

Social Work

# Focus

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SPECIAL EDITION:

## SOCIAL WORK PRACTICE WITHIN MENTAL HEALTH, NDIS AND OLDER ADULTS

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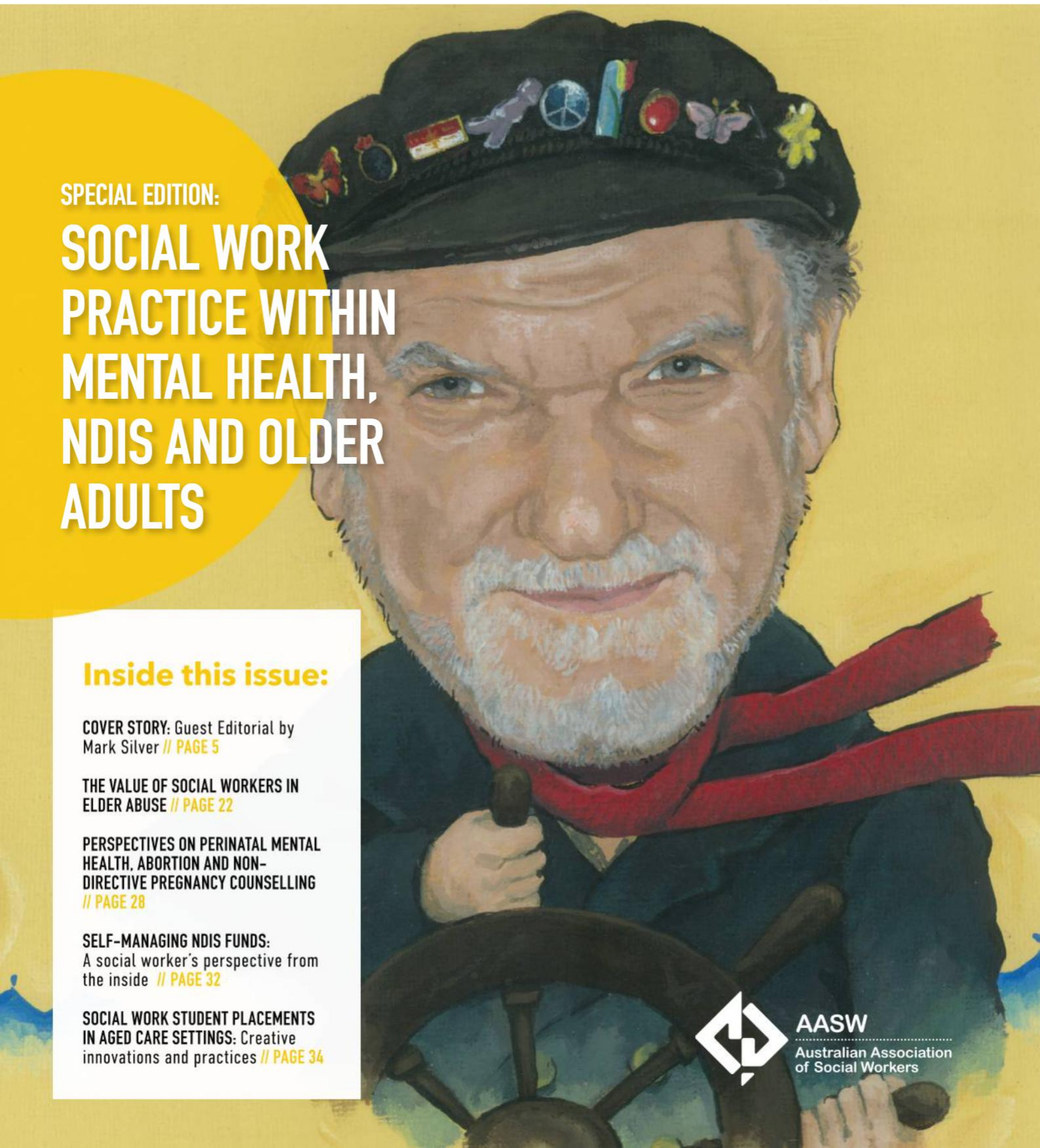
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## GRADUATE SUITE OF RESOURCES

The AASW is developing a brand-new suite of resources for graduates. The new suite will support you with information and resources at this stage in your career. Stay tuned!

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# Social Work Focus

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### NEXT EDITION

Contributions for the Autumn 2023 issue will be accepted until Friday, 28 January 2023.

**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.**

### EDITORS

Angela Yin, Amanda Place and guest editor Mark Silver

### COPYEDITOR

Ann Philpott

### 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.



# National President's Report

Welcome to the summer edition of Social Work Focus and the end of 2022. And what a year it has been. It was my honour to chair the Annual General Meeting in Melbourne and online just over a month ago. It was great to interact with members and answer your questions on the credentials and advocacy for mental health. It is also my pleasure to inform you that the Board will be extending the current Strategic Plan which was from 2021-2023 out to 2024. The original plan was until 2023 due to the uncertainty that COVID-19 presented. The plan has therefore been extended for one more year due to the ongoing pandemic.

Of note in the social policy space, I acknowledge that the Minister for Education Jason Clare, has dumped the compulsory religious element of the school chaplain program. This voluntary scheme supports 3000 schools across Australia. It now gives schools the option of choosing a qualified mental health professional, or a chaplain if they choose. Now, these 3000 schools may choose to employ a social worker instead and we are advocating for them to do so. We are currently developing the Accredited School Social Worker credential to highlight this as an area of specialist practice. We know from the appalling so-called morality contracts incident at Citipoint Christian College in Brisbane at the beginning of the year that religious-based homophobia in schools has not gone away. We stand with LGBTQIA+ school students and parents and decry de-humanising actions such as these.

We welcome the appointment of the first Domestic, Family and Sexual Violence Commissioner Micaela Cronin, who is a social worker with a strong background managing frontline services in family and domestic violence. We look forward to working with her to advance measures that will genuinely move the dial on reducing family and sexual

violence. We support the advocacy that we have seen over the last couple of years that is highlighting these issues, including from 2021 Australian of the Year Grace Tame (we supported the Let Her Speak campaign back in 2019, before she was allowed to be named). Recent events have shown that there is much to do to change culture, process and conversation about these issues that will lead to justice for victim-survivors. As a profession, we stand with you and support you.

So, I now turn my mind to the theme of this issue of Social Work Focus - Mental Health, Older People and Disability. Before I go further, as I write this, 31 December is looming and mental health plans will reduce to 10 per calendar year after that date, which affects Accredited Mental Health Social Workers and the people they are working with. We have advocated the case for AMHSWs to the Health Minister, the Hon Mark Butler MP and the Assistant Health Minister for Mental Health, the Hon Emma McBride MP. We know people are struggling to get the mental health support they need, and they require certainty and continuity of care. We know the Christmas and New Year period can be a particularly difficult time for people.



VITTORIO CINTIO

AASW National President

This issue is guest edited by Mark Silver, who was 2021's Social Worker of the Year. It is a fantastic edition that covers the areas in which Royal Commissions are currently running - Aged Care and Disability, to which we have made substantial contributions. As we know, these three areas of social work: mental health, older people and disability intersect heavily and it is wonderful to read these contributions integrating the approaches and interventions of each.

Thank you Mark, for guest editing a brilliant edition that will give us much food for thought over the summer.

*Vittorio Cintio*

Vittorio Cintio

# CEO's Report

It is my pleasure to write the final CEO's Report for *Social Work Focus* in 2022, because it's my opportunity to update you on the exciting projects we are working on. I would like to start by congratulating our events team for putting on a hugely successful Mental Health Social Work and Contemporary Practice Symposium on 17 November.

It was a stunning event with more than 680 registrants, making it our most successful paid event ever. We were honoured to have our two Keynote Speakers, Professor Lisa Brophy and The Hon. Emma McBride MP, both of whom provided enriching and thought-provoking speeches. The engagement was absolutely phenomenal, I was watching your comments and discussion in the chat box. Once again, hosting these events online does make it so much more accessible - people from every state and territory attended, from regional areas, as well as the cities. Thank you to Mimi Kwa for doing an excellent job of hosting the event, as well as all our panelists and panel chairs.

I hosted the second National Excellence Awards at the Symposium, and I was absolutely delighted to announce the winners: Social Worker of the Year Mary Jo McVeigh, Aboriginal and Torres Strait Islander Social Worker of the Year Brenda McDermott and Social Work Student of the Year Claire Perkins. You can read more about them in the article in this edition. Congratulations to you all for being chosen by your peers as illustrating the very best in social work.

Speaking of awards, the AASW's Advanced Supervision Program was Highly Commended for the Best Capability Building Program and a Finalist for the Best Blended Learning Solution at the Australian Institute of

Training Development (AITD) Awards. It also won Diamond in two categories at the LearnX Awards: Best Learning Model (Blended) and Best Learning and Talent Project (Learning and Development - Industry-Specific). It is a professional development program for clinical supervision which can be tailored to any practice area or organisation to ensure learning is contextualised to the learner.

This program will help employers develop the career and skills of their staff members moving into team leader and supervisory roles, enhancing staff retention and reducing turnover. Get in touch with us to enhance the capability of your team today. Find out how on page 10 and read more about how the program can help you.

