

Focus

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AASW

Australian Association
of Social Workers

**ARE WE
CARING
FOR EVERYONE?**

**EXPLORING
CHILD PROTECTION
IN AUSTRALIA**

AASW
SYMPOSIUM
THUR 10 MARCH 2022

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Director - Aboriginal and Torres Strait

Islander representative

Professor Susan Green

Melbourne office

Level 7, 14-20 Blackwood Street
North Melbourne VIC 3051

PO Box 2008, Royal Melbourne Hospital
VIC 3050

P: 03 9320 1022

aasw.asn.au

MEMBERSHIP ENQUIRIES

Freecall: 1800 630 124

membership@aasw.asn.au

HORIZON CAREER CENTRE

horizon@aasw.asn.au

www.horizonemployment.com.au

Branches

Australian Capital Territory

aaswact@aasw.asn.au

New South Wales

aaswnsw@aasw.asn.au

North Queensland

aaswnqld@aasw.asn.au

Northern Territory

aaswnt@aasw.asn.au

Queensland

aaswqld@aasw.asn.au

South Australia

aaswsa@aasw.asn.au

Tasmania

aaswtas@aasw.asn.au

Victoria

aaswvic@aasw.asn.au

Western Australia

aaswwa@aasw.asn.au

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Editorial and advertising enquiries

Marketing and Communications Officer

P: 03 9320 1005

editor@aasw.asn.au

www.aasw.asn.au

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NEXT EDITION

Contributions for the Autumn 2022 issue will be accepted until Friday, 28 January 2022.

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

EDITOR

Angela Yin

Marketing and Communications Officer

Ann Philpott

Copyeditor and Proofreader

ACKNOWLEDGEMENT OF COUNTRY

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

Join us on social media:



National President's Report



VITTORIO CINTIO

AASW National President

It has been just over a year since I became the National President of the AASW. It has been a year of continuing to serve members in an unpredictable environment - with necessary but bruising extended lockdowns in Victoria and New South Wales and with Queenslanders and Western Australians living in relative normality, but trapped in their states.

It has also been a year of continued success for the Association, with the most recent and significant being the registration of social workers in South Australia. It is a testimony to the decades-long persistence of our South Australian Branch and National Office team that we have been able to achieve this long-desired outcome for social workers and the people they serve.

The next six months will see the implementation of registration in South Australia and we will closely monitor and inform members of the next steps.

Importantly for members in other jurisdictions, we now have the impetus and momentum to push for registration state by state, territory by territory and nationally.

Reporting on the year that has been, it was an honour to outline the achievements of the Association at the recent Annual General Meeting, which included:

- Successfully lobbying for reduced fees for social work degrees under the new regime
- Hosting a successful 26th Asia-Pacific Regional Social Work Conference with 400 delegates
- Rolling out an over-subscribed Mentoring Program, which has proved beneficial to all involved
- Launching the National Excellence Awards
- Announcing three new life members: Dr Brenda Clare, Terry Simpson and Dr Fotina Hardy

- Reporting on remarkable growth of membership to more than 15,000.

We also welcomed new Board Director Elisha Ebdon to the Board, with whom I look forward to working. We said farewell to Jenny Rose, who has served on the Board since October 2017. Thank you for your years of service, Jenny. It has been a pleasure to work with you over the past few years.

Since the last edition of *Social Work Focus*, we have published our Annual Report, which summarises all the achievements throughout the period. We have also published the new [Strategic Plan 2021-2023](#), which will cover the next three years. We have updated our Vision to "Wellbeing and social justice for all": our rallying cry!

Our updated Purpose is defined as "Supporting social workers and empowering the profession to make a positive difference".

To this end, we propose to make changes to the Association's Constitution as outlined in the *Beyond Boundaries* discussion paper. In order to harness the Association's resources as cost effectively as we can, we are seeking to consolidate the structure to remove state and territory restrictions, and by gaining not-for-profit status.

This will indeed assist us to better support, represent and empower social workers across the country as we would then be able to better use our limited resources to assist members to engage, network and learn as per their areas of interest or specialisation and through

their different career stages. The new structure will enhance CPD, develop communities of interest and ready us for professional registration. Unnecessary formality and administration will be removed providing members with greater flexibility. The consultation process has already begun and I encourage you to read the discussion paper, provide a submission, or participate in the webinars before we hold an Extraordinary General Meeting in late March 2022 to vote on the changes.

As I'm sure you are, I am looking forward to a well-deserved Christmas break. Next year will prove to be another very active year, indeed, as we look forward to high rates of vaccination among the public and hopefully greater freedoms. We are likely to have a federal election in the first half of 2022 and our team will be preparing for that: developing an Election Platform, which will focus on seeking action on climate change, bolstering services and income support to our communities and nurturing the aspirations of our First Nations peoples. We will also seek reforms that better service our members in their work.

Have a happy, safe and restful Christmas and summer break. I hope you enjoy this edition of the magazine over this period.

Vittorio Cintio

Vittorio Cintio

Moving *Beyond Boundaries* and social work registration



CINDY SMITH
Chief Executive Officer

The big news is that social work is now a registered profession in South Australia. This happened late in the evening on Tuesday, 30 November in the last sitting week of the South Australian Parliament. The South Australian Parliament will not sit again until May 2022, until after the next state election, so it really was a now or never scenario.

And it so it was NOW. Sadly, it took the preventable death of Chloe Valentine in 2012 to create the impetus for the registration of social work in South Australia. This legislation is the step in the right direction towards preventing such tragedies from happening in the future.

Registration is all about public protection and professional accountability. Social workers need to be held to the same high standards as other health practitioners. As we all know as social workers, nothing is more important to us than the safety of children and the protection of vulnerable people.

All vulnerable people across the country require equal protection, no matter where they live.

It is going to be difficult for federal and state governments to explain how social work can be registered in South Australia, but not in the rest of the country. We have been calling for registration for decades. All vulnerable people across the country require equal protection, no matter where they live. The public should be able to expect the same standards of professional practice everywhere in Australia. So the fight continues across state, territory and federal jurisdictions to ensure Australia aligns with other comparable countries, such as the UK, the USA, Canada, Ireland and New Zealand. We will be keeping members apprised of further progress through the AASW *Insider* and the [website](#).

One thing we know for sure is that social workers under an external regulatory regime will be required to participate in continuing professional development (CPD). The proposed constitutional change readies the profession for this change. *Beyond Boundaries* proposes moving to a structure of State/Territory Advisory Committees that are supported by the National Office. The savings of removing this burdensome administrative cost will be directed to the ways that members connect, through their areas of practice and peer groups.

Participate in the consultation process through our webinars or in writing via the website. You will need to log in to view the *Beyond Boundaries* discussion paper and [submit the form](#).

In addition to the registration campaign, we are also seeking to have social work services covered by an increasing number of health insurers. We already have Teachers Health, Uni Health and Nurses and Midwives Health; however, we are in discussion with other funds. Once these are confirmed, we will reach out to members and update our [website](#).

It was my biggest honour to award the inaugural National Excellence Awards winners to Mark Silver, Wilma Peters, AJ Williams-Tchen and Chloe Span. You can read about their winning entries in this edition. I also congratulate all the other nominees. There were many high-quality nominations and it was difficult to choose the winners.

I know that you have been reading in the media that there is a lack of access to mental health supports for the general public during this difficult COVID period. We have reached out to a number of journalists to inform them that Accredited Mental Health Social Workers can also provide mental health supports. We have done interviews with



Registration is all about public protection and professional accountability. Social workers need to be held to the same high standards as other health practitioners

SBS *The Feed* and we expect the story to air shortly.

We recently held our Mentoring Program event for 2021, which had a total of 350 participants - 175 mentors and 175 mentees. There are videos on our website of testimonials from those who participated this year: Elizabeth Chapman, Marion Scott, Jia Zhao and Jordan Brown. See the testimonials [here](#). We will run the program again next year, so keep reading your *AASW Insider* each fortnight for information about how to participate. I'm sure you will also enjoy Rachel Drysdale's article in this edition about the benefits of mentoring.

We are fast coming to the conclusion of another year but before I finish my note to you, I had the pleasure of welcoming you all to the 26th Asia-Pacific Regional Social Work Conference 2021. It was a really successful Conference with more than 400 total delegates. This is quite remarkable, considering our pivot from a face-to-face event in Brisbane to

one held entirely online in a very short period of time. Everyone adapted to the new environment with aplomb, not least our lovely Master of Ceremonies Mimi Kwa who really added further intellect, style and a sense of occasion to the Conference.

Have a happy, safe and restful summer and Christmas break. I look forward to an energetic 2022.

Cindy Smith



Yifan Wang

Our 15,000th member



Yifan Wang is an international student from China, studying social work at Monash University in Melbourne. She also became our 15,000th member in June this year. Reaching 15,000 members for the first time was an amazing milestone for the Association, especially in our 75th year.

Congratulations on being our 15,000th member! What inspired you to join the AASW?

As a first-year international student of social work, I really want to explore more information about this field in Australia, especially social policy. AASW provides a range of useful resources for my study. Hence, I became a student member of the AASW, and I feel so lucky to be our 15,000th member and to get this chance to speak here.

You are currently an international student at Monash University. Why did you decide to study social work?

I completed a Bachelor of Nursing in China and Master of Health and Human Service Management at Deakin University. With the health background, I was really interested in the health promotion field. However, I found that it is not an easy thing because people have different obstacles. For example, when I worked as a nurse intern in China, I encouraged patients to exercise more and smoke less after they were discharged from hospital. But I do not know whether they were able to take up my suggestions with their busy lives, their complicated relationships or negative mental health. When I discovered social work, I decided it is what I wanted to do. It is very meaningful if I could help people achieve a better and healthier life.

What areas of social work are you most interested in?

