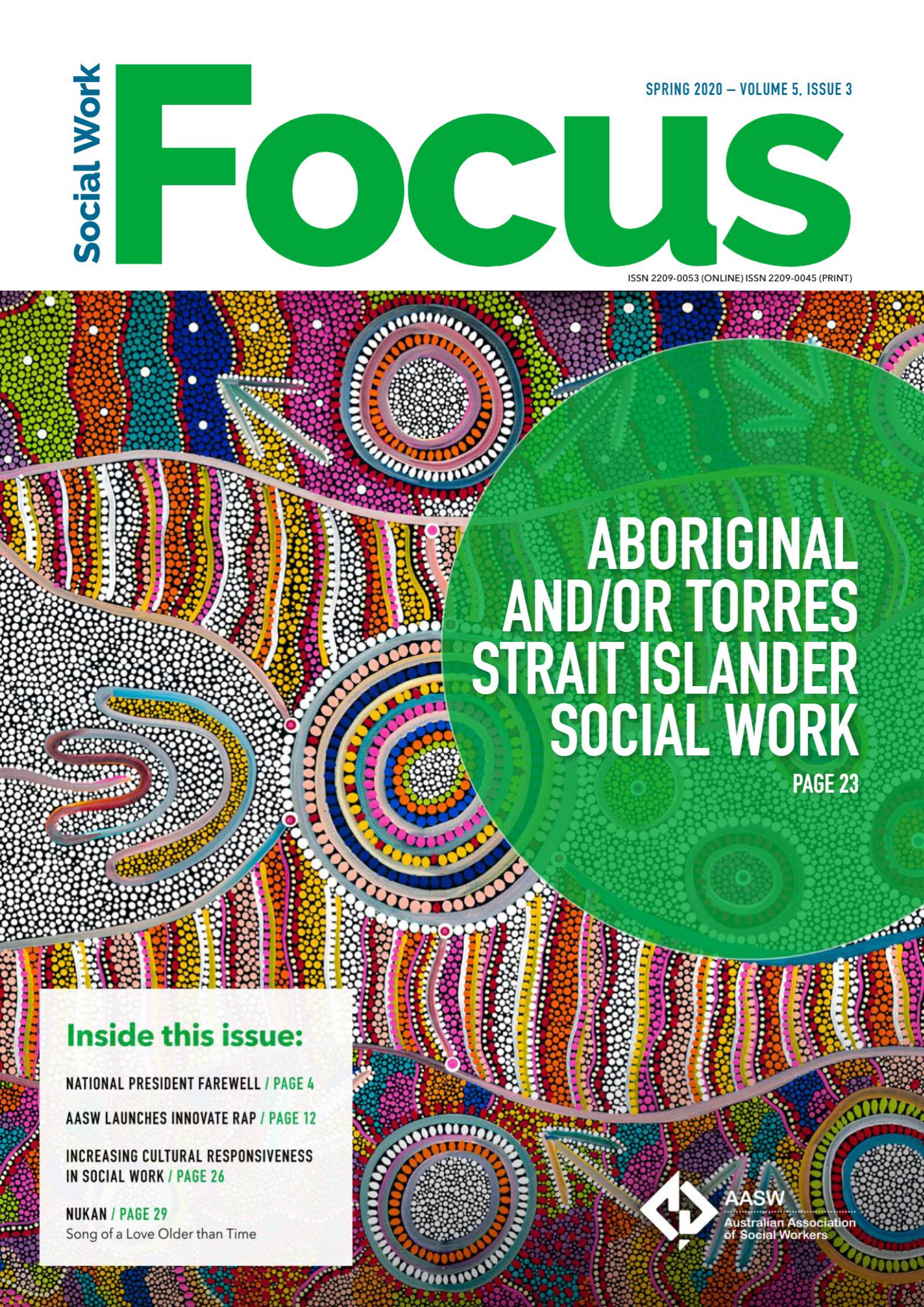




ABORIGINAL AND/OR TORRES STRAIT ISLANDER SOCIAL WORK

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Song of a Love Older than Time



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Front cover artist attribution –
Mara May Art

Pathways of Champions

Tamara May Murray is a proud member of the Barkindtji tribe on her mother's side, the Yorta Yorta and Dhudaroah tribes on her father's side. She grew up on the Namatjira Mission in the small country town of Coomealla.

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NEXT EDITION

Contributions for the Summer 2021 issue are now being accepted.

AASW members whose articles are published in *Social Work Focus* can claim time spent to research and prepare them towards CPD requirements, specifically Category 3. We accept up to five articles in line with each issue's social work theme.

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ACKNOWLEDGEMENT OF COUNTRY

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Become a member at www.aasw.asn.au or contact the Membership Team on T: 1800 630 124 or E: membership@aasw.asn.au

Connect With Us



Farewell and thank you after a successful year

The third year of our current Strategic Plan 2018-2021 has been an extraordinary year for us all, with the catastrophic bushfires affecting most of the country from November 2019 to February 2020, quickly followed by the COVID-19 pandemic declared in March and dominating the social and economic landscape here and overseas since.



CHRISTINE CRAIK
AASW National President

Although things have been tough, frustrating, challenging and life shattering at times, and possibly will be for some time to come, I have been impressed by the courage and resilience of our community, our sector and our members in adapting to what has been an extraordinary year and facing events of unprecedented magnitude.

Social workers don't go looking for accolades, but I want to acknowledge the amazing work of social workers during this pandemic. Not many in the community understand the complexity of the work we do. Social workers have worked tirelessly to support the most marginalised in our community during this crisis and will continue to do so through the long recovery ahead.

During this time, I have had the privilege of 'zooming in' to many social work staff meetings, workshops, and professional development days all over the country. I have been consistently amazed and humbled at the ways in which social workers have adapted their work, supported each other and 'leaned in' to this crisis.

The devastating social and economic dimensions of COVID-19 have had a profound impact on our lives and required us to quickly adapt to new ways of doing things in order to keep ourselves, our colleagues, families, friends and service users safe. We have continued along the path of fulfilling

our aims and in many regards. I feel 2020 will be looked back on as the year where we triumphed against the odds and in doing so learned so much about ourselves both individually and collectively.

Notwithstanding all these challenges, it has been a successful year for the AASW, with advocacy for AASW members and the profession a high priority, with sustained membership growth, as the voice for social justice issues in Australia and leader in professional excellence for social workers, and in terms of its commitment to the maintenance of human wellbeing. The supportive networking within this Association really has been a major protective factor for many over this period of time.

As of 30 June 2020, we were able to boast a more than 13,000-strong membership base and the Association continues its campaigns to raise public awareness, to show members that we are their influential voice promoting their interests and the importance of their work to key decision makers. In the past year we have provided increased opportunities for members to participate in professional development, with communication and networking playing a significant role in ensuring that the AASW is effectively engaging with members and the public.

Last year we welcomed more than 500 delegates in person to the AASW Conference 2019 in Adelaide, the largest and most successful Conference we have ever held. However, this year, as a result of the current restrictions on indoor gatherings and travel imposed by governments, the much awaited AASW National Symposium, our biennial opportunity to bring together social workers, professionals, thought leaders and key decision makers from across the nation, is being held 'virtually' rather than at a physical location.

I am delighted that the 'virtual' nature hasn't dampened any enthusiasm with almost 600 registrations already for the AASW National Symposium on Friday 6 November 2020 between 12:00pm and 5:00pm (AEDT).

The focus of the National Symposium is the theme 'Promoting Aboriginal and/or Torres Strait Islander Social Work' and highlighting the practices and ideas that shape Aboriginal and/or Torres Strait Islander social work culture, research and teaching. It will also bring together a diverse range of experienced stakeholders from across the health and human services sector to discuss the history, present and future of social work. This event is free for AASW members, while registration for non-members is \$99.

As a result of the current COVID19 restrictions, the 2020 AASW Annual



General Meeting (AGM) will also be held online. The 2020 virtual AGM will commence at 5:00pm (AEDT) on Friday 6 November and we are providing a range of ways you can participate and share your views.

It is not too late to register <https://www.aasw.asn.au/events/event/aasw-national-symposium-2020> and regardless of your location, the 2020 virtual AGM will provide you with the opportunity to join in and listen to the National President's address, CEO Review of Operations, as well as submit questions prior to the meeting. We will also be presenting the Association's updated Code of Ethics.

The Notice of Meeting together with the AASW Virtual AGM User Guide provides all the important information you need to know about attending our AGM and the items of business to be considered are outlined in the Agenda.

In accordance with our Constitution, I will be retiring as your National President at the conclusion of the meeting, so I will be chairing the 2020 AGM with mixed emotions. I would like to take this opportunity to congratulate all candidates who participated in this year's elections.

Congratulations to my successor, Vittorio Cintio, who will commence in the role of National President at the conclusion of the AGM, and National Board Directors (Aboriginal &

Torres Strait Islander Representative) Linda Ford, and Alex Bhathal on their appointments.

The provision of quality member products and services is due to our dedicated and professional AASW staff and I would like to take this opportunity to thank them on your behalf. I must also acknowledge my fellow Directors and members who volunteer their time and effort to the Association through committees, practice groups and advisory panels. Your amazing contributions are what help make the AASW the benchmark and voice of Australian social workers.