The other exciting projects that we have on the go at the moment are the development of a new website and member portal. We have had our current website since 2008 and I think we can all agree, it's time to move to a modern and fresh interface. As you can imagine, we have hosted a lot of content on the current website over 15 years and we are working through the details of sorting, migrating and creating new content and functionality to something much better and easier to use. Stay tuned and we will keep you updated on the progress of this exciting project. We will inform you if we become aware of interruptions to functionality during

the migration process over the coming months.

The other project that we are working on is a public awareness campaign of social work and social workers. You may have seen that we published a survey recently to get your thoughts on public perceptions of social work, which will help us inform the campaign, which will happen in early 2023.

Colleagues, be proud of all that we do. Have a wonderful summer break.



Cindy Smith



CINDY SMITH

Chief Executive Officer



# Guest Editorial by Mark Silver

**I would like to dedicate this edition of *Social Work Focus* to the late Sue Gherdovich, a wonderful student of the Swinburne Wellbeing Clinic for Older Adults, who contributed immensely with her warmth and wisdom in advocating for older adult mental health while working with Beyond Blue and the Australian Association of Gerontology Social Policy Unit. She would have wanted to be part of writing these articles ... and in a way her presence is very much felt.**

It has been an honour to be invited to be the guest editor of this edition of the *Social Work Focus*. Our theme is *Social Work Practice within Mental Health, NDIS and Older Adults* as this area has been severely neglected for far too long. There has always been a significant and well-recognised social work presence in aged care. However, there are few areas where you see the title "social worker" written underneath an employee's name. "Does it matter?" we may well ask. Social workers are employed throughout the health system. Many more are employed in a range of roles where their social work skills, knowledge and unique perspectives are valued and respected. There is a real danger, however, of decontextualising the integrity of the social work role. This is one of the dilemmas that faces the profession.

There is a growing demand for social workers' skills, knowledge and expertise as society faces issues of increased complexity. There is a need for practical solutions around accessing and negotiating appropriate services; tackling family relationships; unravelling financial, legal and accommodation challenges; and finding ways to adjust to emotional wellbeing arising from grief, loss, bereavement and trauma experience. These are the areas that social workers are most well equipped to work in, yet social workers often have to fight to be let in.

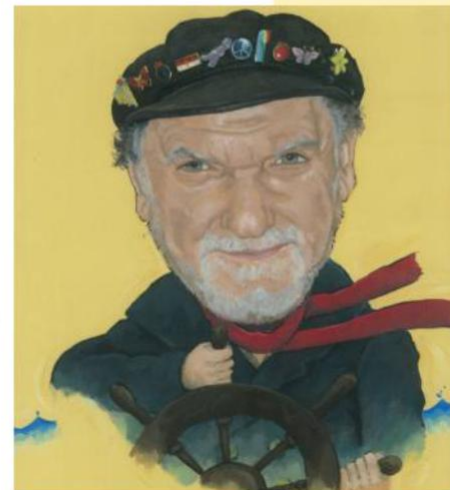
The articles in this collection demonstrate social work at its very best. The authors show us examples of five different areas where social workers have made significant contributions: residential aged care, the National Disability Insurance Scheme (NDIS), elder abuse, older adult mental health, and social work student placements.

Jo Wood shares her experience in highlighting how the social work role in residential aged care can play a significant part in improving the emotional wellbeing and quality of life, not only for residents, but also for families and staff.

Louise Pearson outlines how a social work perspective can assist individuals with a disability to make the most of the NDIS through understanding the system better and by using language and concepts that fall within the guidelines. Louise uses her own lived experience in advocating and educating her clients to have the confidence to take more control over their lives.

Dominique Horne uses her vast social work experience to explain the significant role that social work plays in the area of elder abuse, especially in understanding the complexities involved and to work sensitively within the family dynamics.

Michelle Arnel describes a model of intervention into the wellbeing of older adults living in residential care, where social work and social work students are



at the forefront of service provision, being able to not only engage with residents but also engage systemically with the facility, its environment and culture.

Lastly, Jo Mathey, a Masters social work student on her final placement in a small rural community residential care facility, works with a team of university-based social workers from around the country. She invites us all to reflect upon their field work experience in aged care.

As the inaugural AASW Social Worker of the Year 2021, and as I proudly hand over the baton to the next recipient, Mary Jo McVeigh, I would like to take this opportunity to thank the AASW, my colleagues and fellow contributors to this current edition, themed around social work with older adults, disability and mental health.

The cover of this edition was created by one of my students in 2010. I cannot remember her name. If it was you, or you know who it was, please get in touch with me!



# National Excellence Awards 2022

## Meet our fabulous award winners

Each year, the AASW recognises colleagues who are shaking things up, transforming their realm, or treading a complex path to improve the lives of others. Meet our 2022 winners!

### Social Worker of the Year 2022



MARY JO MCVEIGH

“I have loved everything I have done, every conversation with a child and young person, every peal of irreverent laughter in the face of suffering, every tear I have shed at injustice...”

Mary Jo has some simple advice for emerging social workers: “Don’t see social work as a career but as a lifetime act of love.

“Search for meaning in your work, not necessarily ambition. I am ambitious, but I want to be the best version of myself, my best social work self....that’s my ambition.”

As well, this seasoned professional is proud to say she has turned down “top notch” jobs to pursue academia and transformative practice, spreading her professional life across several arenas.

Her working life is demanding, yet deeply satisfying.

She’s a CEO of Cara House and CaraCare, and a lecturer in the social work department of the University of Sydney, where she specialises in family violence, as well as death and dying.

She is driven by the power of social work practice.

“I am not a naïve surveyor of life’s suffering. I was born in the 1960s in the war-riddled streets of Belfast. I choose to spend my working life in the area of abuse, violence, and death of our children and young people. And yet I have seen day-in-day-out acts of great courage, commitment, love, and dedication by social workers, by the people we serve. Acts that occur within moments of time that many may not see nor acknowledge. Acts that free each other from suffering and make this world a better place.”

Mary Jo intends to complete her PhD research in December 2023 and is involved in a nation-wide research project.

She regularly consults to child protection agencies across Australia and internationally. She provides individual and group supervision to several organisations and develops and facilitates training and workshops across the field of child protection.

“I have loved everything I have done, every conversation with a child and young person, every peal of irreverent laughter in the face of suffering, every tear I have shed at injustice, every frustration during project work, and every joyful and challenging training course or lecture I have delivered.”

She describes winning this award as one of the most significant accolades she has received. “I say that with a huge dose of humility. I am of the same substance as those of you who read these words. I am of the same substance as those children, young people and families I have served over the years. And I am most definitely the same substance as my ancestral line and the sacrifices my parents made to provide me with opportunities.

“So, this award is a recognition of all who came before me to make me the woman I am today. And to all who will continue after me on this social work journey.

“May you find as much love and joy along the way as I have.”



## Aboriginal and Torres Strait Islander Social Worker of the Year 2022



**BRENDA MCDERMOTT**

Brenda McDermott is a proud Palawa woman from the Manegin Community, Tarkine Nation in Lutruwita (Tasmania).

She lives on Gunaikurnai Country (Gippsland) and is the senior Aboriginal engagement adviser of the Marguk-bulok koolin-ik Aboriginal Outreach, Policy and Strategy team. This sits within Births, Deaths and Marriages and Adoption Services at the Department of Justice and Community Safety of Victoria. She advances and represents Aboriginal perspectives in all aspects of life and work, including truth telling, self-determination, human rights, leadership, and education.

Brenda works with the Victorian Aboriginal community to build strong partnerships and is passionate about Aboriginal social and emotional wellbeing, cultural safety, social justice and the elimination of racism.

**Look out for a story with Brenda in our next edition.**

•

## Social Work Student of the Year 2022



**CLAIRE PERKINS**

Claire is a Master of Social Work student at Griffith University and says a highlight of her studies has been the range of deeply enriching experiences provided by placement opportunities. She has been inspired by leaders at Qspace, an LGBTIQAP+ youth suicide prevention program on the Gold Coast. As well, she has been described as an exceptional asset to the Griffith Health Clinic's student-led social work clinic where she participated in, and led, numerous client engagements. She has been proactive in promoting the service, and has shown commitment to LGBTIQAP+ inclusivity.

"It has been incredibly rewarding to work with the social work clinical lead, Mary-Anne Wallwork, in building the clinic. She is a true mentor, and my success is hers also," says Claire.

Her colleagues tell us that Claire demonstrates outstanding social work practice values, collaborating and advancing the standing of social work in an allied health context.

Claire is passionate about improving the experiences of people who access help services, especially those who identify as members of the LGBTIQAP+ community and those who experience invisible disability.

"Accessing help services for anyone is a daunting task and as social workers we champion the idea of breaking down the barriers people experience in doing this. However, there is still

a great deal of work to be done in this space. Gender diverse people experience disproportionately high levels of difficulty in accessing support services as their needs are often misunderstood or under-valued."

Those with invisible disabilities also experience significant disadvantage in accessing supports, she says.

"I have provided many different organisations with information packets detailing small but meaningful actions they can take to help make these people feel safe in accessing services. I have audited access forms to properly represent gender diverse people. As well, I have given lectures to my peers about gender diversity and neurodiversity to raise awareness and understanding of the needs of these populations, and I have implemented change where needed in the organisations I work with. I have been so blessed to work with these communities and I will continue to advocate for them wherever I can."

Neurodiversity is emerging as a field of opportunity, Claire says.

