NSW HEALTH SOCIAL WORK WORKFORCE

HORIZON SCANNING AND SCENARIO GENERATION

URBIS

FINAL REPORT

2018

PREPARED FOR

NSW Ministry of Health
Workforce Planning and
Development Branch

Urbis' Economic and Social Advisory team has received ISO 20252 Certification for the provision of Economic and Social Research and Evaluation.

Template version 2016.1.0

ABN 50 105 256 228

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EXECUTIVE SUMMARY

The purpose of this document is to outline the methodology, approach and themes raised by the literature and social work stakeholders to inform the Workforce Modelling phase (Stage C in Figure 1 below) of the NSW Ministry of Health's Workforce Planning Methodology. It should be noted that the views expressed in the report are not necessarily those of the NSW Ministry of Health.

Project overview

The Workforce Planning and Development Branch of the NSW Ministry of Health engaged Urbis to undertake horizon scanning and scenario generation for the NSW Health social work workforce. This project has explored the roles and activities performed by social workers, the emerging trends identified in the literature and by the profession, and considerations for addressing challenges facing the workforce now and in the future.

Methodologies utilised included a series of workshops, interviews, a survey, and a review of the literature. Stakeholders included representatives of peak bodies, universities, and the social work workforce of NSW Health from 18 Local Health Districts/Specialty Health Networks.

Key findings

Several key factors have been identified as influencing the demand for social workers in the NSW public health system, now and in the future. One is the very nature of the definition of social work, making it at once a flexible and adaptive discipline as well as one that has been described as ill-defined, leading at times to confusion of roles and potential overlap with other members of the health care team.

Other factors include the increasingly complex health and social needs of the population, as well as an increase in social isolation in Australian society. A reported lack of services and supports outside the health system can also lead to a bottleneck of people at discharge, requiring social workers to spend considerable time ensuring that people are able to access essential services.

The role of the social worker is also reportedly becoming more complex. This is a result of a number of factors including: an increase in demand for support with medico-legal matters; an increasing need to deliver culturally appropriate services; an increasing need to deliver trauma informed services; and an increasing need to utilise technology in the delivery of social work. In addition, the settings where social workers are most often found are also those where recent government reforms have significantly changed the service landscape, for instance through the introduction of the National Disability Insurance Scheme (NDIS) and the MyAgedCare portal and the NSW Government Domestic and Family Violence reforms – It Stops Here.

Demand Driver	Description
Increasingly complex health and social needs	Some segments of the population are presenting with increased co-morbidities and complex social needs, including older and frail Australians; people with histories of psycho-social distress or trauma; people with disability and people at risk of violence and harm.
Social isolation	Increasing numbers of single-member households and changing family structures are reportedly contributing to increased requirements for social work services.
Lack of referral options for community services	High demand for community-based services can increase workload for social workers who may spend considerable time in discharge planning to ensure that clients can continue to receive the services they need.

Demand Driver	Description
Changing role	Changing social service structures are reportedly increasing the amount of time required to assist clients with complex needs, for instance in liaising with the NDIS or in navigating the aged care sector. Medicolegal issues such as public guardianship are reportedly increasing and requiring social workers to educate themselves about new service structures and procedures.
Specialisation	The increasing desire for social workers in specialist areas, for instance in a medical speciality such as cardiology or gerontology, means that some social workers are developing extensive experience and skills in a particular area of health care; however, the only speciality that is officially recognised is that of mental health. The AASW accredits mental health social workers on behalf of the Australian Government and Medicare Australia to enable registration as providers under Medicare.

There were also factors found to be affecting the supply of social workers to the public health system. These included: ambiguities of the role and scope of practice; increasing demand for specialisation; stress and workload demands; a need for improvement in workforce support systems; and resourcing challenges specific to regional and remote locations.

Supply Driver	Description
Ambiguity and role scope	The social worker role is historically ill-defined although its flexibility is also considered to be one of its strengths.
Changing role	As noted above, external factors are reportedly changing the role of social workers, including the increasing requirement to support clients to navigate the medicolegal system; increasing numbers of people seeking support for the impact of childhood or current abuse and neglect; increasing numbers of new migrants with histories of physical and emotional trauma as well as cultural and language needs; and the increasing use of technology. This is increasing the demand for social work services but may also prove a driver of supply if the role offers greater or more diverse opportunities.
Specialisation	While an increasing desire for specialisation has been noted as a demand driver, it may also be a supply driver as there are reportedly few social workers working in designated speciality roles, and as noted above there is no formally recognised social work speciality other than that of mental health. Increasing these opportunities may attract new members to the profession.
Stress and workload	Increasing levels of stress and high workloads are not unique to social workers. However, some argue that social work brings an additional stress because of its front-line nature in support individuals and families through social traumas as well as health challenges. Increasing job support and levels of autonomy have been reported to improve retention and may help to attract new people into the workforce.

1.   METHODOLOGY

The Workforce Planning and Development Branch of the NSW Ministry of Health engaged Urbis to undertake horizon scanning and scenario generation for the social work workforce in NSW. The project was intended to assess current and future trends, risks and drivers in order to assist the Ministry to plan for the future social work workforce. Through a series of consultations including workshops, interviews, and a survey, as well as a review of the literature, this project has explored the roles and activities performed by social workers, the emerging trends, and possible future opportunities to address challenges facing the workforce now and in the future.

The purpose of this document is to outline the methodology, approach and themes raised by the literature and social work stakeholders to inform the Workforce Modelling phase (Stage C in Figure 1 below) of the NSW Ministry of Health's Workforce Planning Methodology. It should be noted that the views expressed in the report are not necessarily those of the NSW Ministry of Health.