It is hard to decide my favorite social work area because I haven't had too many experiences yet. I was really interested in working as a hospital social worker, but during these past few months, I am having my placement in a primary school, which attracts me to work as a wellbeing supporter in schools.

What has student life been like for you here in Australia, especially during this pandemic?

I was lucky to finish my first semester on site and met many new friends. In June, I had to switch to online classes using zoom. Communication skills are considered important skills for social work, so we needed to do many role-plays online, which was difficult. At home, I tried to do role-plays with my housemate; as a result she got to know some counselling skills. Then, I completed half of my placement at home and had zoom meetings every day. I had plenty of time to read different resources and it gave me a great chance to discuss things with my supervisors. The zoom process was also a very important process for me to study. Later, I can go back to school and meet my clients.

What is the funniest or strangest thing that has happened to you since you started studying in Australia?

The funniest thing is when I talked with my friends about differences among



countries, such as culture, social norms, values, language, policy etc.

How has being a member of the AASW helped you as a student?

I could read the social policy section on the website when I became a member of the AASW. As an international student, the unit of social policy is the hardest part because discussing social policy is a foreign area for me. I read many documents on the website and now have a general idea of what social policy might look like.

What advice do you have for anyone wishing to study social work in Australia?

Studying social work is a great chance to learn about welfare, human development, relationships, and the society. Also, it is a very valuable career. However, it is not an easy job of simply 'helping' people. We need to improve our skills, increase our knowledge, and keep practising, learning, and reflecting all the time. In addition, we need to have 500 hours of field placement each year as part of our study. Hence, it is very important to have a balance between your study, work, and life.

The campaign for social work registration in South Australia

The Social Workers Registration Bill 2021 passed the upper house in South Australia on Wednesday, 1 December, to be sent to the Governor for royal assent.

It comes more than three years after the Bill was read for the first time in September 2018 by Greens MLC, the Hon Tammy Franks.

Tammy Franks MLC introduced the Bill for the second reading on 27 October 2021, where the Hon Clare Michele Scriven of the ALP and the Hon Connie Bonaros from SA-Best spoke in support of the Bill. Twenty-four amendments were sent two days prior to the upper house debate on 17 November, without consultation with stakeholders and which were not recommendations from the Joint Parliamentary Committee of the Social Workers Registration Bill, who consulted for two years.

The AASW was active at the highest levels to stop some of these amendments, right through to the very last minute, which otherwise would have diluted the effectiveness of the Bill.

With the exception of one amendment, the Bill passed the upper house, and was sent to the lower house, where it was debated on Tuesday, 30 November and it passed around 6.30pm. AASW South Australian Branch President Patricia Muncey appeared on ABC Mornings South Australia the next day with Angela Smallacombe to discuss what registration means for social workers.

For more than 50 years the AASW has campaigned for the registration of the social work profession. South Australia is the first state to register the social work profession.

Keep up with the latest updates on the AASW website: <https://www.aasw.asn.au/social-policy-advocacy/south-australian-registration-campaign>

After we published our progress in the AASW *Insider* and on social media, we received many encouraging comments from our members. A selection is below.

 **Eva**

Dear sir/madam,
I want to congratulate and thank you for your efforts in this fight for our profession.
I just wanted to let you know -and please pass it on to others- that it is very well appreciated!
As to what it really means I will have to read further material.

 **Penelope**



Hallelujah!!
I am a social worker in my 43rd year about to turn 66years. Have also done my Masters.
I thought I would be dead before this came to fruition. Still has to get through the Lower House, so not quite ready to pop the champas just yet!
Well done to everyone involved

 **Irene**



Well done!

 **Mary**

This is great news. I first advocated registration nearly 40 years ago but was met with great resistance from many social workers. Let's hope other states will follow.

 **Heather**

Well done
Thank you I know AASW folks have worked so hard for this
It is so appreciated
X

 **Pauline**

Oh that is an amazing piece of news! I've been a member since the eighties and I know how hard the association has worked to get to this stage. Well done!

 **Susan**

This is truly a step up and a strong and tenacious debate on behalf of Tammy Franks.
After 25 years working as a social worker, and 15 years in my own private practice, this is music to my much hard-working set of ears.
Thank you Tammy!!

 **Tina**

Oh my... TOP JOB TEAM!



The 26th Asia-Pacific Regional Social Work Conference 2021

11–13 November



Every two years, the International Federation of Social Workers Asia-Pacific holds its conference of social workers in a different country within the region. Australia won the bid to host the 2021 Conference in 2019, which was announced to much excitement and fanfare in Bengaluru, India. When we made our winning bid back in 2019, we could never have known that two years later we would be hosting the Conference in the grip of a global pandemic.

As ever, the AASW adapted to the new circumstances and pivoted the face-to-face gathering, originally set for Brisbane, to be entirely online. The theme of the Conference was the UN established Sustainable Development Goals (SDGs), which are of immediate and vital importance to so many in our region. Topics ranged from climate action, gender equality, Indigenous issues, children and young people, health, mental health, disability, cross-cultural social work, and many others.

Revealing the truly diverse nature of the international social work community, delegates came from Japan, Nepal, China, New Zealand, Malaysia, Macau, and other locations. The Conference

was also captioned in English and Japanese.

We were rewarded with an immersive digital experience, hosted by Master of Ceremonies Mimi Kwa, a veteran broadcast journalist of Asian-Australian background. Our Keynote Speakers were Deputy Secretary-General of the United Nations Amina J. Mohammed, Professor Jioji Ravulo from the University of Sydney and Professor John Thwaites AM from Monash University. It also featured the IFSW Indigenous Panel, including Australia's Linda Ford, Aotearoa New Zealand's Caroline Tana-Tepania, and Malaysia's Dr Ling How Kee.

The agenda featured a diverse array of presentations, posters, and panel

discussions. It was a wonderful opportunity to bring together social workers from across the Asia-Pacific region. There was networking and the Ultimate Conference Challenge, of whom the winners were Amod Khadka (Friday winner), Sarah Boasman (Saturday winner) and Amanda Chadbone (overall winner). The winners gained points for the most interaction, including asking questions of presenters, talking to other delegates via chat or video and approaching the virtual exhibitors.

The Conference will be available to those who registered, on demand, if you would like to see the presentations from streams you couldn't attend live, or if you were not able to attend during that weekend.

Our next large-scale event will be the Rights of the Child Symposium on Thursday, 10 March 2022.

We look forward to hosting you once again next year for that.



400+ attendees

20% approx. were international

12 countries

2.5 days **35** sessions

4 panels

1 keynote panel

2 keynote speakers

4 special interest panel presentations

81 abstract presentations

AASW National Excellence Awards

AASW Annual General Meeting

APASWE Student Workshop

APASWE General Body Meeting

Writing for Publication Webinar

Over **150** contributing authors

26 poster presentations



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National Excellence Awards

In 2021, the Australian Association of Social Workers launched the inaugural National Excellence Awards for social workers, which are the profession's most prestigious awards. We received a total of 28 nominations, all of which were high quality. The Awards were presented at the 26th Asia-Pacific Regional Social Work Conference 2021 on Friday, 12 November 2021.

The categories were:

Social Worker of the Year

Social Work Researcher of the Year

Aboriginal and/or Torres Strait
Islander Social Worker of the Year

Social Work Student of the Year

The AASW would like to congratulate the winners:



SOCIAL WORKER OF THE YEAR

Mark Silver

Mark Silver MSW has been a social worker in aged care and disability for over 40 years with a keen interest in the use of narrative, reminiscence, and stories in his work. He has been co-directing the Swinburne University Wellbeing Clinic for Older Adults for the past 10 years, advocating strongly for a greater presence of mental health professionals working as a team within age care settings, and advocating for improved practicum training programs for students and practitioners alike. He

has also recognised the importance of developing intergenerational programs that foster better relationships, communication, and understanding between the generations.

Mark has had a long and strong commitment in raising the profile of social work. His work with the Swinburne Wellbeing Clinic has involved psychology and counselling professions, highlighting the value and contributions of social work. Mark has strongly advocated for the social work role to be especially embedded in residential age care settings where social work has had very little presence.

Mark's idea to restart a National AASW Social Work in Aged Care special interest group is gaining support as the need for networking and collaboration is becoming more and more important. Mark is always looking for ways of including social work students and has recently proposed, and secured via RMIT, a student placement to take the Wellbeing Clinic further into rural and remote areas.

Mark has been providing external clinical supervision to at least two social workers working solo within residential aged care settings where resources are considered 'too tight' to afford multiple social workers. He is an excellent mentor, always willing to share his wealth of 'social work in aged care' knowledge and experience, acknowledging the

many hurdles faced by social workers in the sector, and advocating for an increased presence of social workers in aged care.

Mark's innovation in developing a collaboration group (social workers working in collaboration with other mental health professionals in aged care settings) is an exemplary image of social work. He has demonstrated how social workers use their values (to empower clients), knowledge (of systems and client needs), and skills (networking and community development) to collaborate with other healthcare professionals who can work together to create the positive changes that they may not have been able to achieve alone.



SOCIAL WORK RESEARCHER OF THE YEAR

Wilma Peters

Wilma Peters is a research clinician with over 20 years of social work and corporate experience. Wilma's clinical and research interests lie in trauma-informed care and early interventions for PTSD, anxiety, depression, and substance use in young people impacted by interpersonal trauma. As such she has gained experience in the use of trauma-informed care to further outcomes for traumatised youths within Headspace, National Youth Mental Health Foundation. Ms Peters is currently undertaking a PhD in Psychological Interventions for post-traumatic stress, anxiety, and substance use in young people exposed to interpersonal trauma, which will be completed in early 2022.