"In the past, people with autism spectrum disorder, or ADHD, have been largely undervalued. In my experience, these people have a great deal of wisdom to offer and their experiences of the world are valuable. If I could click my fingers, I'd like to rapidly increase this trend to a time when human beings understand that diversity is a strength that should be embraced and utilised. I think we'd see some amazing changes in our society."

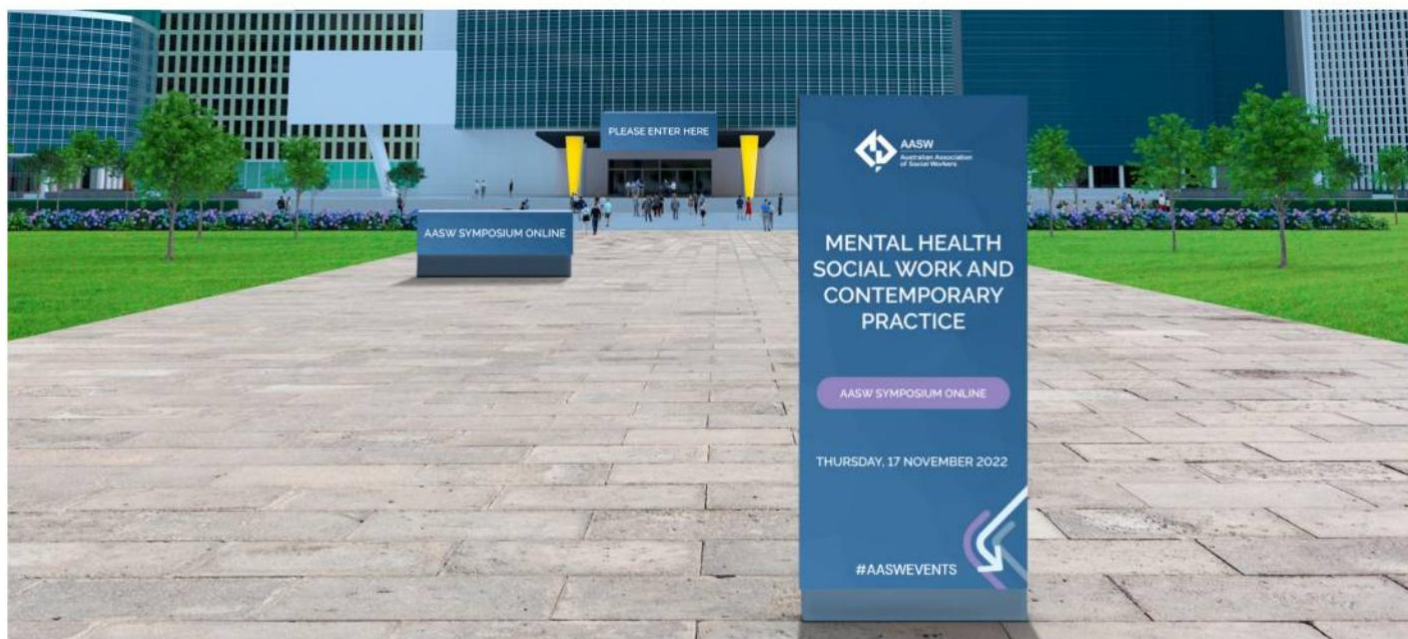
Claire says the award "is about the people around me who have believed in me, even at times when I did not".

"To my family, my peers and my supervisors, this is for all of you. I am so thankful for your support and understanding. As any social work student would know, this education journey is not easy. This road we walk is difficult and paved by those who know true suffering and sacrifice.

"I am so humbled by this recognition and wish to extend my gratitude to all of the students out there walking this path with me. Hold onto your passions and continue to be uniquely you."

•





# Mental Health Social Work and Contemporary Practice Symposium

## Thursday, 17 November 2022

**More than 680 social workers registered for the Mental Health Social Work and Contemporary Practice Symposium on 17 November 2022, which was our most successful paid event to date.**

We were delighted to once again have Mimi Kwa host the Symposium and high calibre of Keynote Speakers and panelists, with Professor Lisa Brophy and The Hon Emma McBride MP providing highly motivational, informative and impactful talks that resonated with all in attendance. We were also delighted to have the special presentations by Nirosha Boaden and our Social Policy and Advocacy team.

The three panels on Revolutionising Private Practice, Leading Edge Mental Health Practice and Pandemics, Mental Health and NDIS were incredibly engaging with all attendees making

excellent use of the chat and Q&A functions throughout these sessions.

The ongoing aim of the Symposium will lead to further discussion into how we can ensure the Australian community has access to the mental health services they need. It was energising and enriching for attendees to gain insights into interventions addressing specific issues such as foetal alcohol spectrum disorder (FASD) and trauma-informed approaches such as EMDR.

If you registered for the Symposium but couldn't attend on the day, you can access the recordings until 20 January 2023.



Mimi Kwa in the AASW media room



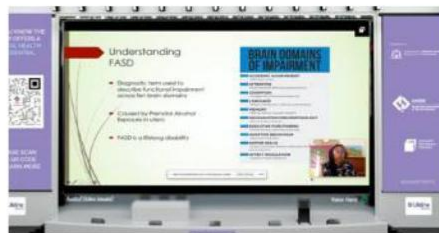


# KEY FACTS

- 689** registrations
- 2** Keynote Speakers
- 3** Panels Presentations
- 2** Special Presentations
- 5.5** hours of content



It was energising and enriching for attendees to gain insights into interventions addressing specific issues.



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# AASW's award-winning Advanced Supervision Program

**Delivering effective clinical supervision is a highly skilled task that requires ongoing training and support.**

Our award-winning Advanced Supervision Program is targeted at experienced supervisors and offers a space to learn and reflect on supervision skills and knowledge through evidenced-based content, interaction with community of peers, and expert facilitation.

The 20-hour virtual program can be contextualised to different organisations and practice settings, including family violence, child protection and mental health.

Our Advanced Supervision Program received the Diamond award for Best Learning Model (Blended) and Best Learning and Talent Project (Learning and Development – Industry-specific) at the [LearnX Awards](#) in November. These awards

highlight the value of this program in developing the skills and knowledge of experienced supervisors.

The Program was a finalist in the [Australian Institute of Training and Development \(AITD\) Awards 2022](#) and was Highly Commended in the **Best Capability Building Program**.

94% participants would recommend this learning program to their colleagues.

## PROGRAM DETAILS

Our 6-week evidence-based program is delivered virtually, designed with a blended learning approach utilising self-paced eLearning, online collaborative workshops, facilitator-led Masterclasses and Coaching Circles.

The program is targeted at frontline supervisors with 2+ years of supervisory experience, and is accessible on any device, to allow for geographical reach and accessibility across your organisation.

## Get in touch today!

We would love to speak to you about how your organisation can be part of our joint mission to increase supervision capabilities, for stronger individuals, teams and services.

If you are interested in scoping this program for your team to uplift your supervision capabilities contact us today.

Find out more: <https://bit.ly/3DOl1rP>





# Victorian Policy Platform

In the lead-up to the Victorian election, held on Saturday, 26 November 2022, AASW developed the Victorian Policy Platform, calling for commitments which enhance our Vision statement - Wellbeing and Social Justice for All.

The Platform is framed around our three pillars of:

1. Professional integrity
2. Respect for persons
3. Social justice.

With respect to professional integrity, some of the highlights we asked for were for the Victorian Government to advocate to AHPRA for statutory registration of social workers, enable a social worker outpatient model in public hospitals, to reduce the likelihood of patients needing re-admission and to commit to embedding social workers in all schools.

We advocated for a range of measures with respect to providing better mental health services, supporting the rights and self-determination of Aboriginal Victorians, addressing family violence, supporting the LGBTIQ+ community and enhanced services for children, families and young people in out-of-home care.

Our social justice demands are for the age of criminal responsibility to be lifted from 10 to 14-years-old, prioritise early intervention to keep people out of the criminal justice system and increase public housing to tackle the homelessness crisis.



Now that the Andrews Government has been re-elected, we look forward to working with Daniel Andrews and his team to implement our platform and ensure that all Victorians have access to the services they need to live a full life of opportunity and participation.

Read the Victorian Policy Platform: <https://bit.ly/3UKUFMh>



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in Social Work

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# Community Hub discussion groups

## Your online community

Are you part of the AASW online community yet? Ever wondered what this community is all about? Here are some key reasons to explore the discussion groups in the AASW Community Hub and to get involved.



### CONNECTIONS

Connections are a big part of any community, including a professional community. Being active in the AASW online community can help you grow your network and find opportunities for collaboration.

The AASW discussion groups provide a dedicated space where you can connect with other social workers around the country. These could be peers within your own area of practice, people practising in areas where you have an interest, or people at the same career stage as you. With more than 30 discussion groups, you're bound to find a group with your kind of people.



### CONVERSATION

Join a discussion group and chat to other members about all things social work, from practical tips and resources to reflections on professional experience. We know from comments posted in discussion groups that members enjoy the conversation and are keen to see more. Talking to your professional community can not only help you grow your knowledge as a social worker, it's also a source of support and encouragement.



### COLLECTIVE KNOWLEDGE

Collegiate discussions are not just great for expanding your own knowledge, they contribute to the collective knowledge of the social work profession. Talking about new resources, research outcomes, tips and tricks, workplace practices, challenges and opportunities encourage an exchange of ideas, helping communities of practice, and the profession, grow and flourish.