The methodology undertaken is outlined below. It was informed by a design provided by the NSW Ministry of Health, outlined in the diagram below.

Figure 1 – Methodology
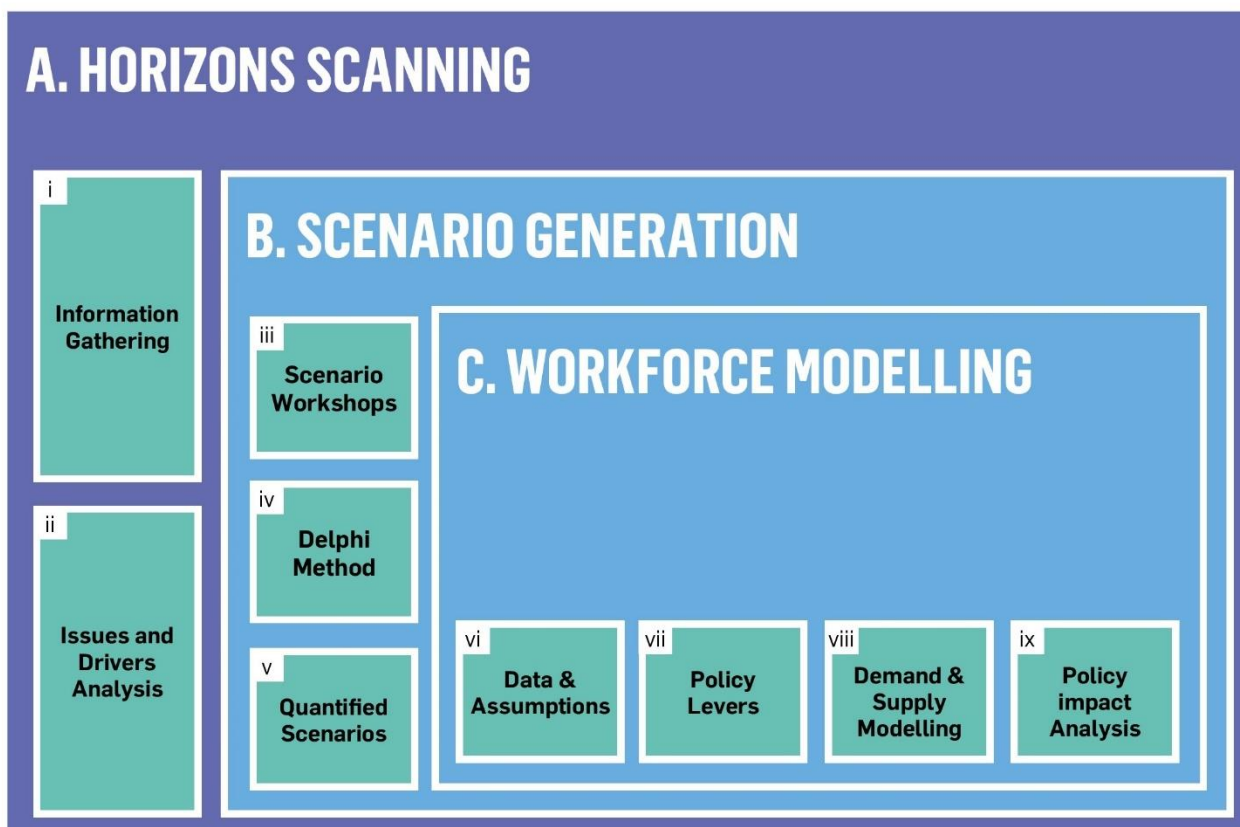
1.1.1. Key informant interviews

A small number of stakeholders were interviewed at the initial phase of this project including staff within the Ministry (the Workforce Planning and Development Branch and the Workplace Relations Branch); and the Chair of the Social Work Advisory Group. These interviews focussed on the current and future issues for the social work workforce, identifying learnings from other jurisdictions as well as fielding suggestions for relevant literature to include in the literature review.

1.1.2. Literature analysis and review

An analysis of the literature (including grey literature) was undertaken to assist with the following questions regarding the social work workforce:

- what are the risks, challenges and emerging issues?

- what are the key drivers to influence the role of the profession?

- what lessons can be learnt from other countries?

- what priorities are identified in literature?

A multi-pronged approach to identifying and collecting literature was used to ensure all relevant material was covered. This included database searches, internet searches, and the initial consultation with key informants. We considered available Australian material of direct relevance, as well as a selection of key relevant overseas material, mainly focusing on comparable jurisdictions (e.g. UK, Canada, USA, and New Zealand). The primary emphasis was placed on material produced within the last 10 years. A variety of keyword combinations was used in searches to identify relevant literature.

A literature review was prepared and presented to the Ministry, and aspects of the review are included throughout this report. The findings of the review were also used at an early stage of the project to create a high-level discussion paper summarising the key themes and issues, which was provided to stakeholders participating in interviews and workshops. The discussion paper can be found in Appendix C.

1.1.3. Stakeholder interviews

Telephone interviews (n=10) were undertaken with social work practitioners, academics and managers working within LHDs or familiar with NSW Health. These interviews were guided by the issues identified in the literature review and discussion paper and provided an opportunity to probe participants' perspectives regarding the issues and drivers facing the social work workforce. Each interview lasted approximately one hour and was audio- or manually-recorded and transcribed for analysis purposes.

1.1.4. Workshops

Over 40 stakeholders, including academics, NSW Health social workers, and peak body representatives, were invited to attend two workshops held over the course of two weeks. The first, a horizon scanning workshop, built on the key themes identified in the literature review, discussion paper and interviews. It provided an opportunity for participants to discuss and analyse the issues and drivers (such as technological, economic, environmental or social influences) for the social work workforce and to identify the priorities for the current and future social work workforce.