ABORIGINAL AND/OR TORRES STRAIT ISLANDER WORKER

AJ Williams-Tchen

AJ Williams-Tchen is an Aboriginal man of Wiradjuri / Wotjobulak background. He graduated with a Bachelor of Social Work (BSW)(Hons) degree in 1997 from Victoria University and with a Master of Social Work (MSW) degree in 2002 from The University of Melbourne. He is an AASW Mental Health Social Worker, who works in private practice (Girraway Ganyi Ganyi Consultancy) delivering counselling services, mentoring programs (for workplaces and schools), mental health literacy programs, and cultural awareness workshops. With 30 years of experience in health and community services, AJ continues to provide advocacy and social work practice in ways that increase the voices of those that have been historically silenced. He shares his experiences of issues associated with the Stolen Generations, Aboriginal issues, and transgenerational trauma and mental health in ways that allow social work colleagues and the profession to use strategies and pathways to alleviate disadvantage.

A major leadership achievement throughout the pandemic was the redevelopment of AJ's business Girraway Ganyi Consultancy. In March 2020, Girraway Ganyi Consultancy was booked out in advance for 15 months, but as COVID hit his whole face-to-face business evaporated as clients removed all face-to-face workshops. This also meant laying off staff. However, AJ was able to move his entire business online delivering Mental Health First Aid courses, cultural awareness programs, and mentoring programs in new ways and formats. Even though this process took a number of months, AJ has been able to expand his business in terms of employing additional staff; he now has bookings until mid-2022.



SOCIAL WORK STUDENT OF THE YEAR

Chloe Span

Chloe Span is currently a second-year student in the Master of Social Work (MSW) degree at The University of Melbourne. She has been actively involved in drug policy advocacy since 2016 when she established Students for Sensible Drug Policy (SSDP) Australia as their founding Secretary. Chloe is passionate about the human rights of people who use drugs and hopes to pursue research into accessible peer support and harm reduction programs for students and young people. She currently works at Family Drug Support as their Victorian Project Officer, is a Board Member of Harm Reduction Australia, and a member of the AASW.

Chloe stepped into the Secretary role at the SSDP The University of Melbourne Student Affiliated Club at the end of 2020. She has been working with The University of Melbourne Student Union over the course of 2021 to plan and administer the Safer Partying Initiative (SPI) program at their Parkville campus.

AASW 2021 honorary life members appointed

At the Annual General Meeting on Friday, 12 November, three honorary life members were appointed to the Australian Association of Social Workers: Dr Brenda Clare, Terry Simpson, and Dr Fotina Hardy. Congratulations to these members on their extraordinary careers and service.

DR BRENDA CLARE



Since her arrival to Australia from the UK in 1987, Brenda Clare has championed an approach to 'social working' that views the profession as an agent of change. Her work in the social work profession has been to ensure that, where it is needed, social work practice is robust and equipped to support individuals and families.

Brenda's work across the child protection, vulnerable adults, and university sectors has contributed greatly to social work in Australia. Brenda has tirelessly made her research and experience an integral part of the AASW. In championing the profession's growth and adherence to social work standards over the last 10 years, Brenda has used her efforts and knowledge to ensure that social work education is seen as quality training and that our Association pivots to be that bridge to better social work practice and knowledge.

Brenda's contributions to *Australian Social Work*, the Association's journal, are prolific.

In 1997, Brenda commenced a PhD at the University of Western Australia (UWA). In 'Social work and social working: Stories of learning and identity development' Brenda explored how social workers learn and construct their professional self. This work has been used to frame how social workers develop and has been incorporated into the canon of social work education where it continues to be used. Brenda's work at the UWA incorporated the coordination of field education. She supervised and enhanced research and researchers and championed the development of social work. In the development of the Graduate Certificate Child Protection, Brenda merged her two research interests to show how social workers' use 'self' and the needs of the child protection field to develop the right skillset to enable them to reach a higher standard of practice to serve the most vulnerable people in our community.

TERRY SIMPSON



Terry Simpson has been a social policy stalwart throughout his social work career. He has been a systemic advocate and operator across community services, justice, and disability. Terry's unique arc has seen a career encompassing Queensland, Northern Territory, and Western Australia.

Terry's work across community services, justice, and disability has shaped how social work is viewed in Western Australia. His work has involved supporting individuals in complex and vulnerable situations by ensuring that the best outcomes are provided. His unique ability to understand the moving parts of policy and service delivery has provided a narrative, especially for our social policy team at the Association, and the policy mechanisms required to make change possible.

In particular, Terry's skills and ability to bring individuals and agencies together, his deep understanding of the nuance of service delivery, his knowledge of how to develop services and structures that

deliver value, along with his ability to identify blind spots to ensure that gaps do not trap vulnerable people, have informed AASW's social policy positions, particularly in Western Australia.

His advocacy for the most vulnerable and marginalised in our community has informed AASW's positions on asylum seekers, children in care, disability, and justice. Terry is currently advising AASW's Reconciliation Action Committee.

Terry has held roles including the Assistant Director of Welfare Services in the Northern Territory, Assistant Director General for the Department of Community Services in Western Australia, Executive Director of Prisons in Western Australia, and State Manager of the NDIS in Western Australia.

Through all his roles, Terry found ways to contribute to AASW and across the profession. We know that behind his contributions were many hours of work spent rewriting to get a policy, a document, or a plan 'just right'.

DR FONTINA HARDY



Dr Fotina Hardy is a current director on the AASW Board. She held the Presidency of the Queensland Branch Management Committee for three terms, developing and convening the Social Policy and Advocacy Subcommittee. She convened the Child, Youth and Family Practice Group and was a member of numerous community-based committees.

Fotina is tirelessly dedicated to social work as a profession. She has actively supported AASW's efforts and activities to advance social work's identity, educate and support new social workers, and provide a strong voice for social workers and for social justice.

Fotina is an outstanding local and national contributor to AASW and to the social work profession in Australia. She has maintained a career-long commitment to social work as a practitioner and as an educator, and through her voluntary contributions on

a wide range of committees, working groups, and boards. Her skills and expertise now enhance the Board of the Association.

She has maintained a commendable dedication to professional integrity, social justice, and promoting and supporting students and new graduates to further the reach and scope of AASW's professional identity and membership.

Fotina's significant contribution to the profession and AASW, most notably in a voluntary capacity, is highly evident. She is well known in Queensland and across Australia, with many social workers looking to her as a mentor. This was quite apparent during the Queensland Child Protection Week Dinner earlier this year, where many social workers spoke highly of her and her dedication to the profession and AASW.

The AASW Mentoring Program

After a successful Victorian pilot of the mentoring program in 2018, the AASW Mentoring Program launched nationwide in 2021. Cycle One saw a total of 350 participants - 175 mentors matched with 175 mentees.

Mentoring allows both those who are mentors and those being mentored (mentees) to be enriched in their professional practice in the mentoring process. Both mentors and mentees learn from each other. Mentors are able to pass on vital practice insights and nurture the future of social work, while mentees are able to continue their practical learning post-study, network, and be informed by the experienced practice wisdom of their mentor.

Most of those who participated in the program were very engaged, with more than two thirds meeting more than five times this year. Slightly more than half met online only, which was likely due to the pandemic, and a further quarter did a mix of online, in-person, and phone meetings.

More than 80 per cent reported meetings that lasted 45 minutes or longer.

The positive comments from mentors included:

“ I realised that I was automatically reflecting on my practice and was able to identify what I was doing and why. I had the opportunity to share my practice wisdom.

Great talking with a social worker in another state. Mentee was interested to try creative strategies to explore self and path forwards.

Getting to know my mentee and watching her grow as a professional over that period.

The enthusiasm of mentees is energising for the mentor. The mentee has a different world view that enriches the mentor's world view.

Building a relationship with a new social worker. Being valued for my skills and knowledge.

The positive comments from mentees included:

I had a fabulous mentor who supported me throughout the program, who made me feel heard as well as respected. This increased my confidence and identity as a social worker.

I have developed personally and professionally. It has challenged me and broadened my knowledge, experience, and network of support.

I have learnt how important self-care and networking are.

It was great to be paired with someone who has worked with similar communities/groups, understands the challenges, and shares the same values. I'm grateful she understands where I'm coming from as it made the mentoring more organic.

In 2022, Cycle Two will begin, with a likely start date in March or April.

More about the AASW Mentoring Program is available on our website: <https://www.aasw.asn.au/professional-development/mentoring-program>





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There is a difference in the best-practice treatment for PTSD and Complex PTSD. This program synthesises practical approaches from several modalities that are publishing positive outcomes for these clients, and presents them using actual cases that will underpin your clinical practice in traumatology. The content is applicable to both adult and adolescent populations. The techniques will be immediately useful and effective for your clinical practice. The program will explain when exposure-based interventions are indicated and appropriate, and when other therapeutic needs must be addressed first.

Day 1-2 is dedicated to treating PTSD clients utilising a cognitive behavioural approach. Day 3-4 is dedicated to the treatment of Complex PTSD (survivors of child abuse and neglect/ developmental trauma) utilising the phase-based approach and incorporating current experiential techniques showing promising results with this population; drawn from Emotion Focused Therapy for trauma, Metacognitive Therapy, Schema Therapy, Attachment pathology treatment, Acceptance and Commitment Therapy, Cognitive Behaviour Therapy, and Dialectical Behaviour Therapy.

