work in Australia. He headed the School of Social Work at UNSW for 14 years, and was extensively engaged internationally, not only on sabbatical leaves and other

overseas appointments, but working with international organisations - the International Association of Schools of Social Work and the International Council for Social Welfare. A former Federal President and Life Member of the AASW, he is a Member of the Order of Australia.

John Lawrence's autobiography, spanning a substantial six volumes, is a frank description of his beginnings, his life and his career, made possible by his collected archives. In it he has been able to draw on letters and documents, not merely relying on memory as so many people are obliged to do. This is not just a personal memoir; it is well-documented historical writing. A keen photographer, he has included many original photographs, including of distinguished social workers from Australia and overseas. The profession's involvement in the developments and issues of the time are traced.

Each volume is accurately indexed, with a cumulative index provided in Volume 6. A scan of the contents pages will give readers a good idea of whether a particular volume covers the issues that particularly interest them. The volumes may be purchased individually. This autobiography will prove extremely useful for future social work historians and should also be essential reading for those teaching social work today.

Bruce Lagay, former Head of Social Work at the University of Melbourne, has said, 'This is an extraordinary record of a life, a life certainly worth living, and an invaluable resource for the social work profession and for a morally grounded social policy perspective.'

Further good news on the historical front is that the Board of the AASW has commenced an archives project with stage one involving the description and assessment of the current archival holdings. When this is completed the Board will be in a position to decide on a future archival strategy.



About the author

Social work historian, **Jane Miller AM, PhD**, is the former Head of the Social Work Department at the Royal Children's Hospital, Melbourne. She is an AASW Life Member and President of the University of Melbourne Social Work Alumni Association.

CELEBRATING SOCIAL WORK HISTORY

Tucked away on the AASW's website, under the heading A brief history, are some interesting historical resources, published to celebrate the Association's 70th year in 2016. Together with the texts of the Norma Parker addresses by AASW Presidents, there are compilations of the memories of Victorian and NSW branch members, the 'Spoken Memories' collection and the 'Living Histories' interviews respectively.

Also available are the reprints of social work histories by John Lawrence and Elspeth Browne. Recently republished by the Australian National University, R. J. Lawrence's *Professional*

Social Work in Australia can be downloaded free through a link to the ANU Press site. Originally published in 1965 Professor Lawrence's book covers the development of professional social work and social work education in Australia from the 1920s to the early 1960s.

Tradition and change: Hospital social work in NSW by Elspeth Browne has been made available to read online or to download as a PDF after being out of print for some time. Commissioned by the AASW NSW Branch and published in 1996, it is the history of medical social work in New South Wales.

ARCHIVING PROJECT

The AASW has begun work on a National Archiving Project. With over 70 years of history representing Australian social workers, it is important that we archive key information for future generations. The aim is to acquire, catalogue and store documents of historical significance for the AASW for safekeeping and ease of access for members. We are currently in the early developmental stages of this project and we will be working with the branches and members towards building a comprehensive record of our past.



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'ALL ABILITIES QUEENSLAND' SUBMISSION

The AASW Queensland branch recently made a submission to the State government regarding the consultation paper 'Towards an All Abilities Queensland', which outlines the government's development of a new disability plan for people of all abilities. The aim is to enable people with disability to fulfil their potential as equal citizens and to live the life they choose. This builds on the collective efforts of people with disability, their families and advocates, committed organisations and successive governments to make Queensland more inclusive than ever before.

In its submission the QLD Branch called for the adoption of the ten priorities, actions, principles, indicators and measures outlined in the *Whole-of-government Action*

Plan 2011-14, which provides a comprehensive framework for achieving this aim. The branch also recommended that a social justice and social citizenship model be implemented to address social and economic marginalisation.

Other items proposed by the branch were: a review of the *Queensland Criminal Code* to guarantee that the rights of people with disability to lead consensual intimate relationships are maintained, while ensuring protections for people vulnerable to abuse and coercion; greater support for ageing parents who care for their adult children with disability; and increased support for accessible community environments, affordable recreation options and tourism activities for people with disability.

The submission also recommended that the Queensland government's proposed disability plan commit to supporting transition planning for life after school and that accessible 'Easy Read' formats be made available for State government critical and high-volume materials (including in languages other than English for culturally and linguistically diverse people with disability). Plans for increased accessible housing and universal designs to provide accessibility, community participation, inclusion and engagement for people of all abilities was also among the branch's recommendations.

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SOUTH AUSTRALIAN AWARDS

The 19 high quality nominations for the second South Australian Social Worker of the Year awards presented a challenge to the judges in the run-up to the presentation event on 22 June.

After grappling with the contribution that so many social workers have been making in South Australia, the judges named the winners of each category. They are: Maurissa Ailion, *Head, Heart and Hands*; Karren Barry, *Agent of Change*; the Anangu Pitjantjatjara Yankunytjatjara Team - Bobbi Sawyer, Andrew Groome, Shane Carmody - *Rural and Remote Impact*; Allan John Ball, *Leading the Way*; and *Rising Star*, Madeline Windsor.

This year the awards were presented at a cocktail evening on the opening day of the South Australian Branch's inaugural Symposium.

The Social Worker of the Year Awards celebrate the social work profession and those individuals who make it unique. They acknowledge the dedicated social workers who

have made a real difference and, by showcasing the nominees and winners, demonstrate to the wider community the significant contribution of the social work profession.

The South Australian Branch of the AASW would like to thank the sponsors of the awards, all of whom

made it possible: Major sponsors of the event were the Adelaide Primary Health Network, University of South Australia and Department for Child Protection.

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SA JOINT AGENCY SYMPOSIUM A SUCCESS

The first SA Joint Agency Social Work Symposium: Social Work Futures on 22-23 June was a forum of ideas. A response to the Nyland Royal Commission on Child Protection and coronial reports that put the regulation of social work in the news in South Australia, it also highlighted the way that social workers were employed, the support received, and the way services were funded.

Sponsored by the AASW South Australian Branch, the University of South Australia, Flinders University, SA Health and the SA Department for Child Protection, the forum attracted 130 participants.

One of the keynote speakers, Charlotte Williams from RMIT, urged social workers to think of big social movements, where we fit and how we will engage. Anita Phillips (AASW) gave a history of attempts to get social work to become a registered profession and current strategies. Amy Cleland (UniSA) spoke of providing Indigenous cultural competency training and how she uses the AASW ethics and standards.

Lorna Hallahan of Flinders University addressed the challenges of educating new social workers in today's tertiary education environment. Simon Schrapel challenged participants to think boldly and creatively about how to protect children in families through prevention, and Donna McAuliffe spoke about the impact of 'the networked life' on social workers, their workplaces and clients.