### CONTENT

With so many focused discussion groups, the content in each will be relevant to a particular group, whether it's questions or advice from colleagues or articles shared by AASW. These are all opportunities to have deeper, more specific conversations on issues, so we encourage you to add your voice on any posts that resonate.



### CONVENIENCE

The advantage of being online is the discussion groups are always open. You can post or comment whenever you want, from wherever you are. Log in when it suits you and you have a few moments to read and respond.



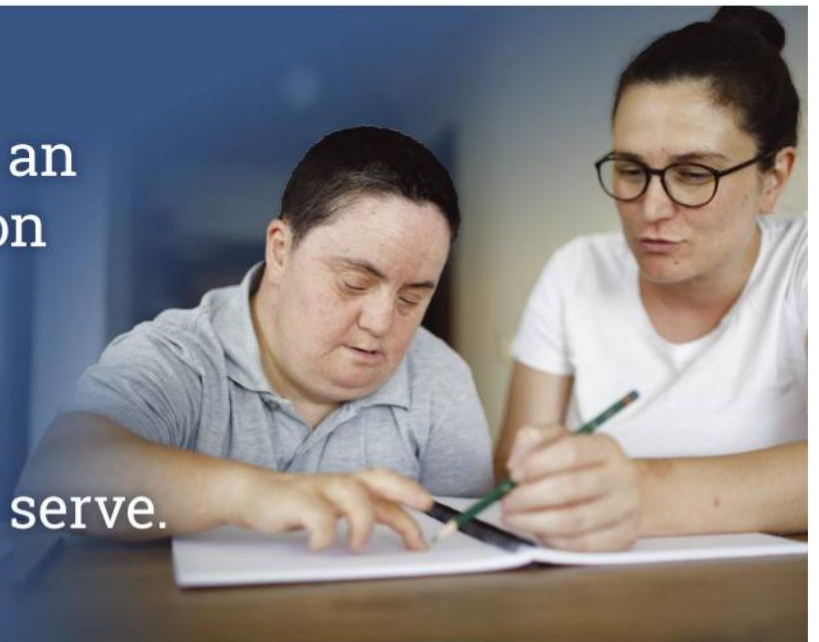
### CREDIT

Quality contributions to conversations in AASW discussion groups can also be claimed as a Category 3 CPD activity. So, you can be recognised for your own professional development while supporting development for others. For details refer to the updated AASW CPD Policy.

Visit the Community Hub discussion groups and join a conversation today. Ask a question and share your knowledge. Use your community of practice as a sounding board. Let others know that their comments are interesting to you. Check in regularly. The key is to be involved. It's your community.

To explore the discussion groups, visit the Community Hub. Log in to the [AASW website](#) using your AASW member login details and use the QuickLink from the home page to the [AASW Online Community Hub: Social Work Australia](#)

Social Workers make an important contribution to the children, young people, families, individuals and communities we serve.



For more information on how you can make a difference by working at the Department of Communities, visit our website by scanning the QR code.



Government of Western Australia  
Department of Communities



# Truth-telling and Reconciliation

Reconciliation is crucial to lessening the grief felt by so many Aboriginal and Torres Strait Islander people, Rowena Hammond, a Peramangk woman from the Adelaide Hills region in South Australia, said in an AASW video for National Reconciliation Week. National Reconciliation Week is celebrated every year from 27 May to 3 June.



These dates commemorate two significant milestones in the reconciliation journey – the successful 1967 referendum, and the High Court Mabo decision on land rights respectively.

Rowena said reconciliation can't happen until Australians are able to acknowledge that there has been a wrongdoing.

She urged Australians to educate themselves about the issues, stressing that Reconciliation "is not just about the Stolen Generation. It's about people being able to understand the difference between Sorry Day and the Apology and understanding the difference between Closing the Gap and Close the Gap. It's the difference between the Redfern Speech and the Redfern Statement."

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Sorry Day remembers and acknowledges the mistreatment of First Nations people who were forcibly removed from their families and communities.

So what is Sorry Day? Every year on 26 May, Sorry Day remembers and acknowledges the mistreatment of First Nations people who were forcibly removed from their families and communities, which we now know as the 'Stolen Generations'.

The first National Sorry Day was held in 1998, a year after the *Bringing Them Home* report was tabled in Federal Parliament, the result of a Government Inquiry into the past policies which caused children to be removed from their families and communities in the twentieth century.

Following this, in 2000, there was one issue that was high on the agenda at the Sydney Harbour Bridge walk for Reconciliation – an apology to the Stolen Generations. It took until 13 February 2008, and the election of a Labor Government, for a formal apology to be given by Prime Minister Kevin Rudd.

So what the difference between Closing the Gap and Close the Gap? The official explanation for Closing the Gap is that it is "is a national strategy that aims to reduce Indigenous disadvantage with respect to life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes." Since 2009, annual reports

on the progress on these issues (mostly painfully slow) have been presented to Federal Parliament.

The aim of the Close the Gap Campaign is to close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation. It involves Australia's peak Indigenous and non-Indigenous health bodies, NGOs, and human rights organisations. The campaign is built on evidence that shows significant improvements in the health of First Nations peoples can be achieved by 2030.

What became known as 'The Redfern speech' was delivered by Prime Minister Paul Keating in Redfern Park in inner-city Sydney on 10 December 1992, to launch Australia's program for the International Year of the World's Indigenous People.

He shocked the mostly Aboriginal crowd by his uncompromisingly honest assessment of Aboriginal history. A politician admitting that "we committed the murders", "we took the lands", "we brought the diseases" and "we took the children" was unprecedented. It remains one of the most significant speeches ever delivered by an Australian politician.



The Redfern Statement was released on 9 June 2016 as an “urgent call for a more just approach to Aboriginal and Torres Strait Islander Affairs,” just before the Federal election double-dissolution which saw the Turnbull Liberal Government elected. The 18-page manifesto proposed dozens of changes across a range of areas, including health, education, justice, and family violence.

Eighteen Aboriginal organisations from health, justice, violence prevention, disability, children and families’ sectors, and dozens of supportive mainstream organisations signed the statement. It is the first time national Aboriginal leadership organisations had put a united call to an incoming government.

Rowena acknowledged the importance of Reconciliation Week but stressed that more needs to be done throughout the year.

“The most important thing is that people need to understand the past and support the truth-telling. But they need to support Indigenous people to do their self-determination. That space between Reconciliation and self-determination is where we all meet and that Indigenisation stuff and so when it comes to the Welcome to Countries and the Acknowledgement of Countries they can’t just be ‘Well we did a Welcome to Country, We did an Acknowledgement of Country,’” she said.

“It’s got to be meaningful, it’s got to have substance to it. The reason we do Welcome to Country is because we are welcoming another mob onto a country. Back in ancient times, it was a way of signifying peace and welcoming.”

Learning about history is vital, Rowena said.

“It’s really important for people to learn our past. Our past. It’s Australian past. Not an Aboriginal past or a non-Indigenous past. It’s Australian past. Anything that happened from 1788 to current day is Australian past. And if we want to be able to reconcile, then we have to be able to all know the truth.”

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# Annual Report 2021–2022



The AASW released its Annual Report to members at the Annual General Meeting held on Thursday, 10 November 2022.

The key achievements for the last year have been:

- Reaching an all-time high of more than 16,000 members
- Successfully advocating for statutory registration of social work in South Australia
- Getting AMHSWs recognised with Bupa, one of Australia's largest health funds
- Delivering two major events with more than 1900 participants in total
- Growing our CPD program to 45 Live Online events
- Launching the Mentoring Program with a total of 748 participants
- Launching the National Excellence Awards
- Hosting the most successful World Social Work Day ever.

Read our Annual Report: <https://bit.ly/3MlwprT>

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# A new legal service for social workers

## AASW and Maurice Blackburn partnership

The Australian Association of Social Workers (AASW) and Maurice Blackburn Lawyers were proud to announce a new legal service for social workers in November.

It is a free legal consultation service for AASW members and their families covering a range of different legal issues social workers currently face.

The collaboration will provide AASW members and their families with a "one-stop shop" for legal-related enquiries. The details are on the AASW website.

Maurice Blackburn Deputy CEO Felicity Pantelidis said the firm was proud to be partnering with AASW.

AASW CEO Cindy Smith said, "This is a fantastic, much-needed service for social workers and one that adds value to AASW membership. We are very excited about this partnership because there are so many situations where social workers need legal advice, such as assistance with court matters, obtaining consent, mandatory reporting and matters relating to professional conduct.

"The values of AASW and Maurice Blackburn are aligned: we are combining our vision of wellbeing and social justice for all with Maurice Blackburn's experience and commitment to social justice."

Maurice Blackburn Deputy CEO Felicity Pantelidis said the firm was proud to be partnering with AASW.

"Social workers play a vital role in supporting those who often don't have ready access to justice and helping to meet their needs," Ms Pantelidis said.

"We're proud that our work at Maurice Blackburn can help to support social workers to do this important work. Being able to collaborate with an organisation such as AASW who share our values of wanting to improve access to justice for all Australians is something that means a great deal to us."

A series of fact sheets and webinars for social workers will be delivered over the coming months on a range of relevant legal topics. They will be free for members.