Upcoming online offerings for 2022

Self-paced online commencing 1 Feb, 1 Apr, 1 Jul, 1 Oct and 1 Nov 2022

17-18 + 24-25 March 2022 Livestream 9am-5pm AEDT

19-20 + 26-27 May 2022 Livestream 9am-5pm WAST/HKT

2-3 + 9-10 June 2022 Livestream 9am-5pm AEST

16-17 + 23-24 June 2022 Livestream 9am-5pm NZST

1-2 + 8-9 September 2022 Livestream 9am-5pm AEST

18-19 + 25-26 November 2022 Livestream 9am-5pm AEDT

Please visit our website for capital offerings in Australia and New Zealand in 2022

Day 1-4 online mode program fee \$1,390 Australian Dollars

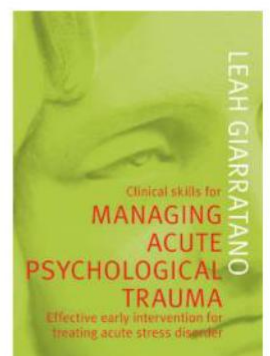
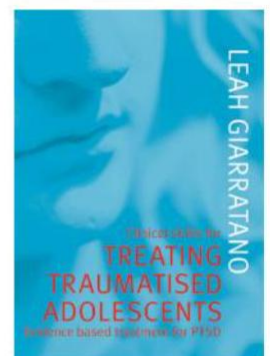
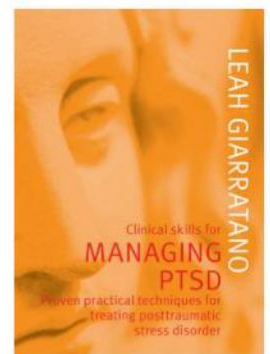
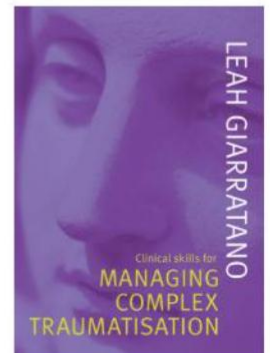
Livestream: The four days are split into two days one week apart. They are highly interactive with breakout groups and include one-month complimentary access to self-paced online to consolidate learning

Self-paced online Engaging three months access. Not a recording of a past live event.

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If you, a child, or another person is in immediate danger, call triple zero (000).
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Roles for social workers supporting carers of children with disabilities

A West Australian perspective

JODYNE GREIG



About the author

Jodyne Greig is a social work graduate of Curtin University and a Disability Accredited Social Worker through the Australian Association of Social Workers. For 20 years she has worked supporting individuals with disabilities and their carers across various metropolitan and regional areas of WA. Jodyne has specialised in complex cases, co-morbid diagnosis and behavioural challenges. She also has personal experience with disability, having family members who now access NDIS support. Her passion and fervour in this area are evident as she endeavours to continue to support people with disabilities in her new role within the Department of Education, WA.

In 2013, Australia implemented a world-first initiative with the rollout of a National Disability Insurance Scheme (NDIS) to support people with disabilities across Australia. With the needs of carers of children with disabilities often being overlooked, contemporary Australian research highlights the many increased pressures that carers of children with disabilities face, including NDIS navigational difficulties, poorer physical and mental health, relationship conflict and breakdown, and financial disadvantage. This provided an extensive scope of support that social workers can offer to the carers of children with disabilities.

Background of disability supports in Western Australia

Western Australia (WA) has long stood out nationally for pioneering its own independent, state-governed body committed solely to providing disability support services for individuals with disabilities and their carers through the Disability Services Commission (DSC). The DSC operated with its own Minister, ensuring disability had 'its own separate focus in government ... not subsumed under a large human service portfolio such as health, welfare or aged care' (Bartnik et al., 2007, p. 21). Initially formed in 1986 as the 'Authority of Intellectually Handicapped Persons', WA pioneered an innovative disability service concept in 1988 called the Local Area Coordination (LAC) program.

The LAC program across WA used specialised local knowledge and community connections to help people with a disability access the supports and services needed and proactively plan for times of transition and the future. A large portion of

the LAC services employed social workers, ideally suited to help families build individual and carer advocacy skills, encourage proactive planning, model research and networking skills within a disability context, and help with interagency liaison and case coordination. More often than not, this support was provided in the home and community setting, tailored to an individual's capacity. This negated many of the usual barriers preventing service access, such as difficulty accessing transport or anxiety around leaving the home and going to new places to meet new people. The program essentially operated with an assertive outreach style.

Feedback on the DSC LAC program was overwhelmingly positive, with participants reporting 'I don't always have to do it alone. It's good to know someone is there to fight your battles if you get too tired or fed up' and 'our LAC [Local Area Coordinator] has come to meetings with us and brought up things we wouldn't have known of



only half of those perceiving a need for professional help actually accessing it (Gilson et al., 2018). Self-care in caring communities can become secondary to the care of the child with a disability and too problematic to explore and schedule amid caregiving responsibilities, therapy, other appointments, and multiple additional stressors and pressures.

During my career as a DSC LAC for 15 years, a large part of my role became supporting caregivers to access their own mental health services. This usually meant addressing and problem-solving the barriers impeding access, including carer anxiety and providing support to attend initial appointments for the most vulnerable carers. Maintaining current knowledge of local providers, community-funded fitness, and other wellbeing programs that they may also be interested in was essential, as many did not have the time or energy to undertake that research for themselves.

Relationship conflict and breakdown

Parenting any child is known to be stressful and a source of conflict at times, but caring for a child with a disability is associated with higher rates of relationship conflict. Increased separation or divorce rates in families of children with disabilities are well documented internationally (Risdal & Singer, 2004), and Australia is no exception. One in three Australian carers under the age of 50 years reported separating from or divorcing their partner since they started caring (Edwards et al., 2008). This is not altogether surprising when considered in the context of couples experiencing grief differently, having differing parental care styles and attitudes towards disability, and experiencing additional compounding stressors such as social isolation and financial difficulty.

Australian studies also reveal carer communities experience increased isolation compared to non-carer communities. One in five carers report having no support networks. Of those who did, 'the support provided was not without some issues attached', usually around caring method disagreements and problems cooperating with other supporters (Edwards et al., 2008, p. 113).

or thought of which has really helped' (PWC, 2010, pp. 8 & 9).

The 2013 rollout of the NDIS, while positive in demonstrating a national government commitment to improving the lives of people with disabilities within Australia, resulted in the DSC becoming amalgamated with the Department of Communities, so the DSC LAC program was abolished and replaced with an NDIS LAC program, substantially different from the original.

The personalised, local connection that WA families had was severed and sadly much of the reporting around the rollout and implementation of the NDIS criticises it for being 'bogged down in red tape and bureaucracy' (Doran, 2020, para. 2) and being only 'an effective system of care and support for Australians with a disability as long as they can advocate for their needs' (Calzoni, 2020, para. 1). For the most vulnerable, isolated individuals with a disability, with limited finances and personal support networks, navigating the NDIS system is a nightmare.

Therefore, the remainder of this article seeks to highlight evidence-based difficulties carers experience and some of the potential support roles social workers can offer in this space.

NDIS navigational difficulties

A recent NDIS quarterly report details it can cost a new participant around \$1,000 to gather the evidence needed to support an eligibility request, which 'imposes a heavy financial burden on many participants' and 'is a barrier to entry for disadvantaged groups'

(NDIS, 2021, p. 11). Sacred Heart Mission reports that 'on average we spend 15 hours per person to achieve NDIS eligibility ... All of this work is unfunded' (SHM, 2018, para. 9). They also note that those with deep social anxiety have difficulty attending required appointments for assessment, and complex behaviours can result in services being unwilling to supply services and thus supporting evidence (SHM, 2018).

While the NDIS provides funded support through Plans for people with disabilities based on reasonable and necessary need, the needs of the parents/carers or siblings are not always explored or addressed. Indeed, the inclusion of specific, intentional upskilling and capacity building of carers in these Plans appears lacking. This may be partly due to carers not being able or aware of how to request this or not knowing what support might be out there for them. Data from over 7,500 Australian carers surveyed in 2020 revealed 40.5% identified the challenges of interpreting and organising supports included in an individual's NDIS plan as difficult (Carers NSW, 2020).

Poorer physical and mental health

Extensive research indicates that caregivers of children with disabilities experience poorer physical and mental health than those without children with disabilities (AIFS 2018). One cross-sectional online Australian study of carers indicated almost a quarter (22%) of caregivers reported suicidal thoughts over the last 12 months, with

Being able to access support to build better communication and conflict management skills can go a long way towards helping restore relationships, as can promoting united positive approaches to parenting and clarifying care tasks and styles. If carers are able to carve out the time to do this together, with guidance and support as required, carer capacity will increase, and social supports will strengthen.

Financial disadvantage

Unfortunately, caring for a family member with a disability incurs considerable additional costs that negatively impact family finances. Costs including medications, therapy equipment, frequent medical and specialist appointments (not to mention transport and parking costs associated with this and time off work) can contribute to financial hardship for an already disadvantaged population. Only one third of carers nationally report maintaining paid employment

while caring. Over a quarter had to reduce working hours and use flexible work practices due to their caring roles (Carers NSW, 2020, p. 34).

Throughout my career, carers have confided in me countless times about their fears that their employer will not be able to continue being as flexible and supportive of their needs and situation. And with over a quarter of carers surveyed nationally reporting they had to quit paid work in order to care, these fears appear to be valid, especially given the majority of those who maintained employment (63.4%) had the security of permanent employment (Carers NSW, 2020, p. 33).

Carer capacity, knowledge and skills

Unfortunately, research appears to be lacking into the correlation between parental skills and attitudes towards disability and outcomes for children with disabilities. The age-old debate of nature versus nurture in a disability

context explores the impact of genetics and biological factors (nature) in comparison to the influences of the environment, including parents, peers and culture (nurture). With the understanding that intelligence is not fixed, it therefore stands to reason that parental skill and attitudes can limit or improve outcomes for their child with a disability.

Some European studies have revealed limited carer capacity combined with adverse social and environmental factors can exacerbate underlying biological risks of developmental delay (Bowen et al., 2000, p. 214). Conversely, research into family employment outcomes of people with disabilities identified expectations of achievement coupled with parental hands-on support, modelling, positive attitudes and knowledge around services indicate an increased likelihood of positive outcomes (Cramer et al., 2018). This is further evidenced by recent ground-breaking findings from



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a world-first study showing pre-emptive, parent-led therapy in young children 'improves the child's social development to such an extent they are two-thirds less likely to meet the clinical criteria for an autism diagnosis' (Perpitch, 2021, para. 1).