This second workshop, the scenario generation workshop, synthesised ideas from the horizon scanning to create possible future scenarios for the workforce that were then tested and quantified. Across the two workshops, Urbis used a modified Delphi process to present and test ideas and then high-level draft scenarios, based on the evidence gathered in the literature review, stakeholder consultations and horizon scanning workshop.

Following the workshop, Urbis analysed the feedback received, as well as the discussions throughout the workshop, to further refine the scenarios. The considerations presented in this paper are a result of the feedback received through these workshops, as well as the findings from a survey of NSW Health social workers, and the published literature.

1.1.5. Survey

An online survey was conducted with social workers employed by NSW Health to provide insight into the profile of the workforce as well as to get feedback on the factors influencing those social workers working within NSW Health.

The survey was administered using the SurveyGizmo platform (with other formats provided for respondents experiencing technical difficulties) and was in field from Tuesday 27 March until Monday 17 April 2018. An invitation to take part in the survey was distributed to all Directors of Allied Health and members of the Social Work Advisory Network, who were asked to forward the invitation to the 2200 staff employed as social workers across NSW Health. A total of 716 responses were available for analysis following the removal of blank and duplicate responses. Analysis of responses was undertaken using SPSS, a statistical analysis computer program.

As the invitation to take part in the survey relied on the email invitation being forwarded to relevant staff, it is important to note that we do not know how many people received the survey, so it is not possible to quantify the percentage of NSW Health social workers who took part in the survey. As a result, the findings reported should not be interpreted as representative of all social workers employed by NSW Health.

Percentages presented are based on the total number of valid responses made to the question being reported. Percentage results throughout the report may not sum to 100% due to rounding or due to the acceptance of multiple responses for some questions.

Responses were received from all Local Health Districts and Speciality Health Networks apart from Justice Health and Forensic Mental Health Network. The highest number of responses were from Sydney (12% of total responses), South Western Sydney (10%), Hunter New England (10%) and the Central Coast (10%) Local Health Districts.

Figure 2 – Respondents by Local Health District
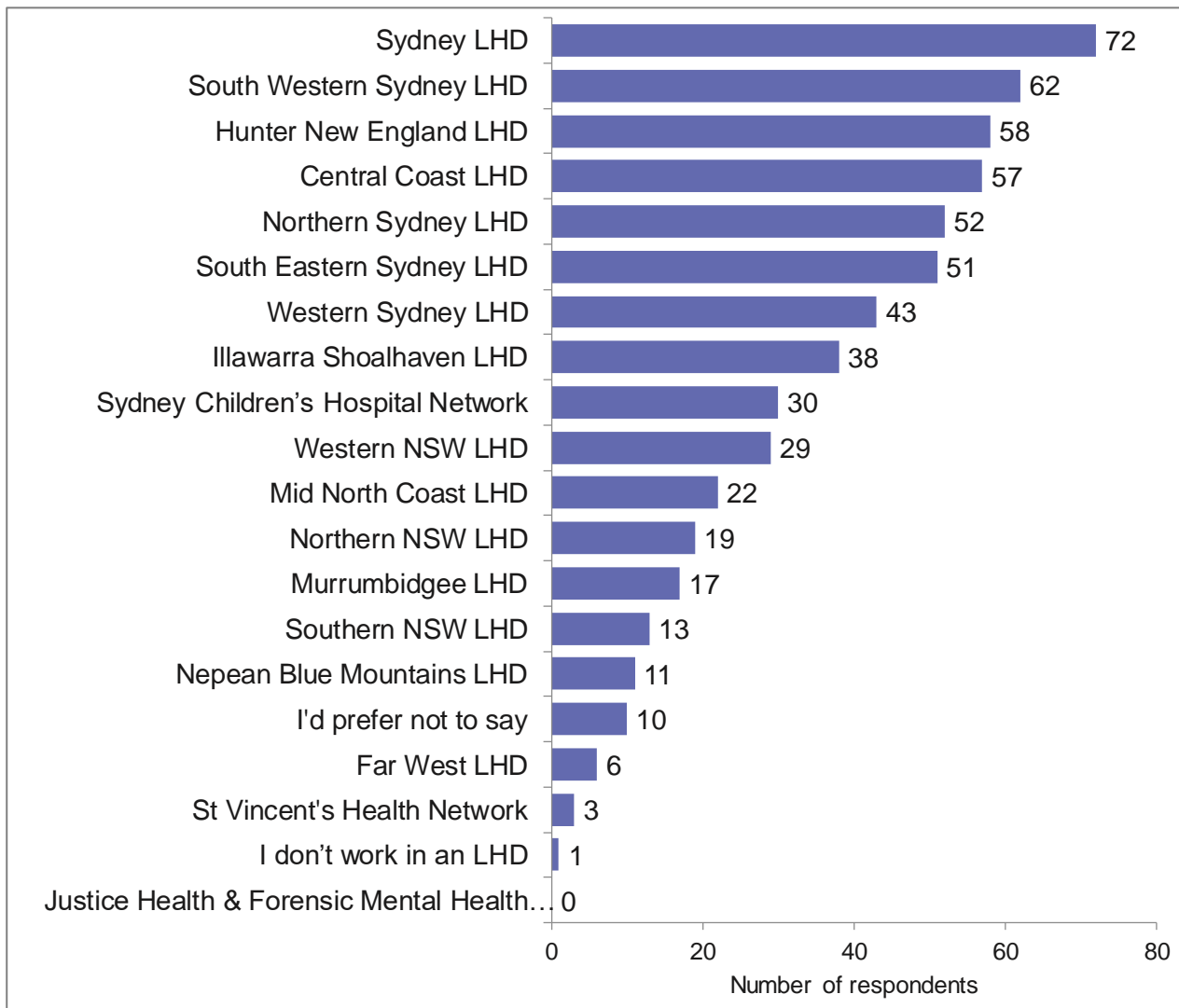
Base=594; Question: What Local Health District / Local Health Network do you mainly work in?