Christine Craik

•

Congratulations to my successor, Vittorio Cintio, who will commence in the role of National President at the conclusion of the AGM

Actively incorporating member feedback



CINDY SMITH

Chief Executive Officer

In March, AASW members were invited to participate in the 'Member Needs and Satisfaction Survey' that focused on their professional needs and expectations of the Association.

Using the 2018 survey results and feedback as a baseline reference we wanted to learn more about changes over the past two years and how we were currently performing in areas of communication, continuing professional development, advocacy and social policy, member services and programs. It was also important to highlight the important issues facing members in 2020 and how the Association can continue to evolve and improve.

Members have consistently said they joined the AASW to be informed about what is happening in the sector, for the professional status and recognition, for Continuing Professional Development (CPD) and access to more accessible, more affordable and more varied learning opportunities; and AASW credentials and insurance cover.

Members have also expressed a desire for the Association to increase its focus on member support and networking; advocacy, lobbying and leadership on behalf of profession, individuals and the community; and building the reputation and profile, awareness and diversity of the profession within the community and allied health sector.

Following on from the member feedback from 2018 there has been a genuine attempt to do more than just listen but to actively incorporate the wishes of the members into the day-to-day operations of the AASW. Especially in the areas of increased collaboration with members and increased member participation, in the development of the new AASW Code of Ethics; biennial member surveys; development of the Credentials

and Capability Frameworks; a Communication survey; Social Policy & Advocacy; Credential development; and the Australian Social Work Education and Accreditation Standards (ASWEAS), guidelines and templates.

Member feedback from 2018 also prompted a review and realignment of resources and an investment in new resources to ensure the Association can meet the needs of members now and into the future:

- increased staffing numbers with specific skills and expertise
- reallocation of resources from the fixed offices into investment in technology platforms
- modernised our systems and processes such as the Finance and HR systems; Ethics Complaint Management Process (ECMP), online forms for credentials and International Qualification Assessment (IQA)
- invested in the online community platform to enable members to network to engage and participate
- heavily invested in virtual classrooms, CPD online and new Learning Management System (LMS)
- reviewed and streamlined -member-facing processing, such as CPD points.

INCREASED COLLABORATION AND MEMBER PARTICIPATION



MEMBER ENGAGEMENT IN THE PAST SIX MONTHS

**37**

webinars delivered by the branches, CPD Team, and the Social Policy Team

**2,400**

attendees

CONTINUING PROFESSIONAL DEVELOPMENT

Continuing Professional Development continues to be a dominant feature of the membership survey and it was emphasised in both 2018 and 2020 as one of the main reasons that social workers take up membership with the AASW.

CPD requires significant time, expertise and resourcing to be delivered in a consistent and professionally engaging manner. In response we reviewed the allocated resources and undertook a gap analysis and recruited a CPD team including a Manager with Education and Training expertise and additional staff with necessary expertise.

In response to the COVID-19 restrictions the AASW team transitioned all CPD and events to webinar format and during the past six months, 37 webinars were delivered on various topics with more than 2400 attendees from around Australia. Recordings are added to our library of on-demand online training that social workers can access anytime, anywhere, and when they need it.

As an extension of the webinar delivery, over the next six months we will be offering our first ever virtual classrooms. No matter where social workers reside, if they have a good connection, a learning mindset, and a comfortable seat they will be able to access significant, live, online CPD that is interactive and effective. Our first virtual workshop will be in November 2020, [click here for more details](#).

A theme of the 2018 member survey was the need for the AASW to offer CPD that is relevant to the profession

and the individual member. To better understand the learning needs of the profession, the AASW recently completed a capability framework for Australian social workers that attracted participation from more than 800 members, employers and working group experts. It identified the key development areas for social workers in practice, and all AASW CPD will be mapped to this framework to assist social workers to find CPD that is relevant to their interests and level of development.

As an extension of this capability framework, we are developing an interactive self-assessment tool to allow social workers to assess themselves against several capabilities, receive a comparison report and a suggested development action plan that recommends CPD, reading, and experiences.

In response to the 2020 member survey, the AASW has committed to developing significant CPD courses on supervision for social workers. This course will be delivered in a hybrid format (e.g. self-paced eLearning, virtual classrooms, and webinars) over several weeks, and designed with rich, effective learning experiences. Being online, it allows for social workers placed in rural and regional areas to access quality CPD.

The 2020 survey identified that accreditation was very high on the priority list for most of the respondents. In September 2020, the AASW launched an expanded credentialing program, introducing two new credentials, the Accredited Child Protection Social Worker and Accredited Disability Social

Worker to the existing Mental Health, Clinical and Family Violence credentials.

We have commenced a three-month marketing campaign, offering incentives such as reduced application fees and complementary 60-day online learning subscriptions (for the four newest credentials). [Click here to view the website and to download the eGuide](#).

Members also indicated that a supervision credential for social workers was of the highest interest and the AASW has committed to developing this credential with work commencing in early 2021.

MARKETING AND COMMUNICATIONS

The AASW Marketing and Communications team provides members, the Board, staff, Branch Management Committees, stakeholders and partners with support to enhance marketing and communications opportunities in line with the AASW's Strategic Plan.

Both the 2018 and 2020 Member Surveys indicated that members were in favour of streamlining our member marketing and communications and moving away in some instances from hardcopy publications to online. We have implemented a multichannel approach tailored for our key audiences and using social media, digital, webinars, PR and media campaigns and, more recently, via Social Work Australia - our new community platform.

In 2020 the Marketing and Communication team expanded from

one staff member to four staff, to ensure solid growth in:

- AASW membership (growth and retention), as of September 2020, membership had increased by 18% (11,932 Members compared to 10,113).
- keeping our members informed of AASW work by investing in our communications infrastructure and extending the range of communications by upgrading our email delivery to a new system in July 2020, providing flexibility of hosting and creation of new templates, new layouts, and images, as well as faster delivery and detailed analytics, including ability to track and understand member behaviour and interests.
- enhancing the overall look and delivery of our electronic direct messaging (eDms) – AASW Member News is provided nationally every fortnight and 'Mental Health Member News' delivered monthly.
- establishing the AASW Social Work Australia – our new Community Hub was successfully launched on 25 June, with almost 2500 members as of October 2020. The next phase of this online forum has begun with members now able to request to form a group on the Community Hub.
- *Your Credentials* – marketing campaign was released in September 2020.

Increased awareness of AASW services and value by:

- communicating with and educating established non-member and lapsed Member Communications through email and digital campaigns
- launching a social media campaign in June 2020 to enhance profile of social workers and creating brand awareness of AASW
- building on the social work knowledge through quarterly

publications (*Australian Social Work journal* and *Social Work Focus*)

- developing a podcast series with Angela Scarfe
- increasing awareness of social workers as a profession and raising the profile with the community and other associations/professions: through an Australia-wide PR campaign 'Here For You' and tweaked for the GPs 'Here For You and Your Patients' to be launched in late 2020.

ADVOCACY

The Social Policy and Advocacy team have collaborated with more than 500 members in the development of position papers, strengthening collaboration and enabling the Association to have a strong representative voice on key issues of concern to members.

In the past four years SPA staffing levels have increased from three to seven, with an additional Social Policy and Advocacy Officer appointed in 2020 to increase the capacity of Branch Management Committees (BMC) and to support social policy issues in the States and Territories.

The additional staffing has resulted in an increase in policy submissions made by the AASW. In 2019-20, 39 submissions were made, with 14 of these submissions in response to State and Territory issues. We have also been able to expand our engagement with stakeholders and participate more consistently with partners and networks, and peak bodies, government departments and other relevant organisations.

Advocacy for the profession and for our members, remains a high priority for AASW and during the past two years advocacy has been undertaken on key issues.

Registration. Since the 2018 Survey we have attended more than 47 separate meetings with Ministers, Shadow

Ministers and relevant Commissioners to raise awareness and directly advocate for registration. We made a submission and attended hearings of the South Australia Joint Committee on the Social Work Registration Bill, the outcome of which is due before the end of this year. We are taking every opportunity to raise awareness and directly advocate for registration, across all State and Territory elections.

Medical Benefits Scheme Review. The MBS Review Taskforce was established in 2018 and AASW made submissions to the Taskforce and the Mental Health Taskforce.

Private Health Funds. The call for parity for AMHSW including being listed as providers with the Private Health Funds.

In 2019 a dedicated Mental Health Advocacy staff member was appointed to the Social Policy and Advocacy team, to increase the ability to advocate on behalf of AMHSW and respond to member queries and develop targeted strategies.

The consultation and representation of the voice of AASW members remains a high priority. Five National Advisory Panels were established in the past 12 months, facilitating the collection of input from members with expertise in specific areas, on key developments and actions by the AASW: Mental Health Reform; NDIS; Veterans issues; Climate Action; Aboriginal and Torres Strait Islander issues.

Advocacy for the profession and for our members, remains a high priority for the AASW

PROFESSIONAL STANDARDS AND ASSESSMENT

Significant changes have been made to the Professional Standards and Assessment portfolio during the past two years.