Thus, in the words of Mathias Sager:

...neural plasticity, children's universal desire to learn, and the importance of early guided participation of parents make clear that human beings are also the result of how they were brought up. In conclusion, it is less about nature VERSUS nurture than about nature AND nurture in human development. (Sager, 2017, para. 1)

Therefore, investing in building the skill and knowledge base of carers and increasing their capacity to provide guided support is essential. Explicitly teaching about disability while debunking myths around disability limitations, promoting knowledge around neuroplasticity and its implications for lifelong learning, educating parents around advocacy techniques, and modelling positive communication skills are practical ways we can support carers.

Conclusion

As a large proportion of Australian social workers are employed within Department of Communities, Child Protection, promoting the role of social workers in the disability field may increase positive awareness of the varied support services social workers have to offer, beyond that of risk assessment. The increased pressures carers of children with disabilities face highlight a range of potential support areas within the disability sector that social workers could work within. Offering social work services that are responsive, flexible and easy to access without adding to family burdens will increase carers' likelihood of accessing these services.

Social workers who take up positions as support coordinators can help families navigate the extensive sea of services and may assist practically with referrals to services and coordination of these when carers themselves feel unable to do so. We could offer counselling support in grief, loss, and trauma as families adjust to the diagnosis and its implications for their child's future. Social workers may also provide counselling to help navigate many of the unique parenting challenges faced, such as challenging unconscious attitudes towards disability resulting in excessive safeguarding of the child with the disability, thus unintentionally prohibiting growth and failure opportunities for learning.

Offering specific skill development support to carers to develop united and/or improved approaches to parenting, behaviour management strategies, conflict resolution, and self-care tasks and styles are all further spaces for support. Carers who are taught how to plan effectively, network, coordinate, and advocate in the disability space are more likely to create positive outcomes for their family member with a disability and experience better family wellbeing overall than those who aren't.

With rates of disability diagnosis on the rise, and the establishment of a National Disability Insurance Scheme to support reasonable and necessary disability need, the value of direct carer support services is recognised now more than ever. Social workers wanting a rewarding career making a lasting difference within families, communities, and the broader society may also want to consider working within the disability sector.

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Intimate partner homicide and the needs of bereaved children

JOHN FREDERICK AND EVA ALISIC



About the authors

John Frederick is a social worker who holds honorary appointments in the School of Population and Global Health, University of Melbourne, the Department of Social Work, Monash University and the School of Social and Political Science, University of Edinburgh. His research interests include adverse childhood experiences and their consequences in later life.

Eva Alisic is Associate Professor, Child Trauma and Recovery, at the University of Melbourne. Her team studies how children, young people and families cope with traumatic experiences, and how professionals can support them.

A key area of expertise is children bereaved by domestic homicide.

In the tragic circumstance where one parent kills the other, the children in the family find themselves facing complex losses. As well as having one parent who has died, the other parent is either in custody, has absconded, or may have suicided. The children are then in the uniquely difficult position of having to deal with a profound loss at the same time as not being able to receive comfort from their attachment figure; indeed, the very person who in normal circumstances could have helped them cope.

Invariably, the children can no longer live at home, losing not only their familiar surroundings, but often having to leave their school and friends. The homicide can result in an absence of guardianship and can lead to disputation between relatives over where the children are placed and any contact with the parent perpetrator. If the children do live with relatives, these individuals' own grief and traumatic stress responses may impact their caregiving capacity. Furthermore, some children may find themselves living with unknown caregivers, which can present another major life change.

According to the Australian Institute of Criminology (2021), intimate partner homicide is the most prevalent type of homicide in Australia, comprising 21% of all homicide incidents. Victims of intimate partner homicide are mostly women. Moreover, one in three female homicides worldwide are a result of intimate partner violence, with many of these women having children. We know very little regarding the circumstances and support needs of the children affected, however.

Indeed, the lack of attention given to this issue is reflected in the fact that there are no official figures of how many

children in Australia are bereaved by intimate partner homicide.

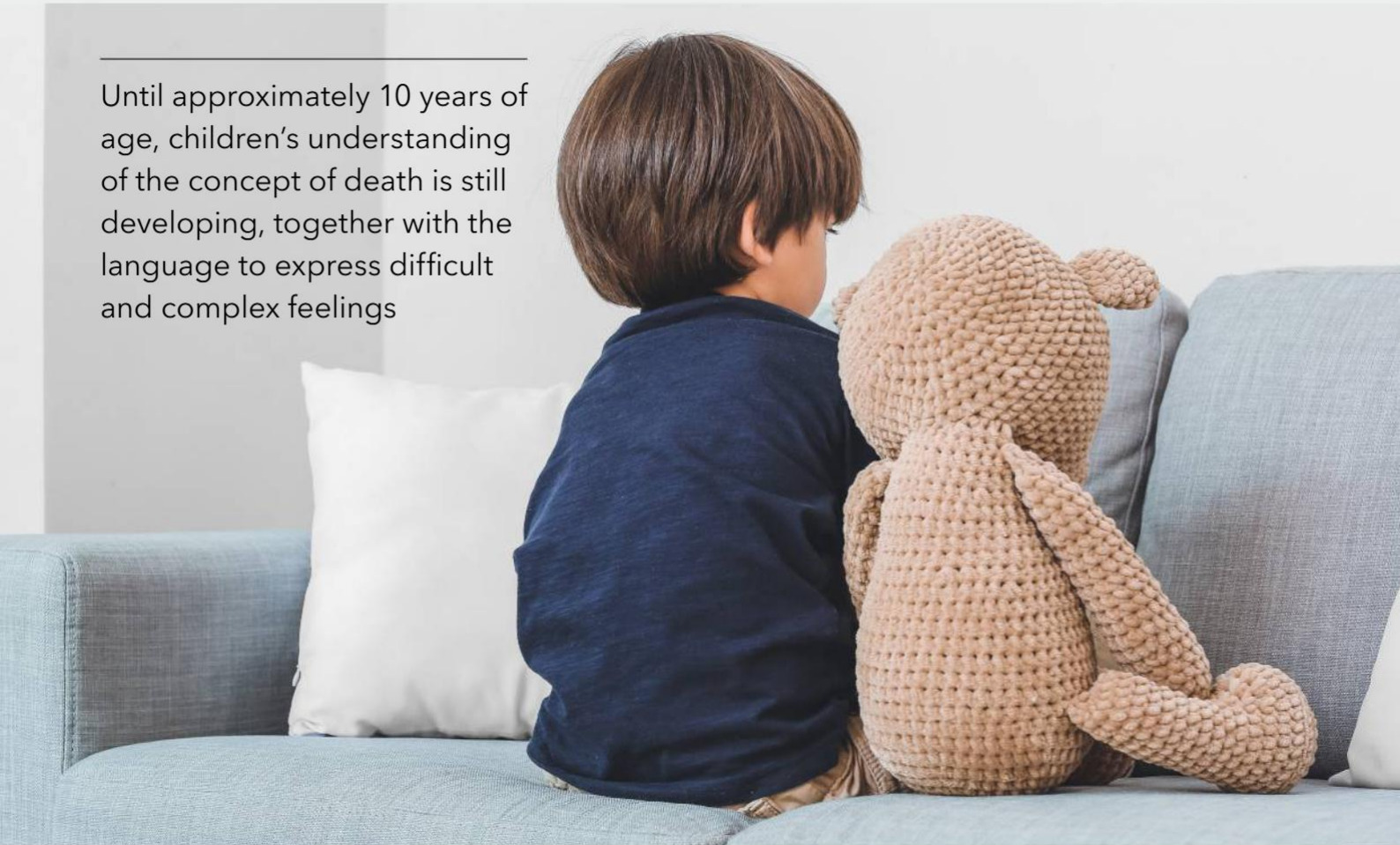
It is surprising how little research has been conducted concerning these children. There is almost no empirical evidence on children exposed to parental intimate partner homicide outside a limited number of studies, none of them in Australia.

There is a compelling requirement to build an evidence base regarding children's mental health and psychosocial wellbeing following parental intimate partner homicide. Guiding principles are needed to inform decision making and interventions, which often need to be made by professionals, including social workers, who only encounter such cases infrequently.

Although there are generic models for children's recovery from trauma and loss, there are unique challenges presented for children bereaved by parental intimate partner homicide that require more specifically focused approaches.

In the few studies that have been conducted, certain mental health and developmental problems have been observed among some of the children

Until approximately 10 years of age, children's understanding of the concept of death is still developing, together with the language to express difficult and complex feelings



who have been exposed to intimate partner homicide.

These can include:

- post-traumatic stress disorder (PTSD) and traumatic grief, intrusive memories, anxiety, sleep disturbances, aggressive and self-destructive behaviour, protracted grief, hyperactivity, and concentration problems
- developmental difficulties involving attachment problems in relation to new caregivers, regression (e.g., language regression), social problems, identity questions, and deteriorating school performance.

The existing research offers the following tentative observations regarding support for children after parental intimate partner homicide (however, it should be noted that the evidence base needs to be strengthened for all these factors):

- In a brief space of time, professionals must make major decisions in relation to communication about the homicide (e.g., what to tell very

young children), custody and living arrangements (e.g., placement with the family of the victim, the family of the perpetrator, or a foster family), mental health support, and the nature of any contact with the perpetrator parent.

- A child's home may be sealed as a crime scene, resulting in children being deprived of personal items, such as those that could offer comfort (e.g., favourite toys). Professionals could help to negotiate access to these items for the children.
- Exposure to the homicide event and the crime scene for many children means that the professionals involved should ascertain children's witness status and consider how to effectively address any consequences of exposure.
- Many children are only young at the time of the homicide. Until approximately 10 years of age, children's understanding of the concept of death is still developing, together with the language to

express difficult and complex feelings. Thus, many children may need additional help to fully understand the meaning of death and how to express their emotional experiences.