Figure 3 – Profile of respondents

GENDER
- 85% female
- 13% male
- <1% non-binary

Base = 665, Prefer not to say 2%

WORK
- 64% full-time
- 34% part-time

Base = 666, Prefer not to say 2%

AGE
- 15% 20-29
- 29% 30-39
- 22% 40-49
- 22% 50-59
- 9% 60-69
- <1% 70 or over

Base = 660, Prefer not to say 3%

CULTURAL IDENTITY
- <1% Aboriginal
- 99% neither Aboriginal or Torres Strait Islander

Base = 668, Prefer not to say <1%

LANGUAGE
- 81% speaks only English at home
- 17% speaks a language other than English at home

Base = 670, Prefer not to say 2%

QUALIFICATION
- 51% Bachelor of Social Work
- 10% Bachelor of Social Work (Honours)
- 21% Master of Social Work
- 10% other post-graduate degree
- 7% other qualification

Base = 675, Prefer not to say <1%

Note: the response options for highest qualification did not differentiate between a Master of Social Work and a Master of Social Work (Qualifying). Some respondents selected 'Other qualification' to provide clarification over their specific qualification. Charts for each of these items, excluding cultural identify are provided in Appendix B

The gender and age of survey respondents is similar to the profile of AASW members as outlined in the 2016-17 Annual Report (AASW, 2017), with a large representation of women (85% in the survey compared to 84% of AASW members).

It was not possible to directly compare age groups as the AASW provides a breakdown of members by generational group. However, survey respondents were, in general, younger with around one-fifth of respondents being Baby Boomer generation (aged 54-72) compared to 35% of AASW members and almost 40% of survey respondents being Millennial (aged 23-38) compared to 24% of AASW members.

Tenure and intention to retire

To provide insight into the workforce maturity of respondents, the survey asked respondents how long they had been working as a qualified social worker and in their current role. Respondents were also asked to identify when they are intending to retire.

Over one-third of respondents had been working in their current role for two years or less.

However, respondents reflected a mature workforce with over one-quarter working as a qualified social worker for over 20 years. This was also echoed by one in five respondents identifying that they intend to retire within the next 10 years.

Figure 4 – Tenure in current role

Less than 6 months	10%
6-12 months	11%
1-2 years	14%
2-5 years	24%
5-10 years	18%
10-20 years	17%
Over 20 years	4%
I'd prefer not to say	1%
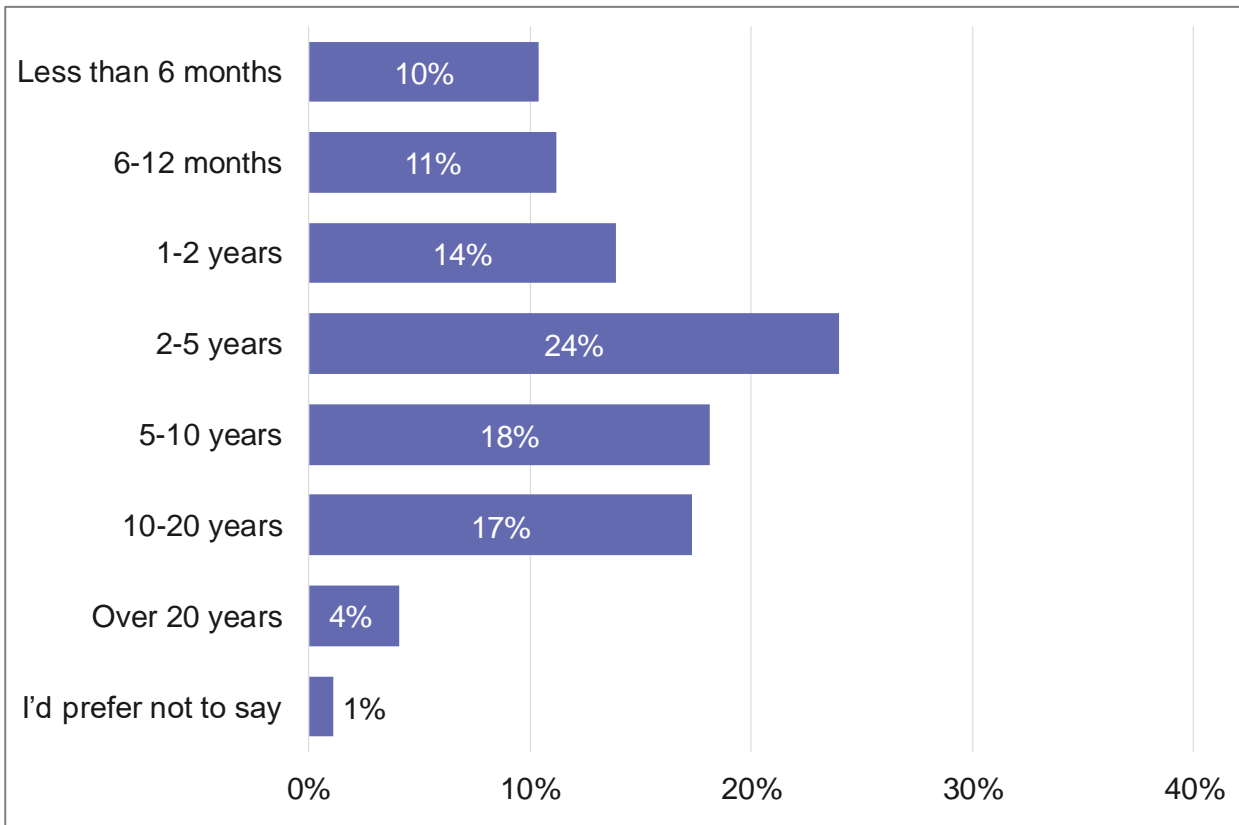
Base: 635. Question: How long have you been working in your current role?