Fifty nine percent of members surveyed in 2018 identified the needs for social workers to demonstrate commitment to professional standards and as a result the AASW Code of Ethics was revised, with the new document to be launched in November 2020.

The new Ethics Complaint Management Process (ECMP), which receives all complaints and not only those of serious misconduct, was approved by the Board in December 2019. The resourcing to support the new ECMP have been mostly finalised and the launch is set for October 2020.

A review of the Supervision and Practice Standards will also take place in 2020/21 to coincide with the plan to develop a new AASW credential for supervision.

To ensure its ongoing viability and integrity, the credential assessment process has been reviewed and revised. The case studies are completed in the assessment process as an observed and timed task. The robustness of the process and the clarity of the demonstrable experience will be used to advocate for wider acceptance of the credential with health insurers and other program supporters. The new online

forms, designed to make the application process easier, will continue to be supported with informative and easy to access information via web pages, e-guides, and regular webinars.

In 2020, the credentials team delivered a revised reinstatement process that makes recency of practice requirements easier to meet. The new requirements are in line with other associations' requirements and more flexible for members going on parental leave or affected by travel or illness.

HIGHER EDUCATION PROVIDERS

The Australian Social Work Education and Accreditation Standards (ASWEAS) was delivered in March 2020. The supporting guidelines were developed and delivered in August 2020, together with new Annual Reporting Templates. The review of the Field Education Standards commenced in May 2020 and should be completed later this year.

Finance

Finance has moved from manual, antiquated systems to contemporary cloud-based online systems (XERO), which has provided significant processing and reporting efficiencies.

Closure of the fixed office facilities and the move to flexible office environments, including virtual platforms has freed up significant capital, which has been reinvested into staff with specific

education and training expertise and technology. This is already paying dividends for our members not residing in or near the capital cities. The number of members located outside capital cities accessing CPD and attending webinars has increased, which aligns with our social work values of equity of access but was not possible before. The aim was to ensure the AASW has the resources and technical capacity to reach and engage with our members no matter where they live or work. This investment in infrastructure enabled the AASW to rapidly pivot to working from home arrangements due to the onset of COVID-19.

Information and Communication Technology

- new cloud-based telephony system was introduced to replace a dated telephone system allowing for better customer service
- introduction of Microsoft Teams has significantly improved collaboration between staff
- implementation of new Social Work Australia Community Hub from June 2020 has facilitated networking and collaboration between member groups
- implementation of new online application system for credentials
- the AASW also moved from paper based to electronic voting in 2018.



MEMBERSHIP ENGAGEMENT

Membership numbers have consistently increased in recent years due to the AASW better meeting member needs and increased focus on renewal campaigns.

CONFERENCES AND SYMPOSIUMS

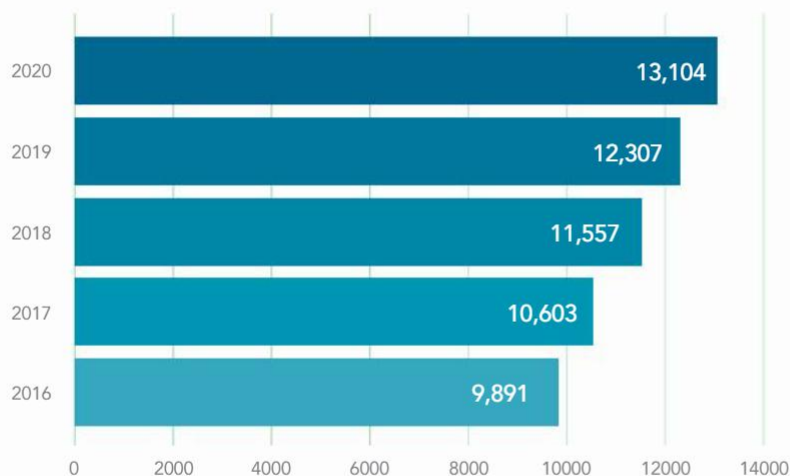
AASW Conference 2019: *Challenging Inequality - Working Together for a Just Society*, held in Adelaide, South Australia was our largest and most successful national event and the Association received significant positive feedback from those who attended.

The 2020 AASW National Symposium will be held on 6 November 2020 and this year's theme is 'Promoting Aboriginal and/or Torres Strait Islander Social Work'. The one-day event will bring together social workers from across the Australia to discuss and promote thoughts on the social work practices and ideas that shape Aboriginal and/or Torres Strait Islander social work culture, research and teaching.

With a high profile selection of keynote speakers, abstract presentations, truth-telling sessions, networking and more, the National Symposium is a fantastic opportunity for those looking to broaden their knowledge and gain valuable insights into Aboriginal and/or Torres Strait Islander social work.

The AASW together with our bid partners including eight Queensland-based Universities and Australian & New Zealand Social Work & Welfare Education & Research (ANZSWWER) were successful in our bid to host the International Federation Of Social Workers (IFSW) Asia Pacific Regional Social Work Conference, to be held November 2021 in Brisbane, Queensland. In addition, the AASW in partnership with Melbourne University were successful in our bid to host the 2023 International Conference for Social Work in Health and Mental Health to be held in Melbourne that will attract international and local delegates.

TOTAL MEMBER GROWTH OVER FIVE YEARS



GOING FORWARD

During the final year of the AASW Strategic Plan 2018-2021 the focus is on a wide range of initiatives

- a new AASW volunteering program
- a review of the Australian College of Social Work
- a review of the practice standards and supervision standards
- the development of a Supervision credential
- interactive self-assessment tool
- a commitment to increased engagement and networking opportunities
- the new AASW app will be rolled out to increase ease of access to AASW information and networks
- a new streamlined, contemporary look website
- the development and implementation of a new client records management system to enhance member involvement with their own individual portal experience
- a project to create a digital archive of significant AASW documents and records.

In recent years, and especially throughout a tumultuous 2020, the AASW has undergone significant and often rapid change with a clear focus on supporting members with the daily challenges of our profession, ensuring we meet the professional needs of our members and continuing to raise awareness of the profession and its diversity within the community and allied health sector.

I am very proud of the AASW staff and volunteers for their enormous efforts in developing and rolling out the wide range of programs and initiatives designed to bring significant benefits to the way we work and communicate. We have not only listened, but we have delivered on our promise to dramatically enhance the members' experience.

While a comprehensive range of initiatives has been completed, I am just as excited about new improvements that will continue to be rolled out in the coming years. There are exciting times ahead.

•

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AASW launches Innovate RAP

The AASW's third Reconciliation Action Plan (RAP) July 2020–June 2022 was launched earlier this year. The RAP, which is an Innovate Plan, describes the steps the Association can and will take to create opportunities for Aboriginal and/or Torres Strait Islander social workers.

There are four types of Reconciliation Action Plans endorsed by Reconciliation Australia: Reflect, Innovate, Stretch and Elevate. Reconciliation Australia states that each of the different plans is 'designed to suit an organisation at different stages of their reconciliation journey'. Having previously implemented Reflect plans, the AASW is now working towards the Innovate RAP goals.

Prerequisites for the Innovate plan include having established a RAP Working Group and demonstrated support and goodwill towards reconciliation throughout the organisation and leadership group. Reconciliation Australia's website outlines the commitments an

organisation makes when adopting the Innovate RAP:

- to establish the best approach to advance reconciliation
- a focus on developing and strengthening relationships with Aboriginal and Torres Strait Islander peoples
- to engage staff and stakeholders in reconciliation
- developing and piloting innovative strategies to empower Aboriginal and Torres Strait Islander peoples.

At the launch AASW Aboriginal and Torres Strait Islander representative Board Director Linda Ford said, 'Our new plan prioritises our Aboriginal and/



or Torres Strait Islander Social Workers and is about taking actions and defining how we work with Aboriginal and Torres Strait Islander peoples in our communities.

'With this plan and alongside our Aboriginal and/or Torres Strait Islander colleagues, we will strive to be the best possible allies, by actively listening, by decolonising the way we work, by working in partnership and by making sure Aboriginal and/or Torres Strait Islander colleagues and members of our communities shape our work.'

<https://www.aasw.asn.au/document/item/13033>

•

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Innovate Reconciliation Action Plan

July 2020—June 2022

The AASW's vision for Reconciliation is one where all Australians are united by our shared past, present and future. To achieve this, our Association must first acknowledge past injustices in which the social work profession has historically been involved. We also envisage a continued and strengthened development of meaningful relationships that promote honesty, transparency and respect with Aboriginal and/or Torres Strait Islander people as AASW members, colleagues, community members and people who use our services.

Through this Reconciliation Action Plan (RAP), the AASW moves forward in the spirit of Reconciliation and solidarity, for a more just and culturally safe Australia for all. Our vision for Reconciliation describes the steps we can and will take to create opportunities for Aboriginal and/or Torres Strait Islander social workers. The new plan prioritises Aboriginal and/or Torres Strait Islander social workers and is about taking actions and defining how we work with Aboriginal and/or Torres Strait Islander people in our communities.

With this plan and alongside our Aboriginal and/or Torres Strait Islander colleagues, we will strive to be the best possible allies, by actively listening, by decolonising the way we work, by working in partnership and by making sure Aboriginal and/or Torres Strait Islander colleagues and members of our communities shape our work.