- Stability and continuity are essential supportive factors, and it is important that children have one stable, trusted person to go to with any questions and concerns, ideally over multiple years. Professionals involved could enquire who this person might be (e.g., they could be a guardian, a teacher, a counsellor, a therapist, or possibly a family member).
- The children involved may need long-term mental health and social services/case management.
- Cultural differences can be a factor, including possible language barriers and disadvantage due to discrimination, with a need to provide services appropriate to the culture of the families involved.
- Neglect, maltreatment, and family violence experiences have

- been noted in many children's histories pre-homicide, although these circumstances were often discovered only after the homicide. Thus, many children have missed out on safety and support for multiple years.

While it is not possible nor necessary for all professionals in mental health care and child protection systems to be competent in all the areas mentioned above, such systems should endeavour to make people with relevant expertise available as soon as possible.

Finally, because of the multiplicity of factors and outcomes among these children observed so far, it is good practice to approach each case on its merits. The circumstances of the children can be highly variable, each with their own unique background and challenges. This also reinforces the importance of effective collaborations

among the different professionals involved in assisting the children.

To advance understanding of this significant issue in the Australian context, the University of Melbourne is conducting a new research project—'Children and young people bereaved by domestic homicide: Understanding home, relationships and identity'.

Its aim is to help improve support for children and families affected by intimate partner homicide and involves individual interviews with people from the following three groups:

- a) young people (aged 12+ years) and adults with lived experience of bereavement due to domestic homicide during childhood
- b) current or former caregivers of such children (this can also include family members and family friends who have spent considerable time with a child after the homicide)

c) professionals working with such children and/or caregivers.

The interviews include, where relevant, questions about experiences with young people's living arrangements, relationships with family and friends, and evolving self-view. It also provides ample opportunity for participants to share any other topics that they find important to be noted.

Initial insights have led to the development of a resource for reflective practice. *Listen* includes a series of short videos, audio, and text to bring forward the voice of an expert with lived experience and support professionals with regard to the topic of domestic homicide and child trauma and grief more broadly.

More information about the project and the resource is available at <https://bit.ly/childrenDH>

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The personal is political

Mobilising my diverse-ability-lived experience, in pursuit of redefining global social change

MATTHEW JACKMAN

I was born in the early hours on 31 July 1990 at the Royal Women's Hospital in Melbourne. My mother was 19 at the time, with her dreams fulfilled in becoming a mother.



About the author

Matthew Jackman lives with Bipolar Affective Disorder and Complex Post Traumatic Stress Disorder (defined by DSM/Psychiatry), is a sibling caregiver to his younger brother and sister who live with enduring psychosocial diverse abilities, and has lost his mother to suicide, and, consequently, his grandparents due to stigma. His experiences of distress and service use drive his passion for global social change in mental health. He is a global mental health advocate promoting human rights, social justice, and lived experience as an academic science from public health and MAD STUDIES disciplines.

He is the National Mental Health Advocate of the Year 2020 (Mental Health Foundation Australia).

Despite her initial fulfilment, both parents grew up within an intergenerational context of emotional distress, from convict settlement in Australia to fleeing the potato famine in Ireland. Both mum's and dad's families had experienced the effects of distress defined by their generation divergently. These experiences shaped a context of trauma, grief, and loss, adversely impacting both their attachment styles and access to material resources in caregiving for their first child, and subsequently my younger brother and sister.

At six years of age, I was removed from my mother's care and began living with a foster family, as a result of her mental health, family violence, poverty, and an under-resourced family support system. We were removed before my parents' divorce, resulting in my mum's wellbeing issues impacting her motherhood and belief in her capacity to care and nurture. These experiences of postnatal depression in the context of violence and poverty with unsupportive parents led her to wanting to end her life with her three children, in pursuit of peace.

At the age of nine, I lost my mother to suicide. I still remember that day vividly. It's funny how trauma stops you in time and place for a moment of earth-shattering stillness. That moment in time my foster carers came to me, explaining my mother had died, and that she loved us very much, and was

in heaven with other angels. I was kept back from school by our foster carers, who requested we play arts and crafts in the dining room. I knew something was immediately wrong as our routine of the social worker driving us for one hour to school every morning from the country was interrupted.

The social worker closed the kitchen sliding door and spoke with my foster carers. I could sense bad news and had a gut feeling mum had given up hope after several years of severe postnatal depression, at times leading her to hear and see phenomena that were not part of reality. The foster carers and social worker shared their sadness as we continued to play and distract ourselves. I recall crying the entire day despite my belief mummy was at peace. The last time I saw her was in hospital. I remember her saying goodbye and emphasising how much she loved us. She was always teary, soft, and nurturing. To some extent, I knew this was her final goodbye. I always saw a lot of myself in her—our humour, smile, accent, and luscious auburn hair. She was the epitome of a red-headed Princess Diana.

I reread child protection documentation years later identifying me, Matthew, as an 'over-parentified' child with deep resentment expressed towards mum. Through my hyper-vigilance of responding to trauma I began to behave out of survival and safety, developing

Through my lived experience I developed leadership skills and a deep purpose characterised by a drive to be there for others in the pursuit of bettering humanity

Parliament House, UN Youth Report Launch 2020 (Mental Health Presenter)



leadership skills and qualities necessary to protect myself and my siblings, who I viewed as my children. I cared for them alongside my father and grew up in absolute poverty. Despite my father's responsibility in impacting negatively on my mother's mental health, he represented only one person in a system of parents, family, and services that wholly failed to support her.

I am now proud of my father, who learnt from his mistakes, raised three children as a single parent, and transformed his own recovery journey by becoming a peer worker in mental health. I lost all contact with my maternal grandparents after mum's suicide. This was due to shame, grief, loss, and post-traumatic stress triggered by the presence of myself as a reminder of the daughter they lost and a child of the man they hated and blamed for her loss. The reality is they abandoned her years before her death. Nan did not want children, expressing this towards my mother. I reflect on this from a feminist perspective to provide some solace for me and forgiveness to my nan as I enter my thirties.

My childhood was grounded in intergenerational distress—no wonder the medical system pathologised my own mental health as a 'dis'order and/ or impairment. But it was a healthy, adaptive survival mechanism in terms of adversity, crisis, and distress.

The aftermath of grief, loss, and trauma has resulted in all three of us being diagnosed with severe, enduring, and

persistent mental health 'illnesses'. Personally, I see my Bipolar Affective Disorder as a gift—a gift that requires personal medicine every day to ensure its strengths are harnessed, and its areas for harm minimised. I learnt from service use that our mental health systems are fragmented, broken, and disjointed with poor coordination and criminal underfunding in comparison to our national healthcare expenditure. I spent my adolescence and early adulthood as an advocate sibling caregiver for my younger brother and sister, where I developed the personal and systemic advocacy skills necessary for social change. Lack of adequate housing, income security, and legal access combined with limited employment opportunities infuriated my intersectional understanding of what we needed as mental health service users—these systems appeared to entrench myself and my siblings in 'dis'ability from our impairment.

Severe and enduring distress often results in deep critical self-reflection, advanced empathy, cultural humility, and spiritual enlightenment. I found myself through my adversity, I found my purpose, I found self-love, and I realised I did not have to take the same path as my mother—despite my attempts resulting in institutionalisation for over 8 months of my life. However, my diagnosis has caused distress for me and my supporters. The side-effects of medication has led to weight gain, lethargy, tiredness, and poor sexual libido—ironically, the building blocks

to personal recovery. I am thankful for accessing public and private mental health services, and even more grateful for accessing the National Disability Insurance Scheme, where I have the right to choose and control what services meet my specific needs.

Through my 'dis'ability, I learned the importance of connection, purpose, community, and belonging. I found my voice through experiences of diverse ability and at times through being empowered to advocate for a more integrated, lived-experience-driven service system instead of a medicalised model, which often causes further iatrogenic trauma with an unevidenced, biomedical treatment focus. This epistemology injustice in privileging biomedicine over the social knowledge that is grounded in our lived experience redefined my world view, leading me to making changes on a global level.

Through my lived experience I developed leadership skills and a deep purpose characterised by a drive to be there for others in the pursuit of bettering humanity.

I applied my passion, interests, and learnt survival skills to studying social work, given its human dignity, systems, holistic, human rights, and social justice grounding. I worked in forensic mental health lived-experience advocacy, further professionalising the advocacy skills I learnt throughout childhood, harnessing my anger and frustration into organisational goals that reflected a rights-based approach. This led me to



Presenting at the Mental Health GAP Forum at the World Health Organization

encountering the Mad Movement, which has an emphasis on disability justice values as central to changing systems, attitudes, and culture around how we understand distress as a continuum of diverse experiences and help make this lived-experience understanding of distress accessible to others to ensure global equity in the treatment of people with mental health issues. Codesigning Mad Studies into the university curriculum for mental health workers, and then teaching this critical discourse, ignites my soul.

My personal, professional, and academic experiences are aimed at elevating unheard living-experience/ diverse-ability voices. I have had the privilege of entering spaces and institutions that hold power in systems decision making and resource allocation. Representing diverse voices is difficult, but I have attempted to reflect a myriad of perspectives grounded in rights, justice, recovery, sociocultural, and structural determinants embedded in a Mad Studies knowledge base. The personal journey from childhood to adulthood has enabled me to utilise survival skills, deep purpose, desire for connection, and the search for community and belonging in spaces such as the World Health Organization, World Economic Forum as a Global Shaper, Global Mental Health Peer Network representing our Western Pacific Region, and Program for Recovery and Community Health at Yale University, and in experiences such as Interning

with the Chief of Peer Services in Los Angeles County, attending the Global Mental Health Ministerial Summit in London, and delivering a keynote mental health speech at the UN Youth Report launch at Parliament House. This culminated in me being awarded the National Mental Health Advocate of the Year in 2020 by the Mental Health Foundation of Australia.