Find out more about the service: <https://bit.ly/3GtnqcO>







# **SOCIAL WORK PRACTICE WITHIN MENTAL HEALTH, NDIS AND OLDER ADULTS**

# The value of social workers in elder abuse

## A clinician's perspective

DOMINIQUE HORNE

As a society, we have recognised the significant impact that family violence has on women and children, and have worked to develop a multifaceted service system that is responsive to their needs. Unfortunately, a response that is inclusive of older people who experience elder abuse is not always available in a way that is accessible for them.



### About the author

**Dominique Horne** is a social worker with over 30 years experience in aged care, family violence and disability. Dominique led the establishment of an Elder Abuse Response Service in 2017 and continues to work supporting older people and building elder abuse capacity within health and community services in Victoria.

What is Elder Abuse? The World Health Organization defines it as a “single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”. Elder abuse can take various forms, including financial, physical, psychological, emotional and sexual abuse, or neglect.

The 2021 National Elder Abuse Prevalence Study\* identified that the Elder Abuse prevalence rate is 14.8 per cent and that 61 per cent of those experiencing elder abuse do not seek help. The latter is staggering statistic that warrants further investigation.

In Victoria, the Royal Commission into Family Violence 2016\*\* recognised that “Family violence experienced by older people is no different to that experienced by younger people” and that older people are largely invisible to the generic family violence service system and their needs are not addressed across sectors. “There is a significant lack of understanding within the community and by service providers of the nature and dynamics of elder abuse, which can create missed

opportunities to intervene and provide support to victims”.

The Royal Commission recognised that elder abuse is complex and acknowledges that for older people, the abuse occurs in the context of age-related vulnerabilities, inter-family relationships and dynamics, and co-dependency in carer relationships. They noted that a specialised response is required that includes practitioners who are able to understand the complex nature of elder abuse and have the skills to support older people.

In response to the findings of the Royal Commission, the Victorian Government implemented the *Integrated Model of Care for Responding to Suspected Elder Abuse* across a number of metropolitan and regional health and community services sectors. The model incorporates a combination of prevention, response and capacity building within the health and community sectors, recognising that older people are likely to disclose elder abuse in these services rather than in the family violence sector and that social workers are well placed to identify and support older people as



well as assist other health workers to identify harm.

Within both the health and family violence sectors, social workers play an important role in supporting vulnerable people across the life span. They are employed in these roles as a result of their academic training, capabilities and skills. It therefore would come as no surprise that social workers are not only well placed to support older people experiencing elder abuse but represent a large proportion of practitioners who are working in these roles across Victoria.

So, what is it that social workers as a profession bring to these roles and what value do they provide to support older people experiencing elder abuse?

Given the nature of this cohort, who for a multitude of reasons may not have had much experience in accessing any form of social or emotional support or may not identify that they need it, the ability to recognise harm and engage with an older person is of great importance. This may be the first opportunity an older person has had to disclose elder abuse.

Social workers understand the importance of a person-centred approach and the need to develop rapport and engage with clients so that they feel comfortable to disclose their concerns in an emotionally safe environment. The ability to actively listen, validate and understand the older person's situation is an important skill that is taught in social work degrees and developed through practice.

Social workers have excellent holistic assessment skills. They recognise there are many facets that make up an individual and that people exist in a range of different roles, and these must be considered to fully understand their situation and identify

their needs. Important considerations in the context of older people include age, health and mental health issues, the impact of intersectionality, family violence, and risk and safety concerns. Utilising this comprehensive approach, social workers are able to develop a support/care plan that recognises risk and safety and the older person's needs, wishes and strengths. Coupled with an understanding of an individual's right to autonomy, they can support the older person to address the elder abuse in a way that is meaningful to them.

Further, social workers operate within human rights and social justice frameworks and understand the structural and systemic problems that affect older people. In the context of elder abuse these include gender inequality, ageism and other forms of discrimination which can be barriers for older people in accessing support. They can use their skills as advocates and support older people to be active participants in their own lives.

Social workers understand family systems and relationships and how these can impact older people and influence their decision-making. They can provide psychoeducation and counselling to enable older people to recognise roles and responsibilities in relation to their family and the nature of the abuse. This may result in older people developing strategies to better manage their situations or making changes that reflect their wishes.

Social workers operate within a range of different service systems and have knowledge about how these systems work. They recognise the sociopolitical nature of systems and the challenges faced by older people when accessing supports across different jurisdictions (e.g. Commonwealth, state and local government) and across sectors including family violence, health,

mental health, ageing, legal, housing and financial. They are able to identify how and where to access information to support older people and understand the important role they can play as an advocate. They ensure a person's strengths are identified and enabled.

Social workers also have a role in building the capacity of their co-workers in recognising and responding to elder abuse. This is steeped in an understanding about the value of professional growth and the use of supervision as a means for continued professional growth and development.

Within the integrated model of care, social workers are well represented across all facets of service. Their value is evident in the changing nature of elder abuse service provision. The ability for capacity building by social workers within the health and community sector and the access to social work support for older people experiencing elder abuse has enabled a better response to addressing the needs of older people experiencing elder abuse in Victoria.

While there is still a long way to go in the development of a comprehensive elder abuse service system across Australia the contribution of social workers to providing better outcomes for older people is evident across health, family violence and ageing service systems. I look forward to their ongoing involvement in this emerging and important sector.

\*Qu, L., Kaspiw, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., & Horsfall, B. (2021). *National Elder Abuse Prevalence Study: Final Report*. (Research Report). Melbourne: Australian Institute of Family Studies.

\*\*[https://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/RCFV\\_Full\\_Report\\_Interactive.pdf](https://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/RCFV_Full_Report_Interactive.pdf)

# The role of social work in residential aged care facilities

JO WOOD

## THE CURRENT RESIDENTIAL AGED CARE CONTEXT

In 2021 the *Royal Commission into Aged Care Quality and Safety* published its final report. It stated, “the current system does not sufficiently recognise the importance of proactively supporting older people’s emotional wellbeing” (p. 76). Currently, there is an overarching task-based and biomedical approach within residential aged care facilities, combined with a lack of embedded interdisciplinary care. A systematic review published in 2022 reported that only 17 per cent of Australian residential aged care facilities have access to social work services (Meulenbroeks et al. 2022). I am privileged to work within this service sector and believe that social workers are essential in supporting older adults, families, carers and staff.

Following the recent Royal Commission we became acutely aware of the immense challenges that exist within residential aged care facilities. Approximately 50 per cent of aged care residents live with depressive

symptoms, and the median stay within aged care facilities is now less than two years. People who move into them are typically very frail, with multiple comorbidities, and just over half of these residents have a diagnosis of dementia. The medical and social care required within these settings is often complex. In order to provide optimum support from admission to end-of-life and during bereavement, a collaborative and holistic approach from multiple disciplines is needed. The Royal Commission’s final report noted that “palliative and end-of-life care, like dementia care, should be considered core business for aged care providers” (p. 67).

The impact of the COVID pandemic on older adults in these facilities has been enormous. Never has there been a time when older people have had to experience such extreme periods of loneliness and social isolation.

## TRANSITIONING INTO RESIDENTIAL AGED CARE

Transitioning into a residential aged care facility is an incredibly stressful life event for older adults and can potentially increase feelings of helplessness and psychosocial distress. On admission, older people find themselves in an unfamiliar environment, adapting to living with multiple people, changed routines and diets, and a group-based approach to lifestyle activities. The admission often occurs during a crisis, such as following an acute medical event, hospitalisation or the death of a carer or family member. There is usually extraordinarily little time to prepare

### About the author



**Jo Wood** has over 15 years experience working as a social worker in public healthcare, specialist palliative care and residential aged care. She values holistic assessment, compassionate care, communication skills, and a collaborative and interdisciplinary approach. Jo currently provides social work services and counselling to older adults living in residential aged care facilities.

Never has there been a time when older people have had to experience such extreme periods of loneliness and social isolation.



for such a significant life transition, and there are also times when older adults may be admitted against their wishes. There is the potential for family conflict during this time, especially when there are differences of opinion regarding the future care of the older person.

On admission to a facility, older adults are often experiencing multiple losses. They are not just processing the loss of their primary home but are also facing losses related to relationships, community, roles, health, finances, decision-making and autonomy. Furthermore, they are confronted by death and dying in two ways. Firstly, they may have a greater perception of dying from their illness rather than living with it. Secondly, they are more exposed to death and dying in the facility given the frail population. There is a chance that an older person may experience cumulative grief and grief overload.

### THE SOCIAL WORK APPROACH

Our social work code of ethics articulates that social workers strive to enhance individual and collective wellbeing and protect vulnerable individuals from oppression and abuse.

As social workers, we tend to embrace an ecological systems framework and are acutely aware that human beings live and exist within a context. There is an understanding that we live in a dynamic and interactive system and that individual behaviour is often the result of complex interrelationships between family, the broader cultural context, and individual life events and traumatic experiences. The unique lens social workers adopt is ideally suited to working in the complex aged care system.

As social workers, we are already employed across various settings that serve and support older adults. These include hospitals, palliative care services, aged care assessment teams, rehabilitation services, mental health services, disability services, primary health care networks and private practice. The evidence-based support that social workers offer is well recognised in these settings. The AASW has even published a document outlining the scope of social work practice in aged care, yet social workers remain conspicuously absent as practitioners in the residential aged care facility sector.