To build authentic partnerships requires truth-telling and real understanding. Acknowledging the black history of our country, the historical role of social work and the current status of Aboriginal and/or Torres Strait Islander peoples in our community is essential to build partnerships that are grounded in truth.

The new RAP contains detailed actions that are ambitious and achievable and is about working towards four key goals.

Relationships

This goal embodies our commitment to establishing and sustaining mutually respectful, inclusive, and robust connections with our Aboriginal and/or Torres Strait Islander colleagues and clients and with key Aboriginal and/or Torres Strait Islander peak bodies and organisations. This will enable the Association to work collectively to address the challenges of overcoming the legacy of past injustices and to shape a future society that upholds the richness of our diversity of thought, knowledge and beliefs.

Respect

For the AASW to participate in shaping a just and inclusive society we need to demonstrate appreciation and respect for Aboriginal and/or Torres Strait Islander ways of doing, being and believing as embodied in First Nations' cultures, beliefs and relationships with the land. We recognise that we have much to learn from First Nations peoples and seek to join with them in shaping an Australian society that is truly just and inclusive.

Opportunities

The RAP provides the AASW with an important opportunity to identify strategies that promote the participation of Aboriginal and/or Torres Strait Islander members, businesses and organisations in

our actions and initiatives as part of our core business. It is through the creation of such opportunities that we seek to build better relationships with Aboriginal and/or Torres Strait Islander communities and contribute to removing the structural barriers that have prevented Aboriginal and/or Torres Strait Islander Australians from achieving equal outcomes.

Governance

To ensure that AASW is accountable and achieves the undertakings in this RAP, we are committed to providing leadership and the resources to implement it, to report on the achievements to Reconciliation Australia and to be transparent in our decision-making. This includes honouring the voices of AASW Aboriginal and/or Torres Strait Islander members and stakeholders.

The creation of this plan would not have been possible without the exceptional work of AASW Board, staff and Aboriginal and/or Torres Strait Islander members, including members of the AASW's Reconciliation Working Group.

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Federal Budget

Increased funding for the Medicare Benefits Scheme

The AASW, which has consistently called for an increase in Medicare Benefits Scheme (MBS) funded mental health sessions, welcomed increases announced in the recent Federal Budget.

The increase in the number of sessions will allow mental health professionals to better support individuals to work through the anxiety and complicated presentations that social workers report seeing at this time. COVID 19 is having significant impacts on the health and wellbeing of all Australians and the effects will be seen for some time to come.

National President Christine Craik said, 'It is clear now that people need short- and long-term mental health supports that are responsive to their needs and we welcome this important measure.'

'The increase in sessions is desperately needed and so too is the recognition of the important contribution that Accredited Mental Health Social Workers (AMHSWs) make to the mental health and wellbeing of all Australians.'

AMHSWs have reported instances of their clients rationing their sessions despite significant concerns about their mental health and a worsening of symptoms during the pandemic.

Christine said the AASW looks forward to continuing to work with government on this issue alongside addressing pay parity for all mental health professionals who are undertaking the same work. Under the MBS fee schedule AMHSWs are paid less than psychologists for providing the same services. The AASW continues to advocate for reform and for the pay structure to better reflect the skills, training and qualifications of the professionals providing supports.

'As stated in our numerous submissions to the inquiry, we believe MBS Better Access needs to be based on need and level of complexity. One size does not fit all,' Christine said.

'There are 2,200 AMHSWs who are already supporting people through this current crisis but to be able to address ongoing and complex mental health concerns, there needs to be an increase in the number of sessions available to individuals.'

-

AASW welcomes rethink on cost of Social Work degrees

The Federal Government's announcement in August that social work will be moved to a lower tier of fees in its Higher Education reform package has been welcomed by the AASW.

The Higher Education reforms are aimed at encouraging students to take degrees in 'job-ready' qualifications and in areas where there is demand for qualified graduates. Degrees in areas such as nursing and in science and mathematics based (STEM) subjects, for example engineering, will have lower fees to encourage enrolments.

However, these discounts are at the expense of degrees in the humanities and law, among others, which are regarded as either creating an oversupply of graduates or graduates who are not 'job ready'. Social work was initially in this group.

The AASW was quick to point out the essential role social work plays in mental health, health and community services and the need for more qualified social workers. In discussions with Education Minister Dan Tehan the AASW argued that the proposed changes would have significant workforce impacts on essential social work services and would therefore negatively affect the supports provided to individuals, groups and communities across Australia, including regional, rural and remote areas.

Social work is a 'job ready' degree. Bachelor and qualifying Masters degrees have 1000 hours of field education, which is a distinctive pedagogy for social work education. According to the Federal Government's own data, there is expected to be significant growth in the workforce over the next five years.





We fear that there will be a significant cost for social work students

AASW National President, Christine Craik said, 'We welcome this reconsideration as a reasoned outcome for the future workforce that Australia needs.'

Although the Higher Education reform package has been passed by the Senate, the AASW still holds concerns about its implications for students from disadvantaged backgrounds who choose to study social work.

'We don't know what the social work pathway looks like and we fear that there will be a significant cost for social work students. We are also concerned for students from marginalised backgrounds who wish to study humanities and the debts they will incur,' Christine said.

•

Vulnerable overlooked in major recession

The AASW responded to the 2020-21 Federal Budget, handed down on 6 October, calling it a missed opportunity and saying that it is without a vision for effective solutions.

National President Christine Craik said that although the AASW understands the need to encourage job creation as a way out of this recession, this Budget did not address the nation's most serious challenges.

Christine said that among those overlooked in the Budget were many vulnerable people, especially women, people who are homeless, those relying on job seeker payments and single mothers. 'This is a Budget for taxpayers, so the most vulnerable are on their own in the face of the biggest recession in our history.'

'We know that more women than men lost their jobs during this crisis and that older single women are the fastest growing group of people facing homelessness in Australia,' Christine said. 'When you combine this with the failure to fund social or public housing, older single women without work are still facing the very real prospect of poverty and homelessness.'

Single mothers were another group disadvantaged by the Budget, with the extension of ParentsNext.

The AASW welcomed moves by the government to encourage employers to hire young people and the increase in the number of sessions with an Accredited Mental Health Social Worker available under Better Access, however the number of things not addressed in the Budget outweighed the positives.

Not addressed were funds for public housing, assistance for older people to return to the workforce, and a guarantee that people still relying on JobSeeker would have enough money for the necessities. Key initiatives such as Closing the Gap, new Home Care Packages, and the Equal Remuneration Order Supplement were allocated 'far less than what is needed,' Christine said.

The environment was another issue that lost out in the allocation of funds. 'The Federal Government missed a huge opportunity to address the environmental challenges we face in this country,' Christine said. 'The failure of the Budget to address climate change condemns Australians to future climate change disasters.'

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Budget Submission

State Pre-Budget Submissions

AASW national policy team will be working with Branch Committees to develop pre-budget submissions. We will post information about consultations in bulletins and on branch websites.

Registration Update

We are still waiting for the outcome of the SA consultation on the proposed legislation for the registration of social work in that state, but anticipate the Joint Committee Report and recommendations will be presented to parliament before the end of November. We will keep members updated on the outcomes of this process as soon as it becomes available.

In the meantime we continue to pursue registration in other states and at the national level, with registration being a key part of our platforms in state elections and by engaging with a range of stakeholders.

Child Protection

During Child Protection Week in early September, we wrote to Child Protection Ministers, and others, highlighting the importance of registration to ensure the safeguarding of vulnerable children and families.

Queensland State Election

The Queensland and North Queensland Branches have developed a position statement outlining eight key areas of concern to social workers in the lead up to the Queensland State Election which will be held on Saturday, 31 October 2020. Registration is a key item in our election platform.

To support our advocacy, we are writing to key MPs and stakeholders in the lead up to the election highlighting the importance of registration to ensure vulnerable children and families are receiving the care and support they need.

Any update will be posted to our AASW [QLD Page](#), AASW [NQLD Page](#) and our Facebook pages ([QLD](#) and [NQLD](#)) upon receipt.

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Calls for end to mandatory detention as COVID-19 situation intensifies

Queensland Branch President Ellen Beaumont and National President Christine Craik have spoken out against the practice of mandatory detention, particularly in relation to the health risks posed by detention conditions during the COVID-19 pandemic.

With reference to the 105 men in the Kangaroo Point Central Hotel, who remain in detention after being flown from Manus Island and Nauru to Australia for medical treatment, Ms Beaumont said, 'All of these men are at risk of severe complications or death if they were to catch COVID-19 in the crowded conditions of their accommodation, and they must be released into the community immediately. These are people who have broken no laws and yet continue to be punished for no reason other than seeking a better life.'

'They are being kept in cramped conditions with little access to the hygiene and protective practices the rest of us have readily available.'

She continued, 'We have grave concerns not only for the physical health of these men, but also their mental health with reports of self-harm and suicidal ideation coming from advocates supporting the men. The situation around the pandemic will only be exacerbating these mental health issues.'