As well, there were around 30 concurrent presentations that explored supervision, practice and accountability, judgement and ethical deliberation, and personalisation of services and human rights.

One highlight of the symposium was the *Socialworkfutures* App (Attendify), which enabled the live streaming of the speakers, program and comments during the event.

According to South Australian Branch President, Dr Mary Hood, 'The symposium was not only educational and a great networking opportunity, it was a great collaborative effort across social work in the state.'

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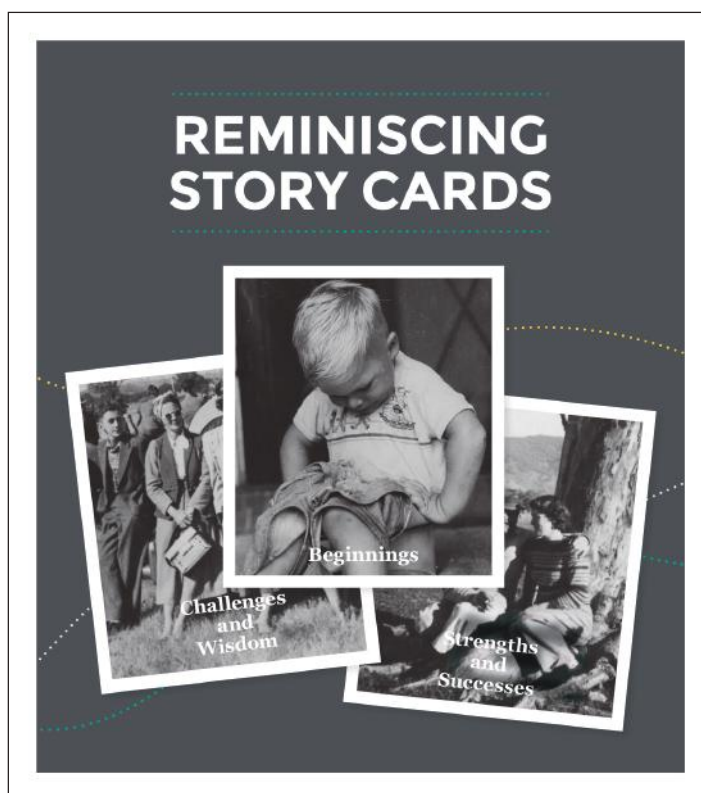
STORY CARDS FOR OLDER PEOPLE

COTA (Council on the Ageing) Australia and the Faculty of Health, Arts and Design at Swinburne University have developed reminiscing story cards as a resource for professionals working with older people to help them remember earlier times and highlight their resilience, persistence and creativity.

Everyone has a story to tell. Reminiscing in a supportive environment and with a focus on strengths and positives can lift an older person's mood, reminding them – and their support workers – of their resourcefulness and depths of experience.

The cards have three themes: **beginnings** – family, childhood, school, friendships, work and relationships; **strength and successes** – happy experiences and achievements, and **challenges and wisdom** – values and traditions, legacy and lessons learnt. Each theme has around 15 cards that progress from simple to more complex questions.

Reminiscing Story Cards can be ordered online from the Home Care Today website.



ENGAGING WITH YOUR LOCAL PRIMARY HEALTH NETWORK

Primary Health Networks (PHNs) are organisations funded by the federal government. They work with GPs, primary and secondary health care providers and hospitals to identify local health needs. PHNs do not directly deliver services, as their predecessors Medicare Locals did. Some PHNs have evolved from pre-existing Medicare Locals, while other PHNs are new entities.

The AASW web page Mental Health Reform 2016 provides members with developments of the government's current mental health reforms, including information relating to PHNs and links to the Department of Health's website. As a result of the government's response to the National Mental Health Commission's Review of Mental Health Programmes and Services Report, PHNs:

- play an increasingly important role in the primary mental health care sector

- take a regional approach to service delivery
- facilitate a stepped care model.

There are 31 PHNs across Australia. PHNs have a significant role in the delivery of services at a primary care level, and are responsible for commissioning mental health services. Each PHN is required to identify and respond to the needs of their local communities. Some Commonwealth government programs, such as Access to Allied Psychological Services (ATAPS), move under the auspices of PHNs as part of a flexible funding pool.

When PHNs tender for commissioning opportunities with health service providers, contractors, consultants or suppliers, information will be made available on their websites. Given the important role for social workers in the delivery of evidence-based mental health and drug and alcohol services, it is important that the profession actively engages with PHNs.

Contacting your local PHN

There are a number of ways to engage with your PHN.

- To find your local PHN go to their website
- If available, subscribe to your local PHN's newsletter
- Seek out information about the PHN's Board, Clinical and Community Councils
- Register your interest in being a primary health care provider, so that you can be notified of tender opportunities

NAIDOC WEEK: CULTURALLY APPROPRIATE PRACTICE IN AGED CARE

In honour of NAIDOC Week this year the South Australian Branch Aged Care Practice Group held a workshop that explored Indigenous culture in aged care.

Ensuring aged care practice is culturally appropriate when working with older Indigenous people was the central theme of the Celebrating Indigenous Culture in Aged Care workshop presented in South Australia by Pat Ingram of the Northern Carers Network (NCN) during NAIDOC Week this year. Pat said that opportunities for social engagement among Aboriginal elders and communities is the basis of celebrating Indigenous culture. In her 20 years at NCN, which supports people caring for a friend or family member in the home environment, Pat said, it was important to support carers to keep cultural expression active and inclusive of the younger generations.

Pat highlighted the importance of cultural competence in making long-term policies that enable providers to work more effectively in broad cultural situations. The diversity of what works for one set of aged clients may not be effective for all in that community or another context. For some Indigenous elders the chance to continue their connection to music, painting or weaving may be relevant, while others may find passing on language, storytelling or being with community key to their wellbeing.

Pat shared her knowledge of promoting social engagement in rural and Aboriginal communities. Her roles across several service agencies taught her that this requires an appreciation of the richness

of Indigenous history, diversity within the community's cultures and contemporary dynamics that impact the expression of values and cultural skills as well as knowledge of the community.

One of the key challenges to achieving successful outcomes in this area, Pat believes, is to take a whole-of-government approach to working collaboratively while remaining responsive to the breadth of Indigenous communities' priorities and objectives. Her experience of recent government efforts to improve service coordination and whole-of-government working for engagement indicate that this remains a challenging area.

A critical aspect of aged care services with Indigenous people are those older people who suffer from dementia. Many of the Stolen Generation have now reached the age where dementia has taken their memories. The impact of this means that it can be difficult to obtain connections to their extended family who have been dispersed across other Aboriginal nations and can make it hard to inform the younger generations of an accurate telling of their heritage.