### THE ROLE OF SOCIAL WORK

Unfortunately, Australia falls behind regarding the provision of psychosocial support within residential aged care facilities. In the United States, the federal government requires facilities with more than 120 beds to employ a full-time social worker. There is also a requirement for all federally funded facilities to provide social services to address each resident's mental and psychosocial wellbeing.

An Australian scoping review published in 2020 found that social workers have a crucial role in supporting the dignity, worth, wellbeing and quality of life of all people living in aged care facilities (Hardy et al. 2020). The authors referred to six core themes that describe the possibilities for social work practice in aged care. Social workers provide holistic care, person-centred care, advocacy, biopsychosocial assessments, support for the needs of residents and families, support for other staff members and support in decision-making. It was noted that social workers are involved in the pre-admission to facilities; however, this support suddenly ceases once a person is admitted.



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### MY EXPERIENCE OF WORKING IN AGED CARE

I have provided social work services across several Melbourne residential aged care facilities for approximately 18 months. It is a role I thoroughly enjoy, although it comes with some challenges, mostly related to the sector's unfamiliarity with the social worker's role. The long-term continuity of support I can offer older adults and their families has been a privilege. My position enables me to practise holistically, providing support throughout the care trajectory, from admission into the facility to end-of-life and supporting families in bereavement. There have been many parallels with my previous work in specialist palliative care in that the primary focus of my role is fostering a sense of hope, meaning and purpose for older adults living in the last stage of their life. Using interventions such as reminiscence therapy, life review, dignity therapy, narrative therapy and legacy creation encourage conversations that highlight strengths and resilience and nurture connections with family and carers. At the core of all social work support is the importance of leaning into discomfort, holding space for a person in distress and recognising that sometimes it is not about "fixing" but about "being with".

At a macro level, I use my advocacy and crisis intervention skills by highlighting the unmet needs of older adults and families within a complex service sector

experiencing unbelievable challenges. Sophisticated communication skills are needed to ensure that everyone works together collaboratively to best support the quality of life of people living in aged care. It is imperative to consider the social determinants of health and acknowledge that the systems of care surrounding older adults can profoundly affect their emotional health and wellbeing. Social justice is at the heart of social work practice, which translates to advocacy for better support, services and care for all older adults and families accessing residential aged care. From clinical experience, Royal Commission findings and public perceptions, very few of us would voluntarily choose to move into an aged care facility. With an ageing population, the aged care sector needs to be transformed, and social workers have a vital role in the process of this transformation.


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Using interventions such as reminiscence therapy, life review, dignity therapy, narrative therapy and legacy creation encourage conversations that highlight strengths and resilience and nurture connections with family and carers.





# RESPECTING DIVERSITY *THROUGH* JOINT SOCIAL ACTION

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# Perspectives on perinatal mental health, abortion and non-directive pregnancy counselling

DR KATIE CARTER

As many as one in five pregnant women will experience perinatal anxiety or depression (PANDA 2012). In addition to this, it is an alarming reality that suicide is the most common cause of death among Australian mothers (Humphrey et al 2015). It really is critical that early psychosocial support is present to ensure mental health needs in the perinatal period are adequately met.



## About the author

**Dr Katie Carter** is a social worker who provides clinical supervision to social workers, psychologists and youth workers with an interest in community-based trauma, mental health and adolescent programs and services. She has significant experience in rural and remote clinical supervision. Get in touch via [katie@drkatiecarter.com.au](mailto:katie@drkatiecarter.com.au)

As well as addressing perinatal mental health support and services, there is a need to address the stigma and shame that continues to surround the experience of abortion. Abortion is a pregnancy-related procedure and rightfully requires the full spectrum of psychosocial supports. Locating this support within the parameters of perinatal specialist psychosocial support is essential to ensure that safety and care is provided for those who have an abortion.

Being pregnant and contemplating parenting can bring with it a myriad of feelings. Families with histories of mental distress, trauma or inadequate experiences of being parented may need additional support, but there are not universal structures in place for early and specific intervention. The increased understanding of the prevalence of both transitional adjustment and mental distress during the perinatal period, particularly the fourth trimester, is welcome; however, this increased awareness has not been adequately met with supportive specialist structures to address common mental health and psychosocial pregnancy concerns.

As a private Accredited Mental Health Social Worker (AMHSW) who specialises in perinatal distress, I receive referrals from GPs most commonly with a specialisation in the area of pregnancy and obstetrics care. These can be from the Better Access Initiative referred to as a Mental Health Care Plan. However, less known and less referred by GPs is the Non-Directive Pregnancy Counselling. The specific referral details are provided by Medicare. However, up to three rebated sessions will be that someone has been pregnant in the past 12 months. This already embedded rebate can provide scaffolding for perinatal support across the pregnancy and perinatal period and social worker are well poised to carry this out. The rebate is not to be used for the treatment of a mental illness. This gives scope for a range of pregnancy-related concerns to be referred on to a social worker and can be utilised to support families in diverse and innovate ways. These referrals range from grief and loss particularly after miscarriage, transitional adjustment to parenthood as well as relationship





challenges. There is great scope for this rebated service and its importance is underestimated or even unknown.

However, the non-directive pregnancy counselling rebate is flexible and can be also used to support decision-making around abortion. Working with women to understand the impact of the ongoing stigma and shame that surrounds abortion is often a component of these sessions. With a growing focus on the mental health needs of women and families in the perinatal period, there needs to be a focus which incorporates abortion as part of this discussion—not as separate to it. Abortion and the psychosocial needs that surround this medical procedure need to be addressed openly, transparently and alongside the spectrum of pregnancy-related concerns.

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# Social work's frontline role in a wellbeing program for older adults in residential aged care

MICHELLE ARNEL

**I am very honoured to have been given the opportunity to set up such an agile, creative and responsive program: a program that was co-designed by our clients and continues to adapt to the needs of our clients – the older adults who live in residential aged care facilities. At its heart is a search to find an individual person's joy, which in turn improves their wellbeing.**

From the outset we knew that most residents would be reluctant to engage with a mental health program, so we tailored our approach and modified the way we explained the program and our role. We ask about their "worries, concerns or problems" and talked of "wanting to know more about these to see if we could help them to find a solution that they were happy with".

We work with residential aged care staff who more than anything would love to spend more time with residents but are extremely time poor. We look to become a part of the residential aged care facility's care team so we can meet the psychological care needs of the residents. As every facility has different resources, staffing, policies and ways of operating, it is imperative that our program is as agile and flexible as possible.

As social workers, we use our full skillset when we work in these facilities and this requires flexibility and creativity. In our program we ask residents if we can "chat" and ask questions in order to complete

comprehensive, holistic assessments to better understand the issues once we have informed consent. We apply our understanding of trauma, ageing, family systems, aged care processes, policies and practices to help clients find workable outcomes and then assist and support clients to achieve these.

There is such a variety in residential aged care facility work. Some days we are writing and celebrating life stories; other days we are singing with clients to their favourite feel-good song or assisting a client to watch their grandchild's performance live online. Each task is another step closer to a client finding their joy or providing some relief.

## STAR HEALTH'S WELLBEING SUPPORT SERVICE FOR OLDER ADULTS

Funded by South Eastern Melbourne Primary Health Network, the Wellbeing Support Service for Older Adults (known as the Wellbeing Program) provides services to residential facilities in nine Local Government Areas. There are 144



### About the author

**Michelle Arnel** is the manager of the Wellbeing Support Service for Older Adults at Star Health, a community health service, and is a social worker with over 25 years in the field. Michelle manages a Primary Health Network (PHN)-funded in-reach program to residents living in residential aged care facilities across the south-eastern suburbs of Melbourne.

residential aged care facilities in this catchment with 12,400 residents. The program employs senior social workers and senior psychologists who work to improve the wellbeing of older adults living in these facilities. In the past three and a half years, through COVID lockdowns, the program has provided service to 70 facilities, accommodating 5,924 residents, and providing 13,600 sessions to 533 clients.

The program provides onsite sessions with practitioners who offer individualised therapeutic interventions to residents who experience low to moderate depression and anxiety, work collaboratively with staff and other stakeholders, and upskill staff in their ability to respond to clients who are experiencing mental health distress.

### WHAT DOES THE WORK LOOK LIKE?

Social workers work systemically with the aged care facilities to meet clients' needs and use core social work skills, such as active listening, validating, empowering and information dissemination. Often described as micro-skills, they make clients feel valued and can give them back a sense of autonomy and self-determination.

Our work is strength based, solution focused and trauma informed. Common client presentations can relate to unresolved life events, depression, anxiety, grief and loss, loneliness, issues related to transition or adjustment and family matters, but can be as many and varied as any cohort in the community.

Practitioners receive specific training in using narrative and reminiscence therapies and the need for slow engagement with residents. They also use skills and training in:

- psychoeducation including mental health literacy
- advocacy
- relaxation techniques
- mindfulness
- problem-solving and decision-making
- cognitive behavioural therapies
- anger management
- social skills training
- solution-based interventions
- the provision of warm referrals and support to access elder abuse and dementia services, Parkinson's support, alcohol and drug services or sexual assault counselling.