National President Christine Craik stated that the Australian Government consistently breaches the human rights

of refugees and people seeking asylum and called on the government to release the detainees. 'We need to immediately stop mandatory detention of people seeking asylum and close down the immigration detention centres, which are a COVID-19 outbreak waiting to happen,' she said.

'There is nothing to stop the government from releasing this group, and others in their position across the country, into the community where they can live in safety and security. Mandatory detention's purpose is cruelty and torturous, sending a horrible message to the rest of the world about how we treat the most vulnerable of people.'

Ms Beaumont said, 'The Queensland Government can use, and must use, its powers under Queensland's Human Rights Act to release these men, and all others in the same situation in immigration detention centres, to move into the community as a matter of urgency. The lessons from Victoria show how quickly COVID-19 can get out of control, we cannot let the same happen amongst this vulnerable population in our state.'

•

The situation around the pandemic will only be exacerbating these mental health issues.



Trauma Education

presented by Dr Leah Giarratano

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

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

Clinical skills for treating post-traumatic stress disorder

Treating PTSD: Day 1 - 2

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

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

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

Clinical skills for treating complex traumatising

Treating Complex Trauma: Day 3 - 4

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

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

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

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

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

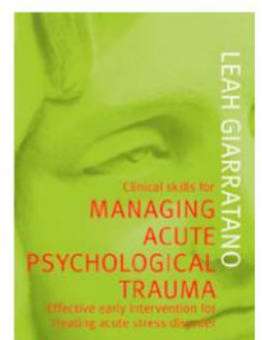
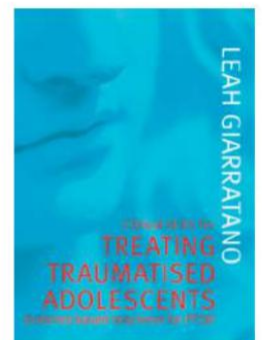
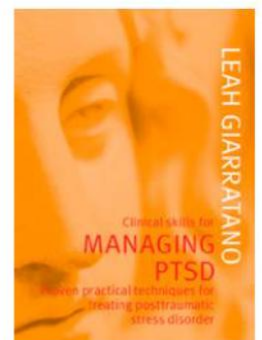
Livestream: Highly interactive, with breakout groups and includes complimentary access to one-month self-paced online

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

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

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

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





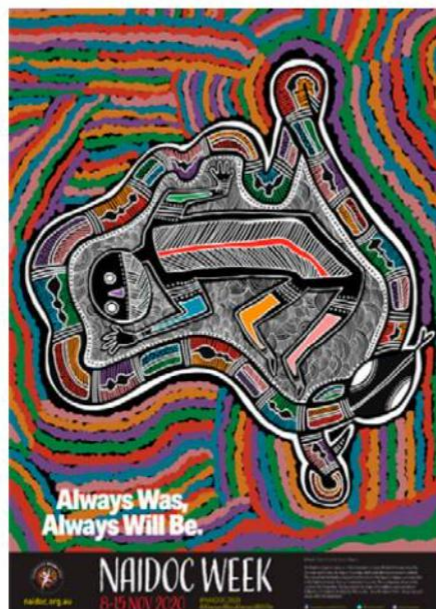
**Always Was,
Always Will Be.**

8-15 NOV 2020

NAIDOC Week 2020

Always Was, Always Will Be

NAIDOC Week is a time to celebrate and honour the history, culture and the achievements of Aboriginal and Torres Strait Islander people. Typically held in July, the COVID-19 pandemic has meant that this year NAIDOC Week has been moved to 8-15 November.



The theme for this year is "Always Was, Always Will Be", a recognition and acceptance that for over 65,000 years the land on which we live and work was and is first and foremost Aboriginal land, and sovereignty was never ceded.

For social workers, NAIDOC Week is also an important reminder about learning from our past mistakes and working with Aboriginal and Torres Strait Islander Peoples and communities to address the structural disadvantage and discrimination they face in all facets of their lives, an ongoing consequence of colonisation.

Social workers have played a role in many of the atrocities against Aboriginal and Torres Strait Islanders communities since colonisation and the AASW's [apology](#) in 2004 began to address the hurt done by the profession.

The AASW continues to embed Aboriginal and Torres Strait Islander ways of knowing into social work as a fundamental component of decolonising social work practice in this country. The Association recently launched its Reconciliation Action Plan 2020-2022 and supports Aboriginal and Torres Strait Islander peoples' right to self-determination and their children's right to culture.

Currently, Aboriginal and Torres Strait Islander children are 9.8 times more likely to be removed from their family than other children. This significant injustice has profound consequences which extend beyond the trauma it causes for children and their families.

It often results in breaking the connection between the child and their community, their country and their culture. It also furthers entrenches the intergenerational trauma experienced by many Aboriginal and Torres Strait Islander people.

Although the AASW welcomes the creation of a new Closing the Gap target to decrease the rate of removal, we recognise that progress will take time. AASW supports the principle that Aboriginal children should be placed with Aboriginal families. This is the central idea of the Aboriginal and Torres Strait Islander Child Placement Principle in all states and territories.

We have been advocating strongly for, and will continue to advocate for, the implementation of the Uluru Statement from the Heart, and that government work with Aboriginal and Torres Strait Islander people in meeting the Closing the Gap targets.

Our work to date is available on our [webpage](#).

The theme of the 2020 AASW National Symposium on 6 November is "Promoting Aboriginal and/or Torres Strait Islander Social Work" and it provides a timely commencement to NAIDOC Week 2020. We will be using the Symposium to celebrate NAIDOC Week with a dedicated panel presentation featuring Josephine Lee and AJ Williams-Tchen, who have previously provided excellent online truth-telling sessions for the AASW.



2020 Symposium

Promoting Aboriginal and/or Torres Strait Islander social work

The AASW National Symposium 2020 is the much awaited, biennial opportunity to bring together social workers, professionals, thought leaders and key decision makers from across the nation.

This year the AASW National Symposium will focus on the theme of 'Promoting Aboriginal and/or Torres Strait Islander Social Work' and highlighting the practices and ideas that shape Aboriginal and Torres Strait Islander social work cultures, research and teaching. The Symposium will be a virtual event taking place on Friday 6 November between 12.00pm and 5.00pm (AEDT).

The Symposium will also bring together a diverse range of experienced people from across the health and human services sector to discuss the history, present and future of social work. Linda Ford, the AASW Aboriginal and Torres Strait Islander Director, will play a key role in the Symposium as host and MC of the event. Attendees will have the opportunity to listen to and engage with keynote speakers, such as Stan Grant and Dr Stephanie Gilbert.

In addition, review and listen to abstract presentations spanning a number of key themes, attend truth-telling sessions and engage with other attendees during the Symposium.



Stan Grant

Stan Grant is the Indigenous Affairs Editor for the Australian Broadcasting Corporation, a multi-award winning current affairs host, an author and an adventurer. Well known for having brought the former Prime Minister Malcolm Turnbull to tears when interviewed about Indigenous affairs on The Point, Stan's keynotes are insightful, engaging, always professional and at times, controversial.



Dr Stephanie Gilbert

Dr Stephanie Gilbert has predominantly worked in higher education since the 1990s bringing a high level of expertise to leadership, research and education with a key focus on Indigenous higher education. Her areas of passion and expertise encompass three key areas:

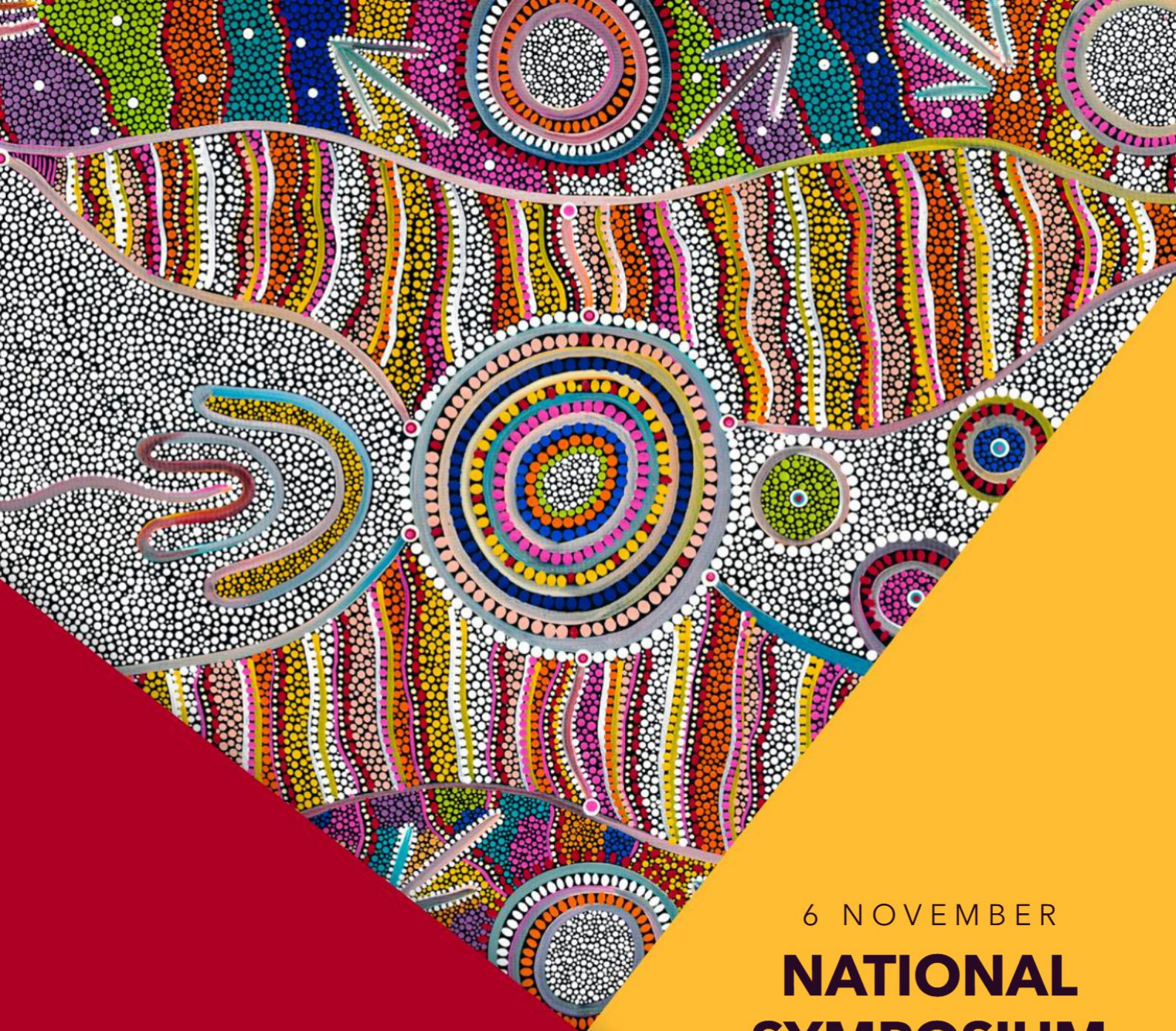
- critical Indigenous studies including Aboriginal/ Indigenous higher education
- scholarship and theoretical innovation focused upon removed children from Aboriginal families
- exploring the social work practice of Indigenous social workers and engagement with Aboriginal communities.



We look forward to welcoming you to the 2020 AASW National Symposium.

**Friday 6 November
between 12.00pm and 5.00pm (AEDT)**

REGISTER NOW



6 NOVEMBER
**NATIONAL
SYMPOSIUM**
2020

REGISTER NOW

**PROMOTING ABORIGINAL AND/OR
TORRES STRAIT ISLANDER SOCIAL WORK**

The AASW National Symposium is the much awaited, biennial opportunity to bring together social workers, professionals, thought leaders and key decision makers from across the nation.

This year the AASW National Symposium will be a virtual event taking place on **Friday 6 November 2020** between **12:00pm and 5:00pm (AEDT)**.

<https://www.aasw.asn.au/events/event/aasw-national-symposium-2020>

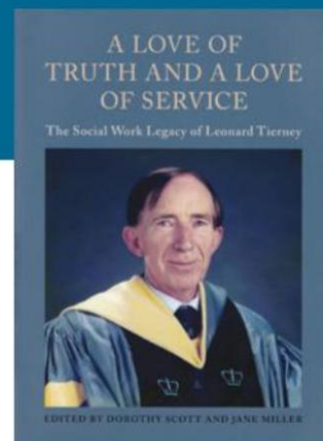


AASW
Australian Association
of Social Workers

Book Review

A love of truth and a love of service: The social work legacy of Leonard Tierney

Dorothy Scott and Jane Miller (Eds), *Faculty of Medicine, Dentistry and Health Sciences*, 2019



Dr Len Tierney was a social work researcher and teacher at the University of Melbourne from the 1960s to the early 1990s, working in the field of child and family welfare, with a particular interest in foster care. He was clearly an inspiring teacher of social work research and professional practice, as this tribute, *A love of truth and a love of service: The social work legacy of Leonard Tierney*, indicates.

Some 25 years after his death, Dorothy Scott and Jane Miller have edited the contributions of 'a group of Len Tierney's former students, colleagues and friends' (p. xv) to highlight his influence in social work education, research and practice in Australia, and particularly Victoria.

Tierney came from a modest background as the son of a soldier-settler in the Mallee region of Victoria. He rose from being a promising student in a one-room school to earn a Bachelor of Arts and Diploma of Social Studies from the University of Melbourne (1949) and ultimately to graduate as a Doctor of Social Welfare from Columbia University in New York (1976).

While studying for his Master of Science in Social Work at Columbia (1954) and practising as a social worker in New York, Tierney was influenced by the practice of social work in the United States, which at that time was

more developed as a profession than in Australia. The experience he gained was passed on when he returned to Melbourne and he retained links to the US throughout his career.

He was not only an important figure in the development of the Department of Social Work at the University of Melbourne, where he oversaw the introduction of the four-year degree and later the MSW and PhD courses, but in the study of social work nationally. He chaired the Professional Education and Accreditation Committee when it was formed by the AASW to establish standards for social work education.

Tierney felt that social work education should be grounded in practice and that practice should be based on theory. He advocated for a strong professional association, which he saw as important for advancing social work knowledge and maintaining standards of practice (p. 44), and was active in the AASW, holding various positions in the association, particularly the Victorian branch.

A love of truth and a love of service is divided into three sections. Part I 'Enduring ideas' comprises six chapters and an epilogue, each with a separate author who discusses an aspect of Tierney's legacy. Part II is the Appendices and

Part III the 'Selected writings of Len Tierney', which have been chosen for 'their diversity, limited availability, accessibility of language and ...their current relevance' (p. 221).

Tierney was an influential figure to many at a time when social work was developing as a profession in the second half of the twentieth century. This book is not only a tribute to him and his legacy but provides a view of social work practice, theory, and education in Australia during the formative years of the profession.

A love of truth and a love of service is available for [order from Readings](#), paperback, \$29.99

**ABORIGINAL
AND/OR TORRES
STRAIT ISLANDER
SOCIAL WORK**

What social workers need to know and accept when working with Aboriginal and Strait Islander clients

AJ WILLIAMS-TCHEN

AJ Williams-Tchen, a member of the AASW Reconciliation Action Plan Committee, tells social workers why fear of intervention from the social work profession is still a factor for many Indigenous Australians, and suggests ways that social workers can ...

Gawaymbanha

(Welcome in my Wiradjuri language)



About the author

AJ Williams-Tchen
Girraway Ganyi Consultancy

The history and practice of social work has not always been favourable or warranted with Aboriginal families. There still is a perceived or real fear of social work involvement & intervention from many Indigenous families. As a member of the AASW RAP Committee, I am pleased with the release of the Australian Association of Social Workers' 2020-2022 Reconciliation Action Plan, and the vision for reconciliation. In the RAP, the AASW clearly states that as an Association in order for us to achieve reconciliation we 'must first acknowledge past injustices that the profession has historically been involved in'. But what does this actually mean?

The first concept to reflect upon is the understanding of what is 'historical', and what this history actually consists of. For many non-Indigenous social workers 'history' is what occurred in the distant past, and rarely has anything to do with their current practice.

Yet for many, these current practices still create anguish, fear, shame, humility & cultural unsafe interactions,

and the continual disadvantage of Aboriginal & Torres Strait Islander clients.

'History' for Aboriginal families involves what happened to our grandparents, parents and for many of us, ourselves. It is these personal histories that are shared by family members today, about their own experiences with the social work profession that continually haunt, scare & cause fear of the profession.

It is the stories of removal from missions and hospitals, stories of Indigenous parents having been told that their children had died in care, and stories of involvement within the child protection system, the juvenile justice system, criminal justice system, housing and educational settings. Whilst some of these settings did not always have social workers, these stories need to be acknowledged by the social workers who are working in these agencies today. Many of these stories that are told are remembered by people who are alive today who experienced this trauma first hand,



and are still experiencing the affects of these traumas today.

The stories are real, the emotions are raw and the truths are currently heard by family and community. This adds to the transgenerational trauma. It is important to note, that these are also the same areas that the Federal Government has identified in the Closing the Gap Report 2020 as target areas, recognising the continually high representation of Aboriginal and Torres Strait Islander disadvantage that continues to occur within these structures and systems. If we as a profession had been getting this right, then these gaps would have reduced by now, but statistically, in most of these areas the rates are often double or triple the rate of non-Indigenous counterparts. We need to be able to change this.

The second concept to understand is that, generally speaking, Indigenous families do not choose social work intervention in their life. It is often mandated, court ordered or imposed. It also often occurs when an individual or family unit is not coping, in high psychological distress, or when a person is physically or mentally unwell. This is when the family is most vulnerable, and actually needs support, guidance and self-empowerment. But how do people ask for help when the fear is still there? The fear if I tell you as a social worker, that I am not coping well, what will you do with this information? The fear that you will interpret this as - 'I can't look after my kids or grandkids, and that you will call child protection on me', or 'you'll have my kids taken from me'. I know personally, that this is often the last thing that you as a social worker may be thinking. , but it is the biggest fear that Aboriginal families still have in 2020. And it would be if my grandparents, parents, cousins and members of my family & mob have

experienced this firsthand, and they are still alive sharing their stories and experiences.