Given the trauma of these experiences there are many who chose not to recall them, leaving their descendants to track over incomplete archives and drawing upon ancestry tracing services to pass



on their cultural heritage. This work is further complicated by inaccurate data on Indigenous people in aged care facilities.

Marra Dreaming Weaving women's group shared an activity with the AASW SA practice group, demonstrating that cultural experiences can create awareness and open dialogue. They brought along tools, fabrics and grasses and each member of their group demonstrated and then coached participants in how to do basic stitching. The immersive experience provided opportunity for close contact, conversation and a hands-on sharing of culture. The products of the wider group were the topic of much discussion as were the meanings behind various designs, ranges of use for the baskets and the pleasure of sitting to work together.

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NDIS WORKSHOPS

The *NDIS opportunities* workshop held in Sydney on 15 July was attended by social workers from all over Australia who were eager to find out how they could work under this scheme.

Workshop presenter and social worker, Brooke Kooymans, is an expert in this field. She says 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 are able to work both in and for the NDIS, adding value to people

with disabilities on both sides of service provision,' Ms Kooymans said.

She provided comprehensive insights that included information about the NDIS insurance framework and what it means for practice and the new commercial landscape of disability care, the support categories, how to register and navigating the technology.

The AASW will be repeating this NDIS workshop in Melbourne on 25 & 26 August at the *Business of social work* workshops for self-employed social workers.

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'I wish to express my gratitude for the many generous people who have enabled me to be an advocate.'

.....

LEANNE CRAZE AM

SOCIAL WORKER HONOURED: LEANNE CRAZE, AM

AASW member, Dr Leanne Craze, has been named a Member (AM) of the Order of Australia in the recent Queen's Birthday honours. Dr Craze received the honour for 'significant service to the community as an advocate for the rights of people living with mental illness.'

Leanne's work has largely been in research and consultation for government and the not-for-profit sectors, in mental health and a broad range of fields, including housing and homelessness, criminal justice and community services. However, her work in other fields has always seemed to link back in to mental health and she estimates that this has been about 85 per cent of her career.

After completing her Bachelor of Social Work in 1983, Leanne was directly accepted to study for her doctorate. However, after 18 months she took a position lecturing at the then newly established University of Western Sydney, and then worked in research and policy positions, establishing the direction of her future career.

Leanne's work as a Senior Researcher on the Victorian Government 'Inquiry into Mental Disturbance and Community Safety' brought her to the notice of the Federal Human Rights Commissioner, Brian Burdekin. As a result, she was asked to serve on the 'National Inquiry into the Human Rights of People with Mental Illness', over which Burdekin presided.

Having resumed doctoral studies, Leanne was awarded her PhD from the University of New South Wales in 1993. Her thesis was 'The Care and Control of Mentally Ill Offenders in NSW 1788-1983'.

Leanne established Craze Lateral Solutions, a mental health and social policy consultancy in 1991 and continues to run the business to the present. Areas of interest for the consultancy include community consultation, mental health, social policy, training and support for voluntary, not-for-profit and non-government organisations.

Leanne has consulted on large number of projects, and together with service on various boards, publications, research projects, and teaching at tertiary level, she has had a very full and impressive career making a difference for people with a mental illness.

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Photo credit: Simon Bennett, Fairfax

AASW 2017 NATIONAL SYMPOSIUM

Well respected human rights advocates the Hon. Michael Kirby and Professor Gillian Triggs have been confirmed as guest speakers for the AASW 2017 National Symposium.

The Hon. Michael Kirby AC CMG, a former Justice of the High Court, will be the keynote speaker of this year's National Symposium in Hobart. Mr Kirby has served on a large number of national and international bodies, notably for the United Nations and in the areas of AIDS, law and human rights. He was the Chair of the UN Commission of Inquiry on Human Rights Violations in North Korea (2013-2014) and is a member of the UNAIDS Reference Group on HIV and Human Rights.

Professor Gillian Triggs, has just completed a five-year term as the Human Rights Commissioner. In this role she focused on ensuring that the provisions of the human rights treaties that Australia has signed are implemented in Australian law.

The symposium, which has the theme of 'Advocacy and social work: creating individual and social change', will run over three days from 30 November to 2 December at the Hotel Grand Chancellor, which overlooks Constitution Dock and is just a short walk from Salamanca Market in Hobart.

Registrations for the symposium are now open and the AASW is seeking abstracts from presenters and expressions of interest from higher degree social work students to participate in a research workshop, by 23 and 28 August respectively.

The AASW Annual General Meeting (AGM) will be held at the symposium in the afternoon of Thursday 30 November, following the registration of attendees. Workshops will then take place over the following two days, Friday 1 December and Saturday 2 December.

Keep up-to-date with events, as they are announced on the National Symposium 2017 website.



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The AASW is keen to build mutually beneficial relationships with industry stakeholders to drive the social work sector forward at the National Symposium, which is the key professional development forum for social workers in Australia this year.

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of Social Workers





Ann-Kathrin works very closely with clients, and their families or carers.

UNDERCOVER SOCIAL WORKER: AGED CARE IN RURAL AND REMOTE AREAS

ANN-KATHRIN YOUNG

Country Mile Home Care provides services to older people and people living with disability in rural and remote areas of Western Australia. It also goes the extra distance to provide much more for rural people. Ann-Kathrin Young tells how social work skills support her role as a care worker.

After more than 20 years working in the aged care sector, social worker Ann-Kathrin Young started Country Mile Home Care, which provides home care services to people in rural and remote areas of Western Australia. She saw the need to improve access to services for people in remote areas, who usually have the same funding sources available as their peers in the metropolitan areas, but often can't find a provider to deliver the care.

Country Mile Home Care provides home care and offers overnight and 24-hour live-in care services to older people and people living with a disability. Respite care for palliative clients and their carers is also available. The services are individual, flexible and based on the consumer-directed care approach, so the clients get the care and support they want, not just 'what's available'.

Country Mile combines high quality care services with a 'farm sitting' component to ensure that essential daily farm chores are attended to as well as providing personal care, daily household tasks and social support. Accompanied travel to long distance appointments, for instance going to Perth for day surgery, or on holiday travel is another of its services.

Isolation and the absence of services contribute to the severity of issues for people in a rural or remote setting. Since starting the service Ann-Kathrin has come across many clients and their families who suffer from dementia, depression, anxiety, other mental health issues and all forms of abusive behaviours from carers or family members. In a small community, people often don't feel that they can speak out about their problems to friends or neighbours without retribution.

During respite stays Ann-Kathrin works very closely with clients, and their families or carers, and is a witness to their

day-to-day lives. A lot of clients seize the opportunity to talk to her when she stays in their homes, as they see her as someone trustworthy and impartial.