Figure 5 – Tenure as a qualified social worker

Less than 6 months	2%
6-12 months	2%
1-2 years	3%
2-5 years	16%
5-10 years	17%
10-20 years	33%
Over 20 years	26%
I'd prefer not to say	1%
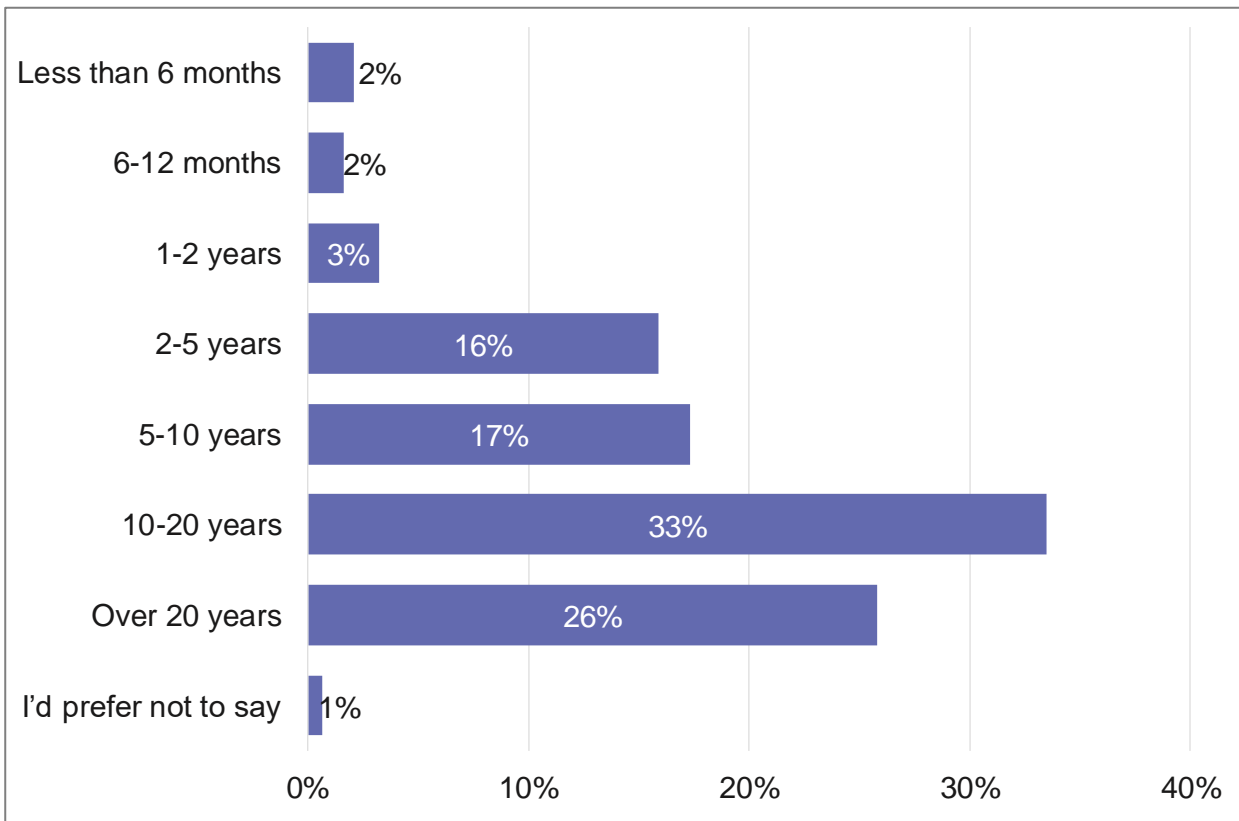
Base: 624. Question: How long have you been working as a qualified social worker?

Figure 6 – Intention to retire

3%	7%	11%	75%	3%

0% 20% 40% 60% 80% 100%

- Next 2 years
- Next 5 years
- Next 10 years
- Not intending to retire
- Prefer not to say
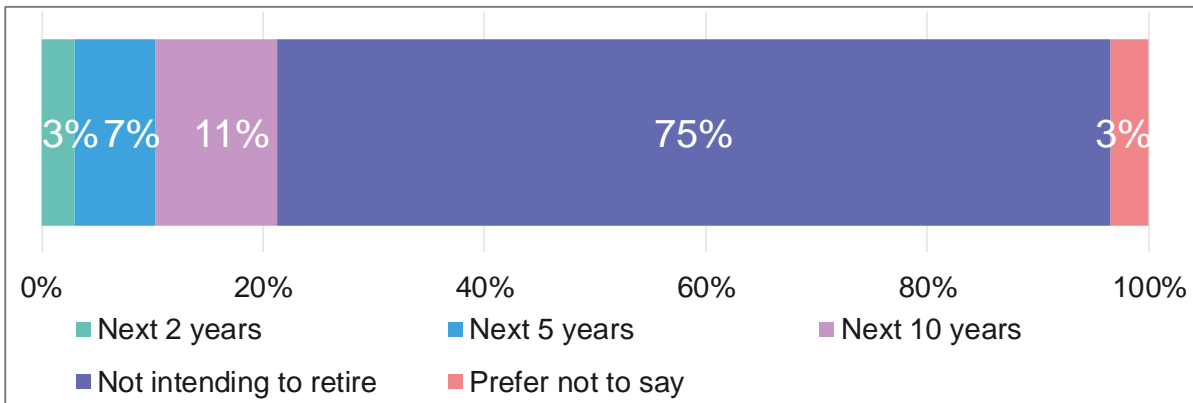
Base: 646. Question: Are you intending to retire…

Work Setting

Half of respondents identified that they worked within a hospital setting. Other work settings identified by respondents included outpatient facilities, inpatient mental health and violence, abuse and neglect facilities.