### WHY COMMUNITY HEALTH?

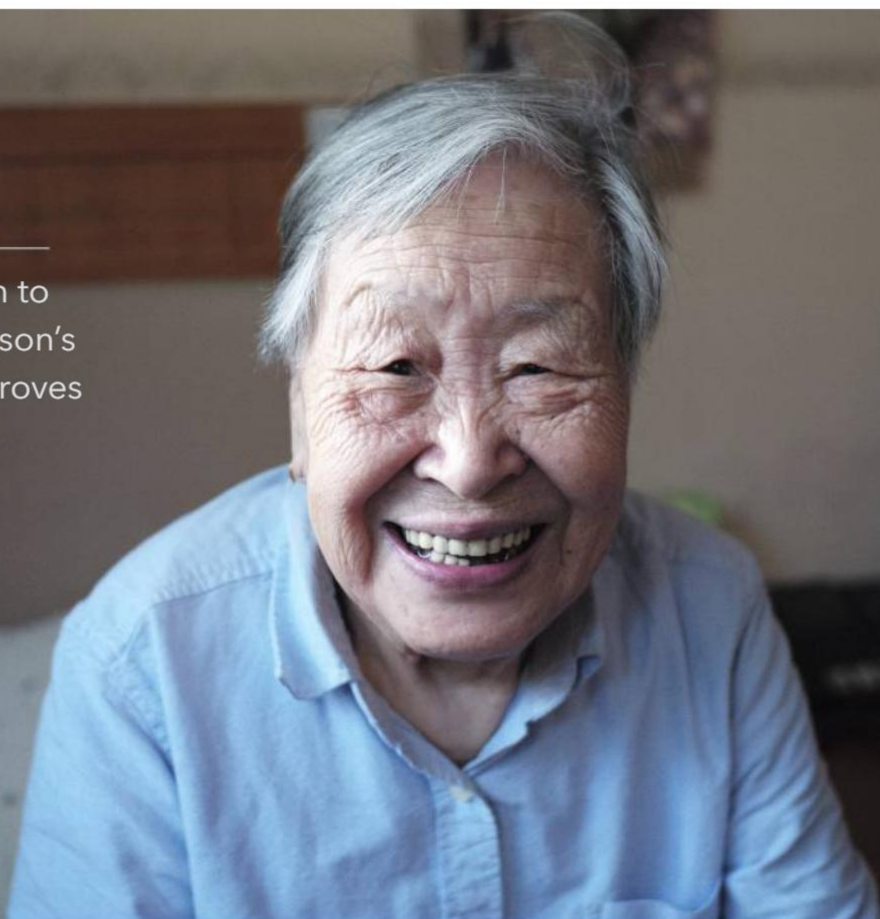
Star Health, and indeed community health services, have a long-standing commitment to the delivery of coordinated and integrated health and mental health services to our community.

Star Health champions a social model of health where staff provide a "no wrong door" approach and a wrap-around service model to all clients. These are key factors in any social worker's practice.

Star Health employs social workers across many programs but specifically in those working with older adults. Social workers have been providing community mental health services to the inner southern Melbourne suburbs for over 25 years. The majority of these services are delivered via outreach to remove as many access barriers as possible. The Wellbeing Program staff took this practice knowledge and used it to shape the residential aged care program.



At its heart is a search to find an individual person's joy, which in turn improves their wellbeing.



### COMMUNITY HEALTH AND SOCIAL WORK STUDENTS

Community health has always provided student placement opportunities. The Wellbeing Program incorporated a large social work education component into its proposal given the ongoing workforce shortages in the aged care sector and the need to increase social work practitioner confidence and willingness to work with older adults. The Wellbeing Program has provided field education training to 35 students in its three and a half years and unlike many residential aged care facilities, the student placements use a model where practitioners supervise, role model and mentor students on placement.

### WHERE DOES THE FUNDING COME FROM?

In 2018 the Australian Government introduced the Improved Access to Psychological Services in Aged Care Facilities Initiative to address a well-documented service gap in mental health care for aged care residents. It acknowledged that the prevalence of mental illness is

higher among aged care residents than it is for the general population and that community mental health services were not readily accessible due to significant barriers. So much so, that this service was likely to be the only source of psychological services available to residents. The Commonwealth provides funding to the 31 Primary Health Networks (PHNs) across Australia.

### PROGRAM EVALUATION

Four years on, the first evaluation of the residential aged care facilities program has been undertaken by Australian Healthcare Associates 2022, *Evaluation of the PHN's Improved Access to Psychological Services in Aged Care Facilities Initiative Final Report*, Australian Government of Health, Canberra. The report found that the PHN-funded psychological services:

*...can and do deliver meaningful improvements in residents' mental health, quality of life, and relationships - as long as service providers have the flexibility to deliver services that are tailored to individual resident need.*

*Optimising aged care residents' access to timely and appropriate mental health care will require addressing systemic challenges in the mental health and aged care sectors.*

They noted that the:

*implementation of the initiative has coincided with a period of extraordinary disruption for aged care, with both the Royal Commission into Aged Care Quality and Safety and the COVID-19 pandemic shining a spotlight on the sector and resulting in a range of high profile, high priority reforms to policy and practice.*

At this stage, the program is not funded beyond 30 June 2023. It is hoped that after a Commonwealth Royal Commission into Aged Care and the Victorian Royal Commission into Mental Health that a program like this, the only service offering of its type, will continue to receive funding into the future.

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# Self-managing NDIS funds

## A social worker's perspective from the inside

LOUISE PEARSON

**I have been a social worker for 30 years, and totally blind from ten months of age. Self-managing my National Disability Insurance Scheme funding, using it flexibly and creatively, adds to my capacity for living my best life. I believe that it is my lived experience, coupled with my social work values, which helps me in my work assisting participants of the NDIS to meet the challenges of this brave new world.**

Professionally, I wear two hats. In my private practice, I specialise in counselling people with chronic illnesses. I am also a Local Area Coordinator for the NDIS, where I help people with disability to have choice and control over their lives. I work collaboratively with them to develop the goals upon which their plans are built, linking them to the funded supports they require, and empowering them wherever possible to connect with community and mainstream supports. I try to gain an understanding of each participant's personal context: their family life, work, personal interests, along with the impact of the disability, and the ways in which they interact with it.

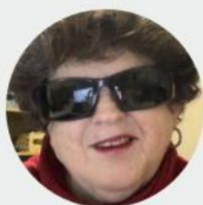
Educating my participants effectively about what their plans mean is key in terms of them making the most of their opportunities. They need to be aware of the three streams of NDIS funding: core supports, capacity building, and capital. It is helpful to know that funding can be moved around inside these streams, that they can do things like saving funding from this month to use it in a block next month to take themselves on a daytrip or a night away. However, they must also

be aware of the constraints: that support costs more on weekends than weekdays, and that it isn't just a matter of simply asking the National Disability Insurance Agency for more funding.

Understanding the pros and cons for each of the three ways in which funds are managed is also important. Firstly, the agency can be fully responsible for paying all bills. However, services must be purchased from providers registered with the NDIS who charge prices published in the NDIS price guide. It can be difficult keeping track of spending with this option and/or to change service providers during the life of the plan. Secondly, a NDIS registered plan manager can manage the funds in the person's plan. This provides greater flexibility because providers of services do not need to be registered with the NDIS. Providers send invoices to this plan manager for payment, but the plan manager does have some say about what invoices they will honour. This is by far the most common management arrangement.

Self-management is the third option which is chosen by 30 per cent of NDIS participants.

### About the author



**Louise Pearson** is an Accredited Mental Health Social Worker and Gestalt Psychotherapist. Practising in Melbourne's north-east, she navigates her community with guide dog Arthur. With a focus on grief and bereavement, she also often works with people whose grief is around chronic illness and disability.



As a self-manager, I pay bills myself and then claim back the money through the participant portal, recording what funding stream is paying for what service, and always keeping a copy of all receipts. As with all management options, employing family members is not allowed. Providers must have an ABN and funding must be used in pursuit of my NDIS plan goals. Any expenditure must be seen as reasonable and necessary by the agency should an audit be conducted.

Regardless of these caveats, I am in control of the funds. I can negotiate the prices that I pay for services, paying the market price for house cleaning, for example, rather than one set by the NDIS. I can negotiate arrangements where I pay fees which are below the NDIS price guide and still pay my individual workers more than they would receive if employed by a service provider agency. I use local services in the same way as other community members, and, importantly, I have the dignity of not needing to make any reference to where the funding is coming from. If the work is not done to my satisfaction by a local house-cleaning agency, I can terminate the arrangement.

Upon reflection, I have been stunned by what I can achieve by paying to borrow someone's eyes. It can be small things like someone checking that my washed work clothes are unstained, things which support my confidence and independence. After 30 years as a shopper, I've finally experienced the pleasure of wandering from shop to shop, without worrying about leaning too much on a friend's kindness. Bigger things have also been possible. I finally made it to the Port Fairy Folk Festival. I've also been better able to fulfil my role as carer, as my parents age, employing workers to take me on hospital visits or to do their shopping.

Having lived experience of these negotiations means that I also work wherever I can to encourage and empower my participants to work creatively with their funding. Generally, a plan will have just a few hours per week in it, for example, for individual assistance to access the community, and what is achievable may depend on how far those hours will stretch. Three

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How comfortable people are about spending their funding is as unique as is that individual.

hours is not going to get one to and from a concert, but if one can employ an individual worker with a negotiated hourly fee and turn those three hours into five, possibilities expand.