'For most of my working life in Australia,' says Ann-Kathrin, who gained her initial qualifications in Germany, 'I have seen myself as an aged care worker, rather than a social worker, although the assessment of clients, development of appropriate care plans, social work interventions and good listening skills are all part of a social worker's bread and butter.'

In her work, she points out, it is important to be a care worker, to keep professional boundaries and not to try being a social worker for her clients, as this is not the role for which they employ her. However, Ann-Kathrin says, 'I regard myself as an "undercover social worker". I am able to apply my skills and experience as a social worker to provide support to my clients and assist them to find solutions to their situations.'

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About the author

Ann-Kathrin Young is the Director of Care Services at Country Mile Home Care, which she started in 2016. She has a BA in Social Work Management and 24 years of experience in the aged care sector working in various management roles.



TALKING HONESTLY ABOUT DEATH

ROSALIND BRADLEY

Rosalind Bradley looks at death and dying as a natural part of life and urges us to be comfortable with our own mortality. Her own exploration of the subject after the death of her mother ultimately led her to compile a book of people's thoughts on end-of-life issues, which was published in 2016.

Although death is inevitable, it is still a very difficult subject to discuss. When faced with aging, or caring for the aged, questions about death can become profound and extremely important.

Death is a challenging subject to broach. Many social workers face this problem daily with clients who often have had limited or no conversations about end-of-life care with their loved ones or their doctor. It is important to be comfortable talking honestly about death with colleagues and clients as well as family and friends.

Rosalind Bradley's experience of learning to deal with the death of loved ones and of accepting it as an eventuality in her own life led her to write a book, *A matter of life and death: 60 voices share their wisdom*, to help people come to terms with the idea of dying. Comprising a wide variety of views from the 60 contributors, the book is a catalyst for reflection. As a practical resource to dip into, social workers, grief counsellors, pastoral care teams, nursing and medical personnel may resonate with some of the stories.

Rosalind was faced with death for the first time when her mother died suddenly while in Sydney on holiday from England. Rosalind comments, 'It was the first time I had seen and been with a dead person and, although I was forever grateful that we had her final day together, I still regret that I did not stay longer with her afterwards, talking to her and thanking her for her life. This was unknown territory to me and I felt physically and emotionally numb for many months afterwards.'

The loss of her mother ignited a fear and curiosity about death, but it was after another cluster of deaths that Rosalind was driven to face her own fears and to decide to further explore the mystery of death in all its rawness and complexity. In her search for meaning she contacted people from all walks of life, ultimately compiling their insights about end-of-life issues into the book.

Referring to the book's contributors, Rosalind says she hopes their reflections will help dispel some of the fears people have around death and dying, as well as initiate conversations on this often avoided subject. 'Our society is in need of more engaging

conversations about death and the process of dying.'

The 60 'voices' who give their personal reflections in the book have varying backgrounds, diverse philosophies of life and death, and touch on a wide variety of issues as they share their thoughts. For example, Newcastle-based ICU doctor Peter Saul writes about the over-medicalisation of dying and hopes for a reinvention of the process. Accepting death is a good place to start. Another doctor, Michael Barbato, a former palliative care physician, touches on spiritual matters, saying that, 'intimate dialogue can create opportunity for spiritual awakening which can become the source of healing for carers and those cared for'.

Obstetric social worker Deb de Wilde, who at times is called on to support grieving parents, describes 'bearing witness' to the power of love when birth and death collide. She movingly writes: 'To stand with people at the darkest of times, bearing witness to the outpouring of their grief and love for their baby balances the burden of sadness I might bear.'

Other contributors highlight the need for dying with dignity and the importance of preparing for death while continuing to live fully and courageously. Josefine Speyer, who founded the Natural Death Centre in the UK writes, 'At the end of their lives people want to feel that they are loved, that their work is done, that they can forgive themselves and others. They want to feel at peace.'

Rosalind has learnt to think differently about death and about living. Compiling the book, she says, has made her realise you cannot ask someone about death and its meaning without asking about life. Through her journey she has been encouraged to live a fuller and more authentic life and tries now to be more sensitive to taking care of her relationships and not to leave the love unsaid.

'I try and live a life without regrets and to spend some time in daily reflection and meditation,' Rosalind writes. 'This has led me to embrace life more fully and encouraged me to live more in the present. It's not always easy.'



About the author

Rosalind Bradley was born and raised in the United Kingdom and has lived in Sydney for over 30 years. *A matter of life and death: 60 voices share their wisdom*, published by Jessica Kingsley Publishers, is her third book. Find out more at www.rosbradley.com.

STROKE HOME SUPPORT: WHO DOES THE AGED MOBILITY CARE?

MURRAY CREE

Stroke is one of Australia's biggest causes of incapacity and morbidity, according to the Australian Stroke Foundation. It mostly affects older members of our population. Considering the shortage of people qualified to manage the complex variety of services required by stroke survivors, Murray Cree asks if social workers are well prepared to step into the role.

Stroke (cerebrovascular accident or CVA) is not an illness; it typically has no signs of gradual onset. High risk factors include diabetes, atrial fibrillation (AFib) and hypertension (high blood pressure). According to research by Deloitte Access Economics (2013), 65% of stroke survivors suffer a disability that impedes their ability to carry out daily living activities unassisted. The same research study indicated that approximately 70% of stroke survivors will be over 65 years of age, accounting for around 110,000 strokes per year.

For health delivery systems, stroke represents an enduring but often unrecognised challenge once a survivor has been discharged from hospital or rehabilitation setting. The interdisciplinary operations of health organisations run around the clock but, once discharged, the stroke survivor and their family will be confronted by the issue of finding sustainable home-based care.

The stroke accident starts a completely new lifestyle for many older people, their carers' and social networks. Severe immobility is a major issue for the older stroke survivor as they cannot participate easily in recreational groups. Often the act of getting to a group activity is an achievement in its own right. Frustration sets in quickly when the brain functions well but the body does not have the same capability.

Stroke survivors vary in their levels of disability and mobility, which means their needs vary as well. Survivors of stroke inevitably deteriorate over time as a part of the ageing process alongside stroke impairments. Therefore, acquiring orientation and mobility (O&M) services for older stroke survivors involves a complex process of assessment, diagnosis and treatment.

In addition, there is a shortage of qualified O&M workers that presents as a broken link in the referral chain and

is one of the symptoms of shortages in the aged care workforce. Research by the Australian Bureau of Statistics (2012) has highlighted the challenge of recognising increased rates of unmet need among those with sensory and speech disabilities, especially those over 65 years of age. It is necessary to ensure a skilled workforce is available to meet this demand for care. Who does this work?