Figure 7 – Principal work setting

Hospital	50%
Other community health service	21%
Community mental health service	15%
Other	8%
Drug and alcohol service	2%
Rehabilitation/physical development services	2%
I'd prefer not to say	1%
Aboriginal health service	0.5%
Other residential health care facility	0.2%
Correctional service	0.0%

0% 20% 40% 60%
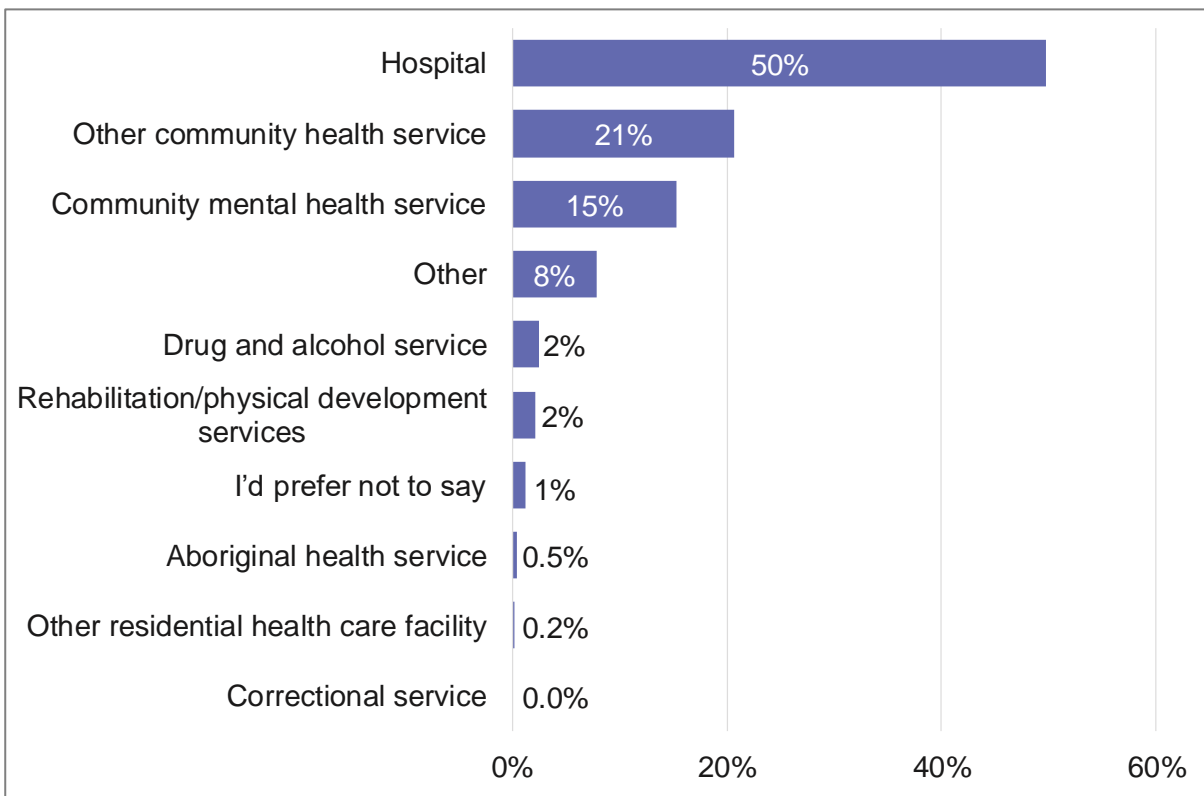
Base: 649. Question: What is your principal work setting?

Clinical setting

Respondents were also asked to identify the clinical areas in which they work. Mental health, child and family services (including child protection and domestic and family violence) and aged care were the areas most often identified.

Within the 'other' category, a further 4% of respondents identified that they worked within oncology; other areas included sexual assault, chronic disease, residential care facilities, sexual health and renal services.

Figure 8 – Clinical setting

Clinical setting	Percentage
Mental health	33%
Child and family services	29%
Aged care	27%
Trauma counselling	22%
Medical or surgical wards	20%
Emergency	19%
Critical care	16%
Other counselling	14%
Palliative care	14%
Disability	14%
Other	13%
Rehabilitation	12%
Drug and alcohol	12%
Paediatrics	11%
Maternity or neonatal care	11%
Management	9%
Education	4%
Health promotion	4%
Policy	2%
Prefer not to say	2%
Research	2%

Base: 650. Multiple response question: In what clinical area(s) do you work?

1.1.6. Analysis and reporting

Following all the activities outlined above, the Urbis team analysed all data sources and identified key emerging themes, with a particular focus on the scenarios developed in the scenario generation phase. This process allowed us to triangulate the data collected and develop findings. Our analysis of the stakeholder survey data included descriptive analysis and coding of open-ended responses.

This report presents the analysis and findings resulting from the activities outlined above. Chapter 2 describes social work in Australia, with particular reference to the health workforce, and to the workforce within NSW Health. Chapter 3 analyses supply and demand drivers as identified through the literature and consultations. Chapter 4 outlines future challenges and opportunities to strengthen the social work workforce in NSW Health.