Another important point of negotiation is where a person requires a support worker in the morning to get out of bed or ready for work. They may need someone for less than an hour, while service provider staff now have a minimum two-hour shift. This can lead to wasted funds, but for those who self-manage, a fee for a one-hour shift can be negotiated, sometimes paid at a higher rate, but making the most of the funding. Another example is where therapists charge NDIS participants the rate quoted in the NDIS price guide, a higher rate than they usually charge. If therapists can be found who charge their standard rate regardless of the funding source, this can lead to more therapy hours and possibly better outcomes.

Essentially, this individualised funding puts choice and control back with the NDIS participant in a totally new way. I believe that our skillset as social workers is required to turn the dream into reality. Our capacity for advocacy and empowerment is critical here. Just as needed, however, is our capacity to see the person as a whole: to take into account a participant's family, social and cultural context, and the impact that this has on the disability. Having the funding is just the first step. How comfortable people are about spending their funding is as unique as is that individual. While some people embrace their disability actively, there are many who may not want it highlighted, who might feel some shame about requiring funding for support workers. Stepping with them through that shame is crucial for them to begin utilising their funding. Also important is the reality that the bucket of funding is not endless. It is not enough to simply ask for a review of the plan, where disability needs have not changed; participants and professionals need to understand this.

I am glad to note that there are social workers out there acting as Local Area Coordinators, as Support Coordinators and as therapists, but I would argue that our presence needs to be much more visible.

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# Social work student placements in aged care settings

## Creative innovations and practices

JO MATHEY

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The recent Aged Care Royal Commission in Australia identified multiple systemic level challenges and gaps in the provision of appropriate standards of care, highlighting the importance of mental health services. It is clear that social work is integral to a holistic allied health model of care with its focus on mental health, dignity, wellbeing, and human rights. This article brings together a collaboration of social workers to share their experiences and ideas about the role of social work and social work student placements in residential aged care facilities across the country.

The international literature demonstrates that social work has a well-established key role in aged care facilities by contributing to an integrated, person-centred and holistic model of service delivery. However, Australian aged care providers have not routinely included social workers as a core part of the allied health team. There are two key themes about the role of social work in aged care in this article. Firstly, the way that social work placements in aged care contribute to raising the profile and importance of the social work role in this area is highlighted. Secondly, the key role of universities in scaffolding, supporting and encouraging students to work with older people is discussed through highlighting the rich learning opportunities available. These transferable skills are not only applicable within the age care experience but also generate learning throughout the broad range of social work practice.

Our collective experiences have demonstrated that social work placements in residential aged care facilities provide a vital support service

for older people, while providing multiple opportunities for extensive student learning. Being exposed to areas such as grief, loss, advocacy, social justice, social support, palliative care and degenerative neurological disorders like dementia and Parkinson's disease provide students with a depth of engagement as well as a solid grounding in assessment and intervention experience with individuals, families and staff within a systems framework.

At the Swinburne Wellbeing Clinic for Older Adults, social work students are embedded in residential aged care facilities where they learn, firsthand, about the culture and to intervene through group and individual work. There is also the opportunity to be involved with intergenerational programs where school children and older adults interact to develop digital stories that develop out of their joint relational experience. In other locations, students are exposed to life story and reminiscence work, within normative narrative practice and strengths-based frameworks.



Students have the opportunity to develop meaningful collaborative relationships with older people around issues such as quality of life, purpose, meaning and empowering residents to maximise agency. There are also significant opportunities to develop understanding and skills related to relationship-centred care, working within a community environment and the complexity of aged care systems as well as responding to older people's unique needs and wishes. Placements within residential aged care facilities provide a breadth of direct practice experiences, including working systemically, involving staff, families and residents.

The role of advocacy in enabling a voice for individuals together with the age care sector is also highlighted. Placements provide students with multidisciplinary learning experiences. There is evidence that students have a raised awareness of emotional and mental health needs of residents and families. Anecdotally, we know that students are valued by residents and families, and staff have commented on how much the students have contributed to improving the emotional lives of residents and families.



Jo Mathey, a Masters of Social Work student, who has been placed in a small rural community, describes her experience:

*My final year social work student placement was in a rural residential aged care facility where there has never been a social work presence. My placement was an embedded role, three days a week, and part of it with another social work student. The experience included reminiscence group work and seeing residents and families, formerly and informally. As they have not been exposed to the benefits of a social work perspective, there was a need to carve out a new role and provide an emotional wellbeing focus.*

Surveys undertaken by Swinburne University, RMIT University and Star Health highlighted the increase in:

- student confidence
- student understanding of the needs of older people
- opportunities to develop a range of generalist skills and knowledge, especially relationship-based skills.

During COVID, restrictions in residential aged care facility student placements became even more important in reducing loneliness and isolation for older people due to lockdowns. In some facilities in Brisbane, students were able to provide one-on-one support, with appropriate full personal protective equipment. In other settings, the placements were significantly modified. However, this raised opportunities for some creative and innovative approaches to providing ongoing support for people using technology.

There are several examples where social workers have been employed on the back of having students placed at their facility or agency, including a program of rotation and consistency of students, which also strengthened the benefits social work can bring. Star Health is one example where social workers were employed not only to provide direct services but also to support social work students within an interdisciplinary space. The field education program at Flinders University created a forum to highlight the role of social work in aged care, bringing visibility through creating partnerships with a collaborative focus. This resulted in one facility employing a social worker for the first time. Some students are being employed in facilities in lifestyle, wellbeing, allied health and other roles following their placements. Others have found that their social work skills are transferable into other social work positions. In another partnership where Flinders has contributed to supervision costs, the organisation has extended the on-site field educator role to undertake social work practice with residents. At Swinburne University,

there is an example where a facility has been so impressed with a student that they created an employed position of "emotional wellbeing coordinator" for this student.

At Flinders University, with a steady increase in social work student numbers, particularly international students, facility placements have become a key placement setting, offering students a rich and diverse learning experience with older people undergoing major life transitions. Given the lack of social workers employed, Flinders has developed a placement model to not only support and train students and field educators but also on-site task supervisors as well. Core to the success of this program, as with some others in Brisbane, has been the development of a strong induction program, which includes orientation and a resource booklet. Griffith University runs a student hub group for supervision to further support students.

We strongly argue that universities must commit to ensuring that residential aged care facility placements are represented in field education programs. They need to be presented as visible, desirable and fundamental experiences for students. This involves creating meaningful partnerships with facility service providers and building age care into the curriculum.

Residential aged care facilities can be the perfect training ground for social worker students. We recognise there are challenges. There is a lack of understanding of social work roles in aged care. The lack of embedded social workers offers few role models and a lack of onsite support. However, students are exposed to invaluable experiences in all facets of social justice, human rights and the impact of neo-liberal and ageist discourses. There is a need for the social work curriculum to take a stand against such discourses and teach students about the world of older adults, such an important phase of life with all its challenges, complexities and opportunities.



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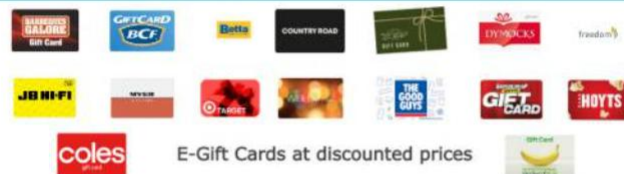
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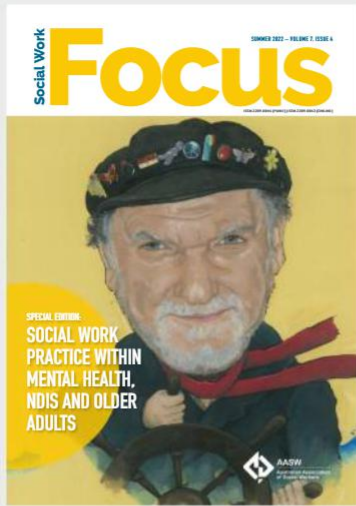
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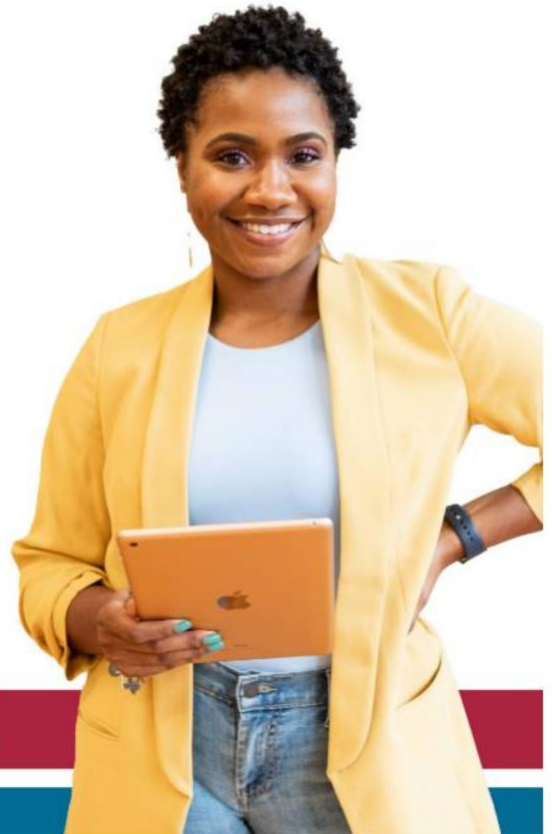


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