The third concept to get our heads around is the current statistics & facts of Aboriginal people in 2020. This is often the first generation of Aboriginal young people getting to Year 12. This is often the first generation that are getting into university. This is the first generation that are buying their own homes. This is first generation that participating in the economy that is not welfare driven, and it is also the first generation that is starting to break the stereotypes that we are often taught to believe. Statistical data shows that 53% of the Aboriginal and Torres Strait Islander population is under the age of 25 and nearly 80% are under the age of 45. The median age of an Aboriginal & Torres Strait Islander person in 2020 is 23 years of age. This means that we need to ensure that these two generations can reach the 65 years and above age bracket within the next 20-30 years.

I am not laying blame with persons, place or time. We need to be able to move forward. We need to be able to stop Indigenous child removals from parents and ultimately from families and country. We need to see Aboriginal and Torres Strait Islander kids reach Year 12 or get into a trade We need to see more Koorie, Murri, Noongar, Palawa and other Indigenous young people commence and complete tertiary study or a trade. We need to see less incarceration, and we to see the life expectancy gap decrease. Close the Gap is everyone's business. We all need to take a stance to help close the identified gaps. If every social worker involved in an Aboriginal family's life helped with closing a specific targeted gap within that family, then slowly this gap will close within that family unit. The more families we work with aimed to do this

as an objective, the sooner we may be able to Close The Gaps within families.

There are things that all of you as social workers can do:

- 1 Do as many different cultural awareness trainings as you can do in order to get different understandings of Australia's black history.
- 2 Get to know your local Indigenous community.
- 3 Watch as many movies, TV shows and read books about Aboriginal culture.
- 4 Talk with any Aboriginal staff or colleagues to hear their story if they wish to share and feel culturally safe to be able to.
- 5 Learn what your biases are. If you don't think you have any, then have another think.
- 6 Be prepared to participate in challenging conversations around topics such as 'racism', 'cultural safety', 'black lives matter' and 'white fragility'.
- 7 Acknowledge that as a profession we need to do better.
- 8 Don't feel guilty of past practices, but take responsibility to ensure that these practices don't continue to occur in the work that you do today.
- 9 Continue to identify barriers that Aboriginal and Torres Strait Islander people face in your practices, organisations and work structures, and find ways to alleviate these, and
- 10 Be an ally to the Aboriginal and Torres Strait Islander community , not a hindrance or remain part of the problem.

dayangun yuganha ngurra

(move forward together side by side)

Increasing cultural responsiveness in social work

Making whiteness more visible through better retention of Indigenous social workers

LISA CONWAY



About the author

Lisa Conway is a Yorta Yorta woman who also has ties to Kurringai lands. Lisa completed her BSW at Monash University and has worked in Federal Government for the last 15 years. Lisa is a Pat Turner Scholar, currently undertaking Higher Degree Research at the Centre for Aboriginal Economic Policy Research at Australian National University.

Aboriginal and Torres Strait Islander peoples are overrepresented in almost all areas of disadvantage, and social work skills are ideally suited to working with Indigenous clients and communities to create genuine positive change to their social and emotional wellbeing. But these skills alone are not enough when combating a history of settler colonialism and the insidious Whiteness that permeates Australian society and upholds White privilege and systemic oppression of Aboriginal and Torres Strait Islander peoples.

Continual self-reflection and generic knowledge of Indigenous cultures alone will not equip social workers with the ability to work with Aboriginal and Torres Strait Islander peoples. Just like the society it represents; the social work profession is also infected by a Whiteness that can be difficult to see. Whiteness is pervasive and can often only be seen through an Indigenous lens. But how does social work overcome this dilemma? Where does it draw this much needed perspective from? It is me, the Indigenous social worker.

There is no greater way to enhance your cultural responsiveness skills in social work practice than to work alongside me every day. Nobody will identify systemic Whiteness quicker than I can. Nobody will identify some of the most subtle yet corrosive occurrences of whiteness in your workplace or practice than me. Nobody has the lived experience of an Indigenous person in Australia that will be better able to articulate, in a way you understand, how your organisation's policies and procedures impact Aboriginal and Torres Strait Islander peoples. You need me. And if you had n't already realised it, then you definitely need me!

Although there are Indigenous social workers all over Australia, we can be hard to find, and even harder to retain. So, with my Indigenous lens, let me offer some tips.

Whiteness is pervasive and can often only be seen through an Indigenous lens



DON'T

- Speak in derogative terms about Aboriginal and Torres Strait Islander people. When you don't value Indigenous culture, you don't value me.
- Define me by the social issues my people face. I am not a problem to fix.
- Assume to be an expert in my culture because of your own experiences.
- Ask me if I am a 'real' Aboriginal, question my skin colour, or ask 'what percentage' I am. Aboriginality is a social construct and is not about colour.
- Assume I have all the answers to every Indigenous question.

DO

- Value Indigenous knowledge and knowledge systems. Different does not mean 'lesser than'.
- Be open to learning about my culture and what is important to me.
- Hear me. And ask if I feel heard. I want to know I am truly heard, and not just in a tokenistic way.
- Ask me 'What does cultural safety look like to you? Do you feel culturally safe at work? Is there anything that I could be doing differently that would help you feel culturally safe at work?' Cultural safety is an integral part of my social and emotional wellbeing.
- Take action when you see something in the workplace that places my cultural safety in jeopardy. I see your inaction as being complicit to the behaviour.

When assessing your cultural responsiveness skills as a social worker and an organisation, the focus should first be on the retention and engagement of Aboriginal and Torres Strait Islander workers rather than Aboriginal and Torres Strait Islander clients. Think of me as the canary in the mines. If I am falling off the perch, then your Indigenous clients are not going to survive the kind of support and intervention you are offering.

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Decolonising social work practice

YALEELA TORRENS

For the social work profession, understanding the harmful implications of historical social work practices isn't new knowledge. Black families and communities have experienced the full brunt of, what seemed to be, efforts to intervene in people's lives, employing Westernised social work ideology to help save the black man, his wife and child from themselves.



About the author

Yaleela Torrens is a proud Gooreng Gooreng & Bundgalung woman living and working on Gooreng Gooreng country in Gladstone, Central Queensland. Yaleela holds an Arts degree in Anthropology/Sociology and in the next coming weeks will complete her Master of Social Work (Qual). As well as raising her 4-year-old daughter Gnibi, Yaleela works full-time as a Counsellor and Play Therapist with a Domestic Violence support service and is a casual academic tutor with Central Queensland University.

Rendering black families highly complex and notoriously 'hard to engage with', the social work profession has progressively attempted to redeem their grossly Western ethnocentric reputation through the interrogation and advancement of social work academia and research. The inclusion of compulsory Indigenous electives and theoretical constructs such as whiteness theory anti-oppressive approaches have required social work students to critically think about historical and contemporary race relations, and coloniality of power and knowledge that have shaped contemporary social work practice. While a large majority of our tertiary institutions are still headed and influenced by white academics and academia, social work at the coalface remains a contentious space for emerging social work students and professionals to advocate for decolonised social work practices, policies and procedures.

The longstanding impact of the mission manager approach to control, stigmatise and oppress Aboriginal people is still felt and experienced amongst Aboriginal social workers today - Aboriginal social workers are usually seen to be the 'holders of culture' and 'Indigenous content' and their contributions are deemed

invaluable in the construction of their workplaces' RAP or local NAIDOC week celebrations. Not enough do we see Aboriginal social workers leading practice or fulfilling seniority in unidentified positions, especially government departments. Not only should decolonised practice reorient away from problematising Aboriginal people, -but organisations, agencies and governmental departments should make concerted efforts to dismantle performative Aboriginal social work and engage Aboriginal social workers and students as accredited agents of change within and amongst their communities. Decolonised social work practice must be a collective effort and commitment to the imposition of Aboriginal knowledge systems in social work assessments, professional practice and research, where social work practitioners and scholars must interrogate the interplays of privilege and power afforded by whiteness, calling for a redistribution of positions of power and leadership to Aboriginal social workers.

-

Nukan

**Our Mother's Country's are
Mirning and Ngarrindjeri.**

Our selves, our
Ancestors, Elders, Brothers
and Sisters and our children,
through this Painted Song
offer you Friendship.

The style of presentation of this paper is different to the standard practice article, most notably in the offering of a painting in the place of pictures of ourselves as the authors of this Praxis.

In doing so we acknowledge and present both the profound way in which we literally and exactly are Country, and the profound way in which this Painting was made visible literally and exactly through the combined agency of ourselves, our Ancestors, Elders, Brothers and Sisters and our Children as we share with you a praxis of mental health and wellbeing from within our journey of place and belonging.

The Track we have chosen to present in this paper is the praxis of Kaaliimaratjari figures. We have chosen this track for a number of reasons.

First, it is where one of our current praxis is focused and thus as a current praxis can be positioned as constitutive of and constitutive by Invader-Culture discourses constructing the 'notion' of zeitgeist in *Our Voice and Our Truth*. This is presented to you as an important conceptualisation in our praxis as it speaks a profound and literal truth that



as Country we are the rocks, the air , the sky, the sounds, the sights, the feelings; all that there always was, always is and always will be will be we are.