2.   SOCIAL WORK IN AUSTRALIA

2.1.   DEFINITIONS OF SOCIAL WORK

The role of the social worker continues to be broadly defined, and thus open to misunderstanding (Moriarty, Baginsky & Manthorpe, 2015). Some authors argue that this broad scope is a positive aspect of the social work role, which enables workers to adapt and respond to the individual needs of the patient (Blewett et al., 2007); others suggest this lack of clarity may be harming the profession (Blomberg et al., 2014; Kim & Stoner, 2008; Coyle et al., 2005).

The International Federation of Social Workers (IFSW) and International Association of Schools of Social Work have jointly endorsed the following definition of social work:

> *"…a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing…" (IFSW, 2018)*

The definition is generic in nature but presents a set of principles that underpin social work as a discipline and profession. The definition is widely used by national representative bodies for social workers, including the Australian Association of Social Workers (AASW)[1].

The Australian and New Zealand Standard Classification of Occupations (ANZSCO) is used by the Commonwealth Department of Jobs and Small Business; it defines a social worker as someone who

> *"…assess[es] the social needs of individuals, families and groups, assists and empowers people to develop and use the skills and resources needed to resolve social and other problems, and furthers human wellbeing and human rights, social injustice and social development" (ABS, 2009).*

What is clear from both definitions is that social work is a very broad discipline focussed on assessing and addressing the social needs of individuals and families, and that it is strongly grounded in theories of human rights, social justice, and human development. This sets it apart from other professional disciplines working within the health system, as it is not based on a biomedical understanding of health and illness; rather, social work complements the biomedical approach to health and healing by assisting people with the social and other needs that may be detrimental to their health and healing (Perriam 2015; Pockett & Beddoe, 2015; AASW Queensland Branch, 2014; Blewitt, Lewis, & Tunstill, 2007). This is a point emphasised strongly by stakeholders consulted for this project.

In line with the principles used to define the social work discipline, the AASW Code of Ethics identifies three values that are core to the social work profession: respect for persons; professional integrity; and social justice (AASW, 2010). Respect for the individual requires that social workers respect and uphold the value, dignity, diversity and rights of every person (AASW Queensland Branch, 2014), while professional integrity dictates that social workers have a responsibility to develop and use their skills and knowledge in an ethical, efficacious and responsible manner (AASW, 2010).

The profession's emphasis on social justice and wellbeing is seen by some to be a point of differentiation between social work and other professions (Perriam, 2015; Pockett & Beddo (Blewitt, Lewis, & Tunstill, 2007)e, 2015; Morgaine, 2014; Ambrose-Miller & Ashcroft, 2016; Marsh, 2005).

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[1] The AASW currently adheres to a draft version of the IFSW definition.

While there is consensus that social justice is a core value of social work, Morgaine (2014) found that the conceptualisation of social justice within social work is not always clear. The AASW Code of Ethics defines the social worker's role within social justice as:

- promoting justice and social fairness

- advocating for change to social systems

- opposing and eliminating violation of human rights

- promoting the protection of the natural environment

- promoting community participation in decision making processes (AASW, 2010).

The importance of social justice within social work was strongly reflected in the feedback from stakeholders engaged by Urbis in the creation of this report. Stakeholders particularly noted that social justice practices embraced by social workers within the health system ensure a holistic approach to the supports and systems that an individual requires, many of which may be outside of the health system.

2.2. SOCIAL WORK IN AUSTRALIA

2.2.1. Current workforce

In Australia, social workers operate across a diverse range of settings including hospitals, schools, child welfare and human service agencies, mental health clinics, and private practice. Most social workers are, however, employed in the healthcare and social assistance industry (Healy & Lonne, 2010). Even when they work within the health system, however, social workers often play a bridging role between health facilities and other providers within the social, welfare, housing or justice systems.

There is limited research and data on the number of social workers in Australia. This appears to be due to the broad notion of what social work entails. Using the ANZSCO definition of social work outlined above, the latest Commonwealth Department of Jobs and Small Business reports there are 28,300 social workers employed in Australia (Department of Jobs and Small Business, 2018). The Department of Jobs and Small Business Job Outlook also reported that in 2016 just over 70 per cent of social workers worked in the health care and social assistance industry (Department of Jobs and Small Business, 2018).

However, the absence of a consistent application of the term 'social worker' and the use of varying professional titles depending on the work setting, such as 'case worker', 'family therapist', 'allied health clinician' or 'child protection practitioner', may mean that the actual size of the social work workforce varies from the figures above (AASW, 2016).

The Australian Association of Social Workers 2016-17 Annual Report identified that as at 30 June 2017 the Association had 10,603 members. Of these members, 2,266 (21.4%) identified mental health and 945 (8.9%) identified health as their primary field of practice. The NSW branch reported 2,473 members including 324 new graduate members (AASW, 2017b).

Social workers in the public health system operate across diverse areas such as in-patient facilities (including emergency departments), mental health, aged care, community health, primary health networks, maternal health, alcohol and drug services (Brough, Wagner, & Farrell, 2013; AASW, 2015).

While social work in health care is a major field of practice, there is no universally agreed definition of a 'health social worker'. Other professional titles for social workers in health settings include 'medical social worker' and 'hospital social worker' (Craig & Muskat, 2013; Miller, et al., 2007)

> "Social Work believes it adds value to hospitals and health systems though contributing to patient and carer well-being and advocating for positive change, through reduced bed days and through increased health literacy." (Joubert, n.d.)

2.2.2. Education

The AASW is the accreditation body for social work education in Australia. Currently, the AASW accredits two degrees that enable membership:

- four-year Bachelor of Social Work

- two-year Master of Social Work (qualifying) (AASW, 2018b).