Social work has a role to play in the O&M field as a profession that can reach over the typical boundaries of the medical and allied health professions in the provision of home care to the increasing numbers of older people. The World Health Organization social health model provides social work with a mandate for this integrating role. Social health represents a broad range of causes and needs, often driven by the principal of social justice in favour of the dispossessed. Social work has the practice model to take on the O&M role.

An obvious question is how well placed are social workers to take on this specialist component of O&M in their community and home care service delivery? Do social workers have sufficient exposure, for example, to the neuroscience of stroke in their core undergraduate training? Is there a potential for age bias among older stroke survivors and younger social workers? In regional areas of Australia, is the situation compounded by the absence of GPs, hospitals and O&M workers?

Transdisciplinary advocacy leadership may be a critical role for the professionally qualified social worker on behalf of older stroke survivors. In this capacity, the social worker would be a collaborative educator who functions as an information hub, monitoring and referring clients to a range of other services, for example, as an educator in federal government funded programs like Primary Health Networks.

Stroke survivors at home and their carers have a deep need for connection to these services. Home care support for older stroke care survivors raises many questions that social workers need to address in their thinking, training and practice. Available research suggests this sociological perspective of CVA in the ageing population is a major knowledge gap. Social work needs to work professionally with the stroke support sector to fill this gap.



About the author

Murray Cree is a sociology researcher, human services and business management consultant based in Warragul, regional Victoria. He is a past Professor of Business from Monash University.

AGEING IN AN AGED CARE FACILITY

CHRYSTAL TREWREN

A recent social work graduate who works in aged care, Chrystal Trewen, wants to give a voice to the experiences of older people in a nursing home facility and to their family members who also struggle during this journey.

Positive ageing is something social workers in aged care settings need to focus on. This requires an awareness of the issues that are important for residents and families. Building trust and rapport with residents and families is key to this work and being aware of the negative portrayal of aged care facilities and ageing in the wider community. Consider what older people in care facilities may be feeling.

All your life you live in your home, you feel safe, comfortable, and this is your space.

Fast forward in time, now in your late 70s your health has declined significantly. You cannot walk much anymore, you cannot shower yourself and what is worse, you are home all by yourself. You have loving family and friends who come and help, but they cannot be around you all the time as they have their own lives, work and families.

You continue to decline. Your children have lost the capacity to help you, even if they want to and do not know what to do. Life just does not allow them the time to help.

People are 'pretty nice', you get shown around. They explain how things work. However, it feels and 'looks like a hospital', full of older people with similar issues to you. You are still upset with your family, but also confused, annoyed and somewhat accepting all at the same time, but do not show it today as this is your first day and you want to give this nursing home a shot. So you do.

The next day, you wake up, and realise this is not your bed. You participate in many activities in the home and start making friends. The carers are nice and look after you well, but you still feel like a burden.

You miss your family, you feel unable to do anything, you're now 'too old' anyway and things are too hard. Some days you want to do activities, but most days you do not, you just want to be left alone. You enjoy the activities, but prefer to just chat with your friend. The food is good, but not the same as a home-cooked meal.

Your family is concerned. They love you and hate to see you like this. You never used to be like this. Your family are worried and want the best services. They advocate for you and feel unhappy that you are unhappy a lot of the time.

Whether they say it or not, they carry guilt on their shoulders for putting you here. They did it for your best interests, because they want you to be cared for properly and know that they themselves could not do that.

A resident in a nursing home feels all this and more. They have lost independence, some levels of freedom and, to add to this, the very nature of residential care can increase depression.

This is the grief and loss that social workers in aged care facilities need to deal with. Residents are hurting a lot of the time, from their past and current experiences. Families are hurting too. Social workers aim to find strengths in residents and families in these tough circumstances. It is hard, sometimes.

Responding from a positive ageing framework also means showing residents what they can do. For example, if they can still stand up and walk short distances, remind them of this and how they can still talk and relate to people. Social workers in facility settings need to be encouraging.

Acknowledging residents' and families' experience is also vital. It means being

About the author

Chrystal Trewren is a social worker at a nursing home in South Australia. She is a recent social work graduate from the University of South Australia and is keen to develop her professional identity working with older people and their families, and also in the area of palliative care.

with people where they are at, when they feel able to, to encourage them, and when they are not feeling positive not force them to be. This might mean saying to residents, 'It must be hard, to go from being in your own house, being able to do what you liked when you liked, to this...'

Residents have strengths that need to be identified and this is the key to positive ageing approaches at a nursing home. Just think, though a person might not be physically able to cook anymore, this does not mean that they do not remember the recipes they used. Just because residents cannot walk, does not mean they cannot garden, cook, knit or even clothe parts of themselves.

Social workers must encourage people to look beyond the stereotype, to be person centred, to know the person, their likes and dislikes, and to find creative ways of enabling them to do those things within the scope of their abilities. Social workers need to take residents on a journey with them, get them involved, and ask them whether they enjoy the activity.

Positive ageing also means helping people die well in the facility, being aware that this is inevitable among all people. This means walking alongside families and residents, making their lives as positive and meaningful as possible, so that when this event does happen,

families know their loved one lived a life full of good health and wellbeing. Social workers help families to recognise how important their role is to the positive ageing of their loved one.

Social workers make a huge difference to residents and families in nursing home environments. This job should not be thought of lightly, and more work needs to be done to promote their role as significant around Australia.



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SOCIAL WORK AND DEMENTIA: THINK BIG

LENORE DE LA PERRELLE

Two projects to support people living with dementia and their families demonstrate how a social inclusion approach can make a difference.

With the increasing incidence and prevalence of dementia in our ageing population, the need for specialised and well-developed services to support people living with dementia and their families is also increasing. Given there is still no cure for dementia and few medical treatments available, a social care perspective is most effective to promote quality of life, to support family and adjust to the changes that dementia brings over between 7 and 10 years of life. However, many aged care services have not employed social workers in large numbers, rather focusing on nurses, trained care workers and allied health professionals to provide care.

Social work practice at individual, family, systems, service design and societal levels can change attitudes to dementia and the type of care that is offered to people living with the condition. Two examples, one of a choir and the other a walking group, are described below to demonstrate the difference that a social justice and strengths perspective can bring to dementia care.

The opportunity to learn and be part of something in the community was identified as a need for people living with dementia in the community in South Australia. Research done in the UK showed the benefits of choral singing for people living with dementia. In 2010, using systems and service design skills, I developed an inclusive choir and arts approach.