It shows a pathway of an instantiation of Bell's Theorem (see kooriweb.org/foley/great/art/bell.html). Bell makes visible Urban Dreaming, that is, contemporary Dreaming stories voicing the journeys, the Songs of mob, the painted 'hieroglyphics' in post-invasion heavily populated areas as we find Place and Belonging for the Titjadi (loosely translatable as vehicle)

that became visible with the advent of invasion and post-invasion Australia. The use of clay for vessels and the common urban, rural and remote practice of tea drinking yarning can be read this way. The making of raku ware pottery is a practice that Japanese lore holds to be an instantiation of the kanji character holding 'enjoyment' or 'ease'. It is a low-fired, hand-formed method using smoke and fire sitting within the practice of tea ceremony. Kaaliimaratjari figures, which are made 'raku style' with our clients or the people we are sharing



Margo Price - I'd Die For You [Synthponic]

journey with, have their Place and Belonging in this way.

Also, it clearly illustrates rationale, aims and treatment planning from an evidence-based practice perspective. The Dots Holding treatment and psychopathologies or Distressing Times with their genus in Foucaudian-based Reading Positionings Theory illustrate this possible Track. From an evidence-based perspective or reading positioning, the treatment modes sit within what is commonly referred to as Third Wave cognitive behavioural therapy, where the trajectory of that focus or reading

inheres within those branches working with Neuro-based Attachment. Names within the evidence-based community associated with this include Bruce Perry, Bessel van der Kolk, Janina Fisher, Rick Hanson and Pat Ogden.

But, perhaps the most important reason of all, ... it's fun. A 'typical' group intervention may go on for a week or two as we sit together merging our stories, our True and share in the day-to-day of the community we have been welcomed into - plenty of feed, plenty of yarning, plenty of music, plenty of silence, plenty of tears, plenty of laughter, plenty of healing, plenty of Spirit.

•

They give us our faces.
They whisper between them,
the ancient secret-
that our teeth are mountains,
our fingers forests,
our eyes are the oceans of life.

(Rachel Pollack)

About the authors

The authors **Priori and McCarthy** have requested that their first names are not used as to do so would be to claim the work as their own and they wish to acknowledge that the picture was painted with their ancestors. Priori and McCarthy are from Kaarliimaratjari Aboriginal Intergenerational & Complex Trauma, Well-Being, Clinical Mental Health, Education & Research.

Sudden illness in private practice

The role of clinical executor

JACINTA FRAWLEY

Having been beset by a sudden incapacitating illness, Jacinta Frawley describes the process and experience of cooperating with a clinical executor to manage a solo private practice during her absence.



About the author

Jacinta Frawley is a social worker in private practice in southern Sydney. She is also a Jungian Analyst trained in Zurich, Switzerland, and a Training Analyst for the Australian New Zealand Society of Jungian Analysts (ANZSJA).

Previously, she was Director of Training, C. G. Jung Institute, ANZSJA.

Time stopped. Would this appointment never end? The oncologist repeated his question, 'What will you do about your clinical practice?' Grateful for his concern I asked him how long I would be away from work.

'Three months...but you are very sick'.

'That's for chemotherapy and surgery?' I asked.

'And then more chemotherapy and when you are well enough more surgery,' he added.

'So, would it be better to tell my clients six months?'

'That would be wise. You are in a solo practice.'

I realised that his earlier chat had not only been to put me at ease. He was concerned about my clients, and I was indeed very sick. I dragged myself out of my befuddled newly diagnosed cancer patient state into my professional identity. 'They will be fine,' I said, 'I have a clinical executor.'

I explained that I had nominated a clinical executor to act as a point of contact for my clients if I were ever incapacitated. Relieved, he suggested contacting my clinical executor and clients as a matter of urgency before chemotherapy commenced. A month previously I had begun to complain of abdominal swelling and visited the GP. Now here I was, diagnosed with metastasised high-grade cancer. I had

just turned 59. At no time had I ever before been so unwell as to miss a single day's clinical practice.

Though therapists understand that we might suddenly become incapacitated and that this will impact our clients, it is human nature to push these thoughts down our to-do lists. While we spend a great deal of time engaging with our clients' mortality, our own mortality is often overlooked. It has been a growing trend in the professional community that therapists be encouraged not only to think about this issue but to act accordingly. What would happen to clients if the therapist were unable to continue, even unable to cancel the next appointment? Would it be reasonable to expect a family member or friend to sift through client files, find contact details and then ring clients, identify themselves and why they are calling? The complexities of transference and managing the professional ethics of confidentiality are too much to ask of family or friend.

The AASW Code of Ethics (2010) warns members to consider interruptions of service:

5.2.6 c Termination/Interruption of Service. When obliged to interrupt or terminate a professional relationship for personal or professional reasons, social workers will seek to advise clients regarding the discontinuation

of service and if possible, ensure their referral to another professional person. (p. 31).

It draws special attention to those in private practice:

5.5.3 c Self Employment. *Social workers will arrange appropriate temporary or substitute service for clients when unavailable or unable to continue practice. (p. 38)*

But what might this look like in practice? What is the role of confidentiality in such a situation?

I practice in a clinical model of long-term analytic therapy. At the onset of my illness I had worked with all my clients for between three and twelve years. There is a significant degree of trust, familiarity, and dependability in regular ongoing predictable sessions. Holidays and breaks are carefully planned, and disruptions from either side were rare. Confidentiality is paramount.

Without anticipating that I would need a clinical executor, or at least not soon, I had attended several professional development sessions on the role of clinical executors, which focused on ethics and especially confidentiality.

There are different ways of practically managing confidentiality with clinical executors. Some colleagues have a financial arrangement with a clinical executor that is only activated if they become suddenly incapacitated, others have mutual arrangements. Some colleagues who continue to keep hardcopy files provide a regularly updated summary list of current and past clients' names and contact numbers, with the clinical executor holding a physical key to the filing cabinet. Other more digital colleagues use a password-protected and easily updated shared list. I had made a mutual arrangement with a colleague of almost thirty years. It was essential to select a clinical executor who I could trust implicitly and who worked in the same modality. I immediately rang him and determined a plan.

I chose to speak to each of my clients personally. Though I was ill, the tumour was not painful, nor impacting my mind or even my general sense of physical wellbeing. I felt a fraud on the inpatient oncology ward with all these truly sick patients. In retrospect I am grateful for this pre-chemotherapy naivety. After commencing chemotherapy, I certainly never again felt this naïve and even less so after surgery.

Due to the nature of long-term clinical work I knew that an unanticipated

phone call could cause alarm. So, also aware of confidentiality, I made contact by text or email to arrange a time to speak. All but one client promptly responded. Later this one client confirmed a sense of foreboding and said they had needed to wait 24 hours before responding.

I needed to cancel appointments, inform my clients that I was ill and taking extended leave, and most importantly inform them of the name of my clinical executor. I explained that he would be the person that they could contact to clarify anything regarding my leave. I also indicated that they could contact him for a therapeutic session, or to request a referral to another therapist. I asked each client individually if they would prefer if I gave him their contact details or would they prefer simply to have his contact details so that they could initiate contact. I explicitly discussed confidentiality with them and indicated that he did not have access to any files or any written material, nor had I discussed any clinical, personal, or identifying details with him.

I answered questions regarding my health and prognosis in a clear and concise manner. I accepted each person's concern and rather than providing details or speculating about the future, I expressed complete

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confidence in the medical team and reassured clients that I was well supported personally. I did this primarily to relieve clients of as much worry as possible, but truth be told, perhaps I needed to reassure myself as much as I was reassuring them.

After speaking with each client, I summarised and emailed details of our conversation as each situation was unique.

I am enormously grateful to my colleague for accepting this role and for the professional development sessions in the previous years. My clients made use of the clinical executor in differing ways—some arranged sessions with him, others

simply enquired about my health or requested that he pass on their good wishes, and two made no contact but both later expressed gratitude simply for having a contact person.

I have now returned to clinical practice. One client completed their therapy, and another has taken an extended furlough. All other clients have resumed their therapeutic sessions. My illness and unanticipated absence have not been ignored and have stimulated deepening discussions of health and mortality as appropriate for each client.

This very personal vignette reflects my specific clinical practice and is not intended as a prescription for

other members. I choose to think of having a clinical executor as being similar to preparing a will or power of attorney. It is something that one hopes never to need but is a precious resource when called upon. The role of clinical executor allows the therapist to concentrate on their own healing knowing that they have fulfilled their personal and professional responsibility to clients.

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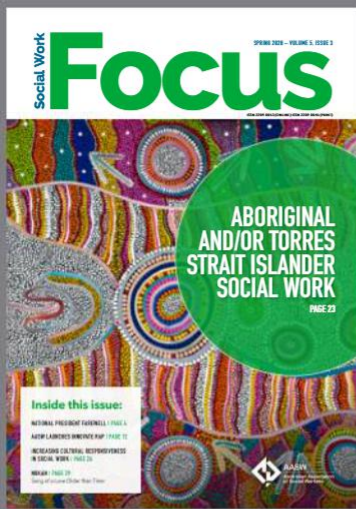
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