I found my purpose and strengths through survival, resilience, and transformative growth from complex grief, loss, and trauma. My 'illness' or diverse experience and adaptation to adversity are a neurologically diverse gift from the universe, and from my mother in spirit whom I embody and live through in homage to her early loss. I learnt through peer training that I can share my gifts and survival skills in cultivating hope and fostering deep connection.

Illness is one lens of my story; transformation and growth through distress is another, which is a narrative the Diagnostic Statistical Manual and/or International Classification of Diseases does not unpack. We need alternatives to the traditional psychiatric approach and to challenge the systems and institutions of oppression that treat us with no dignity or rights. We all want the same outcomes; therefore, we need collaboration through attention to power and equity in the mental health and broader systems.

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Matthew with his role model, Senator J. Steele, The Greens Party

We need alternatives to the traditional psychiatric approach and to challenge the systems and institutions of oppression that treat us with no dignity or rights

Impact of COVID-19 on students

POK YU KONG (KIMI) AND NICOLA PURCELL



About the authors

Pok Yu Kong (preferred name Kimi) is a final year Bachelor Social Work student studying at RMIT University. She is an international student from Hong Kong. Her final year placement was a research project related to the impact of COVID-19 on the experiences of international students.

Nicola Purcell is a recent Master of Social Work graduate based in Melbourne. Her final placement was a research project with social work academics at RMIT University, where she completed her degree. She is enthusiastic about research as a form of advocacy and its possibilities for combining macro- and micro-level social work.

During the coronavirus pandemic there have been many factors affecting students' ability to study, especially in Victoria, where students have endured the longest lockdowns in Australia. We (Nicola and Kimi) have been undertaking our final placement, a research placement, at RMIT University. Our project is focusing on the experiences of students during this pandemic who have limited access to technology and also the experiences of international students. This project has involved a literature review, used to inform a survey that will be distributed to university students across Victoria. This article outlines findings from the literature review.

THE DIGITAL DIVIDE AND ONLINE STUDY

The digital divide is the gap between those who benefit the most from digital technology and those who do not, due to inequality of access. 'Access' includes physical and material access to technology as well as knowledge and skills required to effectively use it. COVID-19 has seen a rapid digitisation of everyday life. Due to lockdowns and social distancing, universities have transitioned to online delivery, which means that having limited access to technology is now an even greater disadvantage for students than it was previously.

Prior to the pandemic, many students relied on public and university libraries to use computers or to access a quiet study space. Not all students have a home environment that is conducive to online study; students may have to share devices with other family members, may not have their own bedroom or desk to study at, or have adequate access to Wi-Fi. These circumstances have been exacerbated by lockdowns, with more household members at home at any given time, competing for study space, computers, and bandwidth.

Research shows that contrary to popular belief, not all young people are 'fluent

in technology', and furthermore not all students are young people. This stereotype means many students are likely to have faced challenges navigating online platforms. The closure of university campuses, combined with staff cuts and closure of support services, also means that accessing IT or academic supports, both formal and informal, has been more difficult for students.

For many students, particularly Indigenous students, students from CALD backgrounds, students on the autism spectrum, or those who have ADHD, there is often a cultural preference for face-to-face study. These students may feel particularly isolated by the online delivery methods and be at a greater risk of disengaging with their studies.

Students who have high levels of access to technology may also experience challenges with online learning. Distractions are common when studying online—we know first-hand how easy it is to start reading something else in another window while the class plays in the background, suddenly realising half the session has passed. It is also isolating to not be physically in a room with your peers and teachers. This isolation is exacerbated by lockdowns

This isolation is exacerbated by lockdowns that leave most students living life through a computer screen in their bedrooms



that leave most students living life through a computer screen in their bedrooms. It is therefore unsurprising that many students report feeling disengaged with their studies during this time.

But it isn't all bad. In the research that has been conducted with students about their experiences with online learning, positives have also emerged. One of the commonly noted positives is the flexibility of online learning. This includes both the convenience of being able to undertake study from any location and the greater leniency students have been given by teaching staff. For students who may have had to return to their family home or who have had increased family responsibilities during the pandemic, these factors have undoubtedly allowed them to progress in their studies. However, the positive and negative aspects have not been an equal playing field for those with low or high levels of access to technology.

THE IMPACT ON INTERNATIONAL STUDENTS IN AUSTRALIA

Prior to the COVID-19 pandemic, international students living in Australia were already dealing with numerous challenges, including social exclusion,

language and cultural barriers, aggression, racism, and physical violence. However, the stress of the pandemic and COVID-19 restrictions have brought extra challenges for international students. The majority of international students living in Australia have made a significant contribution to the local economy—they have worked hard and paid taxes—however, they were not eligible to access any federal government financial support such as Job Keeper or Jobseeker.

Through the literature review there were four main themes that were identified in the challenges experienced by international students during the pandemic. These were financial hardship, work exploitation, racism, and mental health stress.

FINANCIAL HARDSHIP

As the virus impacted the economy, many international students reported losing their jobs or having their work hours cut. Consequently, this lowered their income and their ability to pay their school fees, eat regular meals, or pay their rent. Many international students were forced into homelessness and had no option but to line up at food banks for food coupons to stay alive. Some

were relying on their savings, which are now depleted. Although some state governments and charities have provided limited emergency relief funds for international students struggling in this pandemic, not all students were able to access this funding due to harsh eligibility criteria and the long processing times.

WORK EXPLOITATION

With international students suffering financially and with limited options, many have had no choice but to work in unfair and exploitative conditions. International students have reported participating in experimental drug trials, being forced to work off-the-clock cleaning, being underpaid, and being subjected to work that puts them at risk of gender-based violence. Given that there continues to be no assistance for these students, their difficult work situation continues.

RACISM

Due to the media stigma framing COVID-19 as a 'Chinese virus', the trend of racial discrimination or racial attacks on Asian international students has increased. There have been increasing reports of physical and verbal attacks

related to COVID-19 in the streets, shops, and supermarkets. Research shows that the anti-Chinese feeling around the virus has been transformed into language and other abuse by the abusers towards Asian international students, such as blaming the victim for importing coronavirus into Australia and telling them to go back to their own countries. It is feared that this is an under-reported crime, with many students too fearful to officially report their experiences.

MENTAL HEALTH STRESS

Many international students experience homesickness and the majority have not visited their family and kin since early 2020, due to the travel ban. Not only are they away from their support networks and families, but also many international students are highly anxious about the safety of their families who are living in

areas with huge outbreaks of COVID-19. International students report that they are being forced to isolate themselves in their rooms with inadequate social interactions and this is leading to a loss of motivation for study. These conditions create and exacerbate loneliness and unpleasant study experiences for them. What is more, international students are dealing with complex uncertainties for their study future, including enrolment, method of learning, and all other logistical aspects of their academic studies. These factors and continued anxiety place stress on their mental health and reinforce their social exclusion.

CONCLUSION

This pandemic has exposed and increased existing inequalities and marginalisation for people in all areas of society, including those enrolled in

the tertiary education sector. Although lockdowns will end, it's likely that university course delivery will not return to what it was pre-pandemic. Our research is showing that some groups of students, particularly international students and those affected by the digital divide, have been disproportionately burdened by the pandemic for all the reasons outlined in this article. Moving forward, universities will need to address the continuing consequences of the pandemic on the lives of all students, but especially for those marginalised students who have become increasingly disadvantaged over the course of this pandemic. Information and data gained through this research project will inform and generate ideas for a way forward.

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Reflections of being mentored

RACHEL DRYSDALE

Human Resources consultant Professor David Clutterbuck (2019, in Wolter, 2020) describes mentoring as 'a more experienced individual willing to share knowledge with someone less experienced in a relationship of mutual trust'. Like social work, mentoring harnesses the skills of active listening, reflective thinking, thought clarifying, role modelling and using open questions to identify goals and discuss progress. Within the context of a mentoring arrangement, beneficial and reciprocal relationships are created that foster a transfer of knowledge, career advancement and professional socialisation (HSCB, 2014, p. 10).



About the author

Rachel Drysdale is a social worker, mentee and mentor. Currently based in Melbourne, Rachel has worked in the child protection and education sectors, and is committed to quality improvement and life-long learning.

I wish to draw a distinction between mentoring and supervision in the social work field. Kadushin's (1992) model of supervision, encompassing administrative, supportive and educative functions, provides a clear framework for the oversight provided to social workers within the context of their employed function. Mentoring, on the other hand, is a holistic approach to long-term development. In essence, while supervision focuses on the priorities of the organisation or department, mentoring concentrates on the priorities of the individual. A review of material relating to the mentoring of social workers, particularly in the Australian context, demonstrates a shortage in the research of its application as distinct from supervision, indicating a need for further study to support anecdotal findings.

Looking back over my 13-year social work career, there are many instances of 'being mentored', both organically and within formal arrangements. My early experiences of being mentored evolved organically, stemming from existing relationships with managers or other colleagues who were willing to continue nurturing my development and career after employment changes.

More recently, I have engaged in two formal mentoring arrangements with mentors specifically identified for their skills and networks. Each of these experiences has yielded invaluable insights and learnings.