By focusing on every one as learners, adapting the learning methods to support memory, visual and orientation needs and by involving people without dementia singing with people with dementia, the Sing for Joy choir model has been very successful. It becomes hard to identify who has dementia when they perform at various festivals and events. Now seven years later, the choir performed at

their first Adelaide Fringe Festival event this year demonstrating that the model is sustainable.

Many people living with dementia lose the opportunity for exercise and freedom due to concerns they may get lost or be at risk of injury. Yet most people want the opportunity to walk and be in the outdoors. By taking a systems and societal approach to the issue of access to community walking activities for people living with dementia, a partnership with Heart Foundation Walking, Alzheimer’s Australia and ACH Group was established in 2012.

The project included a three-pronged approach: education for volunteer walking group leaders on dementia, busting myths and providing simple tips to assist them to accommodate people with dementia in their walking groups; active recruitment of aged care services to participate in walking groups for people with dementia; and demonstration projects around Australia to gather data and evaluate the impact.

The results have been better partnering between Heart Foundation and Alzheimer’s Australia, education of community volunteers, an online training module, increased opportunities for people with dementia to exercise and improved access to walking groups around Australia. The evaluation showed benefits of walking for family relationships, mood and sleep.

By taking a social inclusion approach to supporting people living with dementia, it is possible to change perceptions of what is possible, to improve quality of life and to have impacts at the societal level. By thinking big we can reduce stigma and enable access to community resources, transforming dementia care into a social care model.



About the author

Lenore de la Perrelle holds a BA(SW) and M(Pol Admin) and has worked in a range of human services over 35 years. Her focus on dementia care, in her work with Alzheimer’s Australia and as an aged care provider, promotes social inclusion for people living with dementia and carers.

NAVIGATING MY AGED CARE: CHALLENGES FOR OLDER PEOPLE FROM NON-ENGLISH-SPEAKING BACKGROUNDS

NATALIA MOSKVICHEVA

Dealing with government services can be daunting for anyone, but especially so for older people from culturally and linguistically diverse backgrounds. Natalia Moskvicheva outlines some of the challenges faced by her clients as they navigate the My Aged Care System.

People have different approaches to the reality of ageing. While some may consider it a time of freedom, others view it as a time of loss. Most of us can see merit in both sides of the issue. Fortunately, our society and welfare organisations have many support services and means of providing assistance to people to help them overcome problems associated with ageing.

However, even with access to all of these amenities, some of my clients are still not comfortable going out, because they are not only older people, but they also cannot speak or understand English very well.

'If only I could speak English!' each of them has exclaimed at least once. Therefore, in my position as a bilingual worker at Uniting Care Wesley Port Adelaide Ethnic Link Services I am supporting them in their day-to-day lives.

My role as an Ethnic Links Services worker is to ensure that our client group receives the same level of access to mainstream services that their English-speaking counterparts may take for granted, by providing language assistance, information and advocacy.

However, new challenges emerged with the introduction of My Aged Care, which was created as part of the government's national aged care system reform. In essence, it became much more difficult for people from non-English-speaking backgrounds to access these services, as it is simply not easy for them to understand this system and therefore to get into it.

Regardless, the journey to My Aged Care is what all my clients must do sooner or later, and one of the biggest difficulties they will confront is the language barrier, despite the fact that telephone interpreters are provided for free.

From the perspective of my clients, there are several shortcomings of these telephone interpreters. To begin, they simply do not give an aged person as much confidence as an in-person

interpreter. This is largely because most of these aged people have a hearing problem, sometimes as well as cognitive difficulties. The consequence of this is they simply lack the confidence to speak by phone with an unfamiliar person, even in their native language.

Ethnic Link Services employs bilingual and bicultural staff (some of the coordinators and workers are also social workers) who provide the clients with information about the My Aged Care CHSP program in their native languages.

Workers like me who assist clients in making their first contact with My Aged Care often empower people by providing them with language assistance and social support during initial contact. Our support sometimes follows them during their Regional Assessment Service (RAS) Assessment, and allows us to monitor the process. This gives us the opportunity to help our clients not to give up when things are not going smoothly, and to ultimately celebrate the results with them at the end when the client receives the services or equipment they need.

It is interesting that no two people share the same journey into the My Aged Care system. For some, the process is quick and smooth and takes only several days, for others it could take many months. It all comes down to the client's circumstances, to the person who did the initial screening, and to the agency that had been appointed to conduct the RAS Assessment – even down to the assessor's personality.

Within Ethnic Link Services, both workers and clients often discuss among themselves their individual experiences with contacting and getting clients into My Aged Care. It seems that these kinds of conversations have proved both useful and empowering to all those involved – individuals as well as groups, those who have successfully contacted and engaged with the system, and those who are yet to do so.



About the author

Natalia Moskvicheva graduated from Flinders University in 2007, and has since worked with older people from culturally and linguistically diverse backgrounds at the Uniting Care Wesley Port Adelaide Ethnic Link Services on a one-on-one basis and also as a social group facilitator.

MY AGED CARE AND THE TRANSITION TO THE COMMONWEALTH HOME SUPPORT PROGRAMME: CLIENTS AS CONSUMERS

MARIA BOWMAN

In 2015, the Australian government introduced sweeping changes to community-based support services, previously known as Home and Community Care (HACC), which had predominantly been offered through local councils. State HACC services have now transitioned to the Commonwealth Home Support Programme (CHSP) which commenced on 1 July 2015. Block funding will cease in the next few years. Maria Bowman explores how confusing these changes can be for older people and why social workers have an important role in explaining them.

Before July 2015, state HACC services were offered primarily to people living with disabilities and those over 65 years in the local government areas covered by that agency. In an attempt to counteract the heavy and rapidly increasing burden on the public purse to cover the cost of aged care services, the Federal Government has started phasing out block-funding agencies such as community health centres and local councils, and will only fund agencies on an individual client and service basis.

This, coupled with a move to Home Care Packages (a program contributed to by consumers and the Federal Government) is designed to mitigate the drain on public funds and provide a user-pays system for those who can afford it as well as a heavily subsidised system for those who can't. The Australian Institute of Health and Welfare reported that people aged 65 and over made up 3.4 million of the population in 2014 and that people are living longer due to better medical and pharmaceutical systems, so to look at a user-pays system through this lens, it appears to make good fiscal sense.

The Federal Government introduced My Aged Care (MAC), a one-stop contact centre, offered as an internet portal and as a call centre. MAC was established to register consumers, undertake phone-based

psychosocial assessments, organise home-based assessments via the Regional Assessment Services (RAS – which is what the assessment arm of local councils are now known as) and make referrals to entry level services such as the service provider section of local councils and other agencies that offer entry-level support services. Entry level services (such as domestic assistance, home-based respite and personal care) are now limited to a maximum of three 45-minute personal care sessions and one hour-and-a-half cleaning session per fortnight. Delivered meals are also considered entry level services. These maximums are at the discretion of the local council as service provider.

MAC also screens consumers for more complex needs and makes referrals to the Aged Care Assessment Service (ACAS) that conducts comprehensive or complex assessments. ACAS provides a report called an Aged Care Assessment Record (ACAR) that outlines the consumer's life domains, medical situation, strengths and deficits, a summary of their current situation and recommendations for future support. It determines a person's eligibility for different community-based supports; residential respite, residential aged care, transitional care or home

care packages and updates the consumer's record in MAC.

The introductory phase of MAC, its functions and use, brought with it the expected frustrations. There was misinformation about the role, knowledge and skill level of the phone operators and their referral responsibilities. There were initially long phone delays and unclear processes but to their credit, the Australian Government and the MAC Operations Team rolled out webinars, training and information and it is now much improved, efficient and easier to navigate. There are also contact numbers and dedicated referral portals for providers and medical personnel to refer their clients (or patients) as well as robust safety measures to protect privacy.

It is not known how many consumers have taken up the option of referring themselves to MAC via the Internet portal, but one could surmise that the uptake of internet usage would be lower than phone contacts, due to the phone being easier to use for many older people. My experience to date has been, however, that many consumers who have used the MAC internet portal have found it relatively straightforward and easy to navigate, if they are experienced with using computers and the internet.

Social workers have an important role in understanding My Aged Care and the ways in which they can support, and advocate for, their clients. The MAC phone staff are trained to undertake elementary psychosocial assessments but there have been many instances during my practice where the consumer, on the phone to MAC, has minimised their issues or neglected to mention the extent to which they can (or can't) do a task or need assistance. This may be due to fear of presenting as older, frail or incompetent or preferring to leave support services for others who need them more. Many of the clients I have worked with have found articulating their needs on the internet portal difficult and have deferred to me to complete the task or refer on their behalf.

In my experience over the last year of working with consumers and MAC on a daily basis, there have been few people who have known exactly what to ask for, who have had a clear grasp of the types of services that can assist them or even what the ACAS and Home Care Packages are. While there are supports available for non-English speakers and people with literacy difficulties, many consumers have shown a reticence to contact MAC independently and without clear instructions and a list of questions provided by me.

Additionally, there are many terms used by MAC staff and other health professions that are unfamiliar to the public, such as mobility, re-ablement and restorative care. These terms underpin both the CHSP and Home Care Package programs, yet are new 'buzz-words' for the industry, which don't necessarily resonate with older people. For many of our clients seeking support to help them manage, and stay, at home, it is difficult to know what help to ask for if they're not aware of what help is available. For our

clients, it very much sits within the realm of 'I don't know what I don't know'. For those of us in the field, these terms can be as difficult to define as they are to explain and therein lies the opportunity for social workers to help people navigate the maze, understand the terms and help people access the essential supports to keep them safe, connected to their communities and living in their own homes.

The social work profession can support their clients to understand the different types of services offered in the community, service limitations and pathways for referrals. Many services are time- and service-limited and clients will often not know which service is involved, how they were referred to these agencies and what they offer. Many government and community services now have the names 'Home Care' and 'Aged Care' in their titles, which is confusing, and consumers, after making any contact with My Aged Care, will receive a large number of phone calls and literature from service providers who seek to make them their 'clients'.

For many of our clients, the shift from being a *service user* to a *consumer of services* is confusing, overwhelming and propels them to a place where it is sometimes easier to refuse all services than to have to make contact and try and understand the new services system that is all about choice, but for many is an overwhelming and often confusing challenge.

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About the author

Maria Bowman is a social worker in the Health and Wellbeing Unit at Sunbury Community Health. She has worked in various community health settings for 18 years, predominantly in aged services and has an interest in elder abuse awareness and prevention, grief and loss and both solution-focused and Acceptance and Commitment Therapy (ACT) counselling approaches. She is currently setting up the Home Care Packages program at Sunbury Community Health.

THE ABSENCE OF A SOCIAL WORK PRESENCE IN AGED CARE FACILITIES

MARK SILVER

In this era of increasing need for aged care services, especially in dementia care, we should expect an increase in social work services and training. So why is it that we actually see quite the opposite in Australia?

Australia has a strong social work presence in the areas of case management, hospital, mental health, family, youth and children’s services. However direct social work services in aged care is just simply out of the picture, especially in residential aged care facilities.

Out of sight, out of mind seems to be our traditional practice in where we place our older adults who become frail emotionally, cognitively and physically. The emotional wellbeing needs of our older residents and their families are in severe neglect. Mental health practitioners whether they be psychologists, counsellors or social workers are just not being made available; and furthermore there is little opportunity for practicum experience offered to our up and coming social work students.

We know all too well about how the social work profession can significantly contribute to the emotional wellbeing of older adults and their families; as well as how to assist aged care providers and facility staff to better meet the emotional wellbeing needs of their clients and residents. Why then does there seem to be such a lack of willingness to arrange social work practicums in aged care residential care settings?

The AASW has published ‘Scope of social work practice: Social work in aged care’. What is not mentioned in such publications is that, apart from hospital-related services such as ACAS, Rehabilitation and Geriatric Assessment Units, and case management roles, there are virtually no social workers employed as direct clinical social workers in the aged care sector; especially in residential care.

One interesting exception is the Montefiore Homes in Sydney. They have 11 part-time social workers embedded in each of their units and having visited the facility, the positive impact has been impressive. In a recent study of over 250

residential aged care facilities (RACFs) in Australia, only 14% of aged care facilities had any mental health staff dealing with emotional wellbeing.

There is no question that social work, with its emphasis on ‘person-in-environment’ constructs, has so much to contribute. Referring to the AASW ‘Scope of social work practice: Social work in aged care’ document, there are plenty of comprehensive social work frameworks on offer in the aged care field that have been well thought out and developed. Books such as *Older people, ageing and social work: Knowledge for practice*, by Mark Hughes and Karen Heycox, have also made significant contributions to knowledge and practice. The AASW position paper on ‘Improving service responses for older people with a mental health condition’ also adds to the growing social work literature on the need to provide services.

However all this does not negate the fact that there are just not enough social work services in existence, nor the required social work training available, at our universities.

There needs to be a greater focus on advocating for a significant social work presence in residential care settings, including the development of a strategy outlined for training and attracting social workers and students to enter this important field of practice. While the AASW has increased its focus and advocacy in this space in recent times, greater focus is still required on the need for a social work presence in residential aged care. As social workers we need to have a much louder voice in this arena. To address the issue, RMIT has developed a partnership, both in the clinical and research arenas, with Swinburne University.