My most recent experience of being mentored has been particularly defining for me, both professionally and personally. My mentor and I had only met once when I experienced significant workplace challenges during a secondment that necessitated my resignation and return to my substantive role. I had expected that my mentor, who was employed by the same organisation I had been seconded to, would choose to cease our mentoring relationship; in fact, the opposite occurred. She supported me sensitively and with great wisdom in a continued relationship for a further 10 months. My mentor's commitment to me holistically transcended my traditional notions of a mentoring relationship and embodied the social work value of 'respecting the inherent dignity, worth and autonomy of every person' (AASW Code of Ethics, 2020, p. 9). The healing that occurred through this relationship was as significant for me as the professional development I experienced; Walker and

My mentor's commitment to me holistically transcended my traditional notions of a mentoring relationship and embodied the social work value of 'respecting the inherent dignity, worth and autonomy of every person'

Sonn's (2010, p. 203) observation that 'who you are is more important than what you are' is brought to mind.



My top five tips for being a great mentee and getting the most out of your mentoring relationship are:

- 1. Choose carefully** If you are able to select your own mentor, identify the attributes you wish to emulate and choose a mentor who displays these. Ask others in your networks to suggest potential mentors.
- 2. Determine goals and communicate them** Be clear about what you want to achieve through the relationship and commit your goals to paper to prevent 'drift'.
- 3. Reflect** Spend time between sessions reflecting on your discussions and feed these reflections back to your mentor.
- 4. Take responsibility** Be proactive in setting goals, communicating and preparing for mentoring sessions. Don't be afraid to tell your mentor when things are difficult or you're struggling with an idea or concept they have raised.
- 5. Share your successes** Let your mentor know about your achievements and draw parallels with the shared work you've undertaken.

Now the tables are turning as the mentee becomes the mentor, and I will draw on the collective wisdom of all those who have nurtured and supported me over the years.

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Why do they stay?

Reflecting on how we can support newly qualified social workers in statutory child protection

VICTORIA MCRAE

In October 2021, I completed a Bachelor of Social Work at the University of New England. My final unit of study included a capstone project with a topic I selected on a topic area that I believed had a significant impact on the social worker's role. I had come to study social work with the sole purpose of not 'ending up' in child protection; however, after my second placement in a statutory setting, I found the work to be sustaining and exciting, not at all like the memes shared around the internet.



About the authors

Victoria McRae is an early career social worker who lives and works in Canberra.

Dr Sarah Wayland is a social work academic at the University of New England, Sydney Campus.

Working in a statutory role and viewing it as positive wasn't immediately clear when reading academic research or suggestions on what fields social workers should enter. I received many warnings from well-meaning social workers, mentors, friends, and family to avoid child protection 'at all costs'.

In my experience, there appears to be a deep-seated stigma on professionals wanting to enter the field that acts as a problematic barrier to growing the workforce. So I sought to understand what factors influenced this deficit-based approach and how, if we looked at the benefits of this career pathway, we would be able to challenge retention rates and shift the expectations of new social workers in child protection.

Social workers know that we need to protect children from harm and neglect. Statutory child protection presents a unique opportunity for early intervention in safeguarding vulnerable children from the long-term consequences of harm and neglect experienced across their lifespan. This means that an effective and efficient child protection system is paramount for improving outcomes in future generations. Yet when we look at

workforce trends, both in Australia and internationally, child protection systems are plagued by significant challenges in recruiting and retaining frontline workers. Research also highlights that poor retention impacts service quality and, more importantly, impacts at-risk children in need of care and protection.

So what happened when I reviewed the research on the experience of newly graduated social workers in child protection systems? I found three key concepts:

1. A FOCUS ON 'EARLY LEAVERS'

The term 'early leaver' describes what happens when a statutory child protection worker exits the field prematurely. There is difficulty accessing Australian data across the jurisdictions, but from a 2010 analysis of Australian workforce trends in statutory child protection, up to 20% of the workforce had less than one year of experience in the field, with turnover rates in the same year as high as 22% (AIHW).

It made me think about the substantial burden of recruitment, induction, and training on child protection

systems and the climate of instability and increased caseloads for the remaining workers when people 'leave early'. It also made me consider the disproportionate responsibility placed on new or novice workers to occupy complex roles within the workplace, with limited support and supervision from experienced workers, increased work stress and the likelihood of turnover (something that Karen Healy discussed in 2009). This problematic cycle of the undesirable workplace environment places added stressors on workers, increasing the 'early leavers' phenomenon.

It's not wrong to highlight that working in child protection is emotionally intense work. I know in my placement that the strain of connecting with involuntary clients with a high prevalence of conflict, risk, and decision making, and being constantly focused on the safety and wellbeing of vulnerable children was taxing. The work also involves uncertainty and unpredictability as child protection practitioners are required to assess and identify complex family systems and ascertain, often with limited and incomplete information, the continuum of harm experienced by the child and the appropriate and necessary level of intervention (Frost et al., 2017; Queensland Child Protection Commission of Inquiry, 2013).

The impact of these stressors is more acutely experienced by newly qualified social workers, who by definition are in the early stages of developing their practitioner competence, professional identity, and practice wisdom. The interplay between organisational and occupational factors makes for a highly stressful and emotionally intensive work environment where newly

qualified social workers are expected to bear disproportionate responsibility with minimal guidance and support, thus leading to their early exit from the field.

2. WHAT MAKES THE JOB SATISFYING?

Job satisfaction is a motivator to remain working in child protection. When reading the research, we found that 12 of the 17 studies we reviewed showed a correlation between job satisfaction, whether workers stayed and/or intend to stay in their jobs, and many aspects of job performance.

A study of 660 frontline child protection practitioners in Australia by Lewis and McLean (2016) found that organisational factors had a greater influence on employee wellbeing rather than the negative effects of the psychological and emotional demands of child protection work. This is an important finding to consider as much of the focus remains on the occupational hazards of child protection work and thus overlooks the role of organisations in contributing to workplace stress and consequent job dissatisfaction. Specifically, the same study found job satisfaction was linked to employee perceptions of the priority their organisation gave to their psychological health and safety (Lewis & McLean, 2016). This notion links back to the idea of employees 'being valued' as a predictor of job satisfaction, emphasising the significant degree of influence organisations have on promoting levels of employee satisfaction, engagement, and performance (McFadden et al., 2015).

Job satisfaction was also found to limit the risk of burnout and compassion fatigue, meaning it can help offset the 'early leavers' phenomenon. The role of effective organisational support and of education providers in safeguarding newly qualified social workers in statutory child protection is important because higher levels of job satisfaction and work engagement lead to a retention of staff in the field.

3. NEW STAFF NEED GOOD SUPERVISION

The role of supervision proved to be a crucial factor in supporting newly qualified social workers in child protection practice. Supervision can alleviate emotional and psychological occupational stressors whilst providing continuing education, greater role clarity, and practice competence. However, supervision as a means of performance management and where conflicts of interest were apparent between supervisor and supervisee was linked to adverse employee and workplace outcomes (McPherson et al. 2016).

The quality and effectiveness of supervision and the benefit of external supervision sources to mitigate any conflict of interest proved to be a crucial protective factor in sustaining frontline workers. Supervision also provided an element of mediation, bridging the gap between capturing the needs of frontline workers and channelling them into senior management.

So now that we know more about new staff what can we do to help them?

After spending months reading the literature, it was clear that it was

Statutory child protection presents a unique opportunity for early intervention in safeguarding vulnerable children from the long-term consequences of harm and neglect experienced across their lifespan.

overwhelmingly deficit-focused. Specifically, it included emphasis on high rates of burnout and compassion fatigue, poor job satisfaction and staff retention, high caseloads, and psychological distress. Even though this reflects some of the realities in child protection practice, the pessimistic focus doesn't adequately explore the factors that promote resilience, job satisfaction, coping, and support within the field. As a newly graduated social worker myself, I think this is problematic as it limits the capacity for organisations and the social work profession to adequately respond to the challenges presented in practice. We need to also draw attention to the positive outcomes and what can be done to improve stressors.

Much of the same literature attributed resilience and compassion satisfaction as central factors influencing a social workers propensity to remain in the field. Whilst the concept of resilience varied slightly across the literature, in essence, it was used to measure an individual's ability to adapt and respond to adversity and risk. The supportive role of supervision to develop practitioner confidence and competence, self-efficacy as a strong predictor of job satisfaction, and one's sense of belonging to the organisation and relationship with peers was identified as a major source of support.

Understanding and articulating the multitude of individual and organisational factors that influence the practitioner experience are essential steps to gaining insight into how newly qualified social workers find meaning and career satisfaction in statutory child protection practice and thus the motivation to remain in the field. I know that when I start a job,

I want to know the positive and negative parts of it. I want to know what I can do to stay and how I can look after myself as I do the work that I do.

The need to protect vulnerable children and young people from harm and neglect is a crucial issue facing society universally. The social work profession represents the dominant discipline in statutory child protection practice, highlighting the prevalent issue and challenges the current workforce trends present to our profession. The need to foster positive outcomes, job satisfaction, and therefore retention is imperative for encouraging newly qualified social workers into the field and sustaining those already in it.

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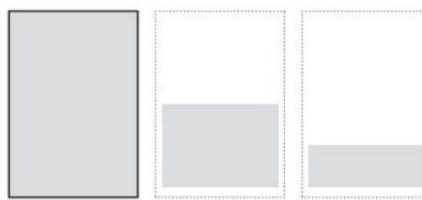
Social Work Focus is the Australian Association of Social Workers' Member magazine. It is published four times a year and is accessible to Members via email and on our website in accessible digital formats, such as PDF, flipbook and a webpage.

You can advertise in *Social Work Focus*.

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

Prices are inclusive of GST and per advertisement.

Advertising Specifications (Sizes)



Full page
210x297mm
Plus 3mm bleed

Half page horizontal
192x148mm

Quarter page horizontal
192x74mm

KEY: Artwork area
 Bleed (min 3mm)
 Page trim

Note: Measurements are width x height

To Book Your Print Advertisement

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

To discuss your advertising needs, contact:

Social Work Focus Editor

Phone: 03 9320 1005

Email: editor@asw.asn.au

Supplying Artwork

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

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

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

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

2022 SWF Deadline Dates

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