Swinburne University has pioneered a unique service model called the Wellbeing Clinic for Older Adults. The Clinic is a confidential counselling and



About the author

Mark Silver, MSW, has worked in the disability and aged care sector for over 40 years. He has a keen interest in narrative therapy approaches, and has developed intergenerational digital life story programs involving school and university students. He is one of the founders of Swinburne Wellbeing Clinic for Older Adults.

support service for older adults living in residential and community settings. This service is run by psychology, counselling and social work students. It also provides aged care professionals with mental health training and conducts research on the psychology of ageing. The clinic was developed in 2011 in partnership between Swinburne and aged care providers to offer low or no cost services addressing the emotional and mental health care of older adults. It offers supervision both in groups and individually as well as a series of regular educational seminars.

Social work placements are being offered for students to be embedded in aged care facilities three days a week and are invited to use their creativity to work with individuals, family carers and groups to improve quality of life of older adults. There are also opportunities to incorporate life story work and work with students and older adults in an intergenerational program. As well as this there are also opportunities to conduct valuable research.

We may wonder why such a situation has been allowed to develop. My own experience, having worked for so many years in the aged care sector and in residential settings, is that the emotional wellbeing of our frailer older adults is

considered a lower secondary layer of need. The primary function of our residential aged care facilities seems to be on dealing with the complex demands of meeting physical, medical, nursing, recreational and social needs. The focus of nurses, medical staff and activity workers are on being innovative, person-centred and creative, but only in these areas. Pastoral care features strongly in many non-for-profit facilities run by religious organisations. However that seems to be it as far as trying to meet the emotional wellbeing needs of residents.

Facility managers that I have interviewed, feel strongly that they are meeting the emotional wellbeing of their residents; even though they readily acknowledge that there is no actual comprehensive strategy for providing emotional wellbeing to residents and families, and no one specific staff member allocated to overseeing such a role. When asked about social work services, a common response is to say that it would be great to have but we just cannot afford it. The government does not give us any money for this.

In the government's Accreditation Standards for Residential Aged Care, of which there are 44 expected outcomes,

there is only one standard related directly to emotional wellbeing, 'Expected outcome 3.4 Emotional support'. We are looking at a very tightly budgeted, resource-poor RACF environment, where there is pressure to maximise efficiency and minimise staff. Once basic care needs are met, there is little time left for staff to spend even talking with residents and families. It is not difficult to meet Standard 3.4 in so many other ways than providing a social work service, and this can provide an easy rationale for seeing social work 'as a luxury'.

In the USA there is federal legislation that any nursing home with more than 120 beds must by law employ a social worker. So where is Australia in this? We are nowhere near implementing any plans to advocate for such legislation; let alone being prepared to meet the workforce demands, should this be the case.

The program at Swinburne and RMIT goes some way in redressing such a neglected area of service provision for our older adults and quality training of our social work students in aged care. Let us continue the struggle together further and deeper and with more innovation and creativity; something of which social work has always been proud.

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AGED CARE: REFLECTING ON THE PRACTICE CHALLENGES OF HOSPITAL SOCIAL WORK

SHIBU JOHN



About the author

Social worker, **Shibu John** has worked in the fields of community development and hospital social work. For the last seven years, he has been at Coffs Harbour Health Campus in New South Wales. Shibu has recently completed a research on the 'Decision making capacity assessment for confused patients in a regional hospital', and was involved in developing quality improvement projects on this theme. He has presented on this topic, and was part of a working party developing state wide eLearning on the guardianship application process.

One of the biggest challenges for hospital social workers is to balance the core ethical principles of autonomy and protection when dealing with elderly hospitalised patients. Shibu John poses a number of questions to encourage social workers to further explore and reflect on the ethical dilemmas and ways of working with these practice challenges.

Hospital social workers are often torn between advocating for and supporting the wishes of elderly patients, and the needs and recommendations from their own multidisciplinary team (MDT) and the patient's family. What should social workers do when an older patient with cognitive decline decides to discharge from the hospital to live on his or her own against the MDT's recommendations?

What should we do when family members challenge social workers who support elderly patients with limited decision-making capacity to continue to live on their own? Sometimes, patients with dementia refuse to consider alternative accommodation options and decide to continue to live at risk. These are examples of some of the main issues that social workers face when working in this field.

In this article I have included two case scenarios in order to discuss some of the key ethical challenges and points for reflection.

Case scenario 1:
Anne

Ninety-year-old Anne lives in her own home with her sister Mary, who also is frail and aged. Anne has vascular dementia, and had been supported at home for many years by Mary and home care providers. Anne has no children and Mary, who is in her late 80s, has her own health issues. Mary has enduring power of attorney and enduring guardianship of Anne.

During a prolonged hospital admission Anne was noted to have progressive functional and cognitive decline, along with incontinence issues. The MDT recommended residential care placement, after a period of trial in rehabilitation. The family initially agreed with the plan and was convinced that they would not be able to support Anne at home with increasing care needs and the risk of falls, but later decided to take Anne home against MDT recommendation.

What should the standpoint of the hospital social worker be: to support the autonomous decision of the family or to support the safety concerns of the MDT?

Case scenario 2: Scott

Scott is an 85-year-old man who presented to the hospital after having a fall. Scott lives on his own in his much loved home of many years. He is a widower with three adult children who do not live nearby and so are not able to provide any day-to-day support. The family raised concerns about his safety at home and wanted hospital social workers to assist Scott to move into residential aged care.

Though Scott has some cognitive impairment, he has decision-making capacity and was adamant that he was returning home and would not consider residential aged care at present. The MDT attempted to support Scott with his decisions, and Scott was well aware of some of the safety concerns on discharge from the hospital. He was open to home-based supports and to getting a personal alarm on discharge, and was ready to look into supportive accommodation in the future. However, the family was upset with this plan, and threatened to take legal action against the hospital staff if Scott had a fall at home after discharge from the hospital.

What should the professional stand of the social worker be: to support the autonomous decision of the patient or to support the safety concerns of the family and encourage the patient towards going into a nursing home?

These are some of the challenging and confounding questions raised in social work practice in the hospital setting. These questions do not have easy answers, but it is vital that social workers engage with this complexity and reflect on all the issues they raise. While dealing with challenging patients and families, it is important to remember that hospital social workers are committed to the core values of respect, social justice and professional integrity in their practice.

Social workers practice with a patient-centred approach in the hospital setting for the empowerment of vulnerable older people. As we have an ageing population, social workers will be challenged in the future to balance these two core ethical principles of autonomy and protection, while providing person-centred care for these older patients. Social workers need to be better equipped to deal with these challenges, and be committed to support the autonomous decisions and safety of the ageing population.

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