Integrated field placements are a core component of the social work degrees and require a minimum of 1,000 hours of experience in work placements, generally over two placements.

The accredited degrees are generalist in practice and are designed to prepare students to work across a diverse range of areas including working with children and families, working with culturally and linguistically diverse communities and working with Aboriginal and Torres Strait Islander populations in sensitive and culturally competent ways (AASW, 2012a). It is worth noting that there is no specific requirement for students to complete a placement in a health setting, so that some graduates may have more or less experience with the health sector than others.

The AASW also assesses overseas qualifications for comparable Australian qualifications. Overseas qualifications are assessed under five criteria:

- social work specific qualification

- qualification regarded as the professional social work qualification in country

- learning outcomes of qualification are comparable to learning outcomes of Australian courses

- completion of at least 980 hours of experience in the field over at least two placements with different foci

- high-level of English language skills (AASW, 2018a).

The *Australian Social Work Education and Accreditation Standards (ASWEAS) 2012 v1.4* provide guidance regarding expected standards of education and preparation for practice (AASW, 2012). While it is required that social work training includes mental health in the curriculum, there is otherwise no specific requirement for social workers to have any training in or exposure to the health setting before qualification. Instead, the standards ensure that all social workers have broad training under core competencies that are transferable to a variety of service settings and provide a consistent values and knowledge-based training platform to prepare social workers to enter a variety of sectors and services. In 2017, the AASW launched its updated version of the *ASWEAS*, which will eventually replace the 2012 Standards (AASW, 2012); at the time of writing the new standards are not publicly available.

2.2.3. Regulation

While the AASW is the national peak body representing social workers in Australia, membership is not mandatory to practise as a social worker and the profession is self-regulating.

The AASW however, does accredit mental health social workers on behalf of the Australian Government and Medicare Australia. Once accredited by AASW, mental health social workers can become registered providers with Medicare Australia and must meet AASW continuing professional development (CPD) requirements specifically related to mental health to maintain accredited status (AASW, 2018c).

2.2.4. Health workforce

A study into the activities of 532 health and mental health social workers in Victoria grouped the tasks performed by social workers into three main areas as shown in Figure 9.

Figure 9 – Model for social work practice in health and mental health

DIRECT INTERVENTION WITH THE PATIENT	NON-DIRECT PRACTICE ON BEHALF OF THE PATIENT	INTERVENTION IN THE SOCIAL CONTEXT AROUND THE PATIENT
Psycho-therapeutic interventions with patients, carers and family members	Liaison and advocacy with the health team	Linking the hospital with community resources

Source: *(Joubert, n.d.)*

The study also established the following framework for social work practice within the health system:

"In the role of mediator between the medical team and patient, together with family and community social work involvement consists of identifying a patient's strengths and relaying that information to the team. It includes voicing patient needs to the multidisciplinary team and advocating for the patient within internal hospital systems as well as external community services. The social worker navigates both internal and external systems and takes into account patient experience and medical team goals." (Joubert, n.d.)

Perriam (2015) noted that the social justice framework of social work differs from the medical model that forms the basis of the health system. While these differences have been found to lead to some conflict, particularly within inter-disciplinary teams (Ambrose-Miller & Ashcroft, 2016), several studies identified this wider focus as a key strength that social workers bring to the health system (Morgaine, 2014; Perriam, 2015; Pockett & Beddoe, 2015).

The focus on the systems that support individuals and families gives social workers a vital role in identifying and addressing the non-medical factors that may influence a person's health and wellbeing (Reisch, 2012). Social workers attend to the social determinants of ill-health and empower individuals to participate in the decision making around their care, which has been found to be cost-effective and improve patient care, particularly for patients with complex needs (Claiborne & Vandenburgh, 2003; Cleak & Turczynski, 2014).

"Recognition of psychosocial issues in health and wellbeing [is leading to] more recognition of social work skills in the wider community." (survey respondent)

There is a dearth of literature that describes or analyses the actual tasks undertaken by social workers. One such study from Canada (Craig & Muskat, 2013) conducted focus groups with 65 hospital-based social workers and identified seven roles described by participants when discussing their work. The seven roles all focussed on interpersonal actions and required high level of problem-solving and relational skills. These roles ranged from tasks seen as low-status tasks which are largely transactional to high-status tasks requiring expertise in communication and negotiation (Craig & Muskat, 2013). The emphasis of the findings on the interpersonal and relational expertise of the social worker role reiterates the essence of the social work role, as highlighted in the definitions above, as a practice-based profession which supports the social needs of individuals and families.

2.2.4.1. Hospital workforce

As noted above, social workers within the health system work in a wide range of contexts, although the literature has tended to focus on those working within an in-patient or hospital context.

Within the context of hospital practice, research suggests that social workers play an important role in decreasing the length of stay for patients. This is particularly the case for older patients, or in mitigating psycho-social distress and improving overall patient experiences (Auerbach, Mason, & LaPorte, 2007). As previously noted, social workers can reduce health service demand by identifying and removing barriers that may be limiting effective engagement with services. They can also reduce inappropriate use of health services through comprehensive psycho-social assessment and interventions including linkages and referrals to community-based services. This may prevent multiple re-admissions through rigorous discharge planning and activating other supports from family and community networks (AASW, 2016).

However, Davis et al (2005) reported that Australian hospital social workers found it difficult to distinguish their unique contribution to the hospital system. Social workers continued to be worried about a lack of understanding of their role from other health professionals as well as the blurring of roles and responsibilities between health professionals. The 21 social workers in this qualitative study noted that they constantly needed to educate both their medical colleagues and their patients about their roles and responsibilities. This lack of clarity in role and understanding left the social workers feeling concerned about undertaking tasks that were beyond their scope of practice, and about breaching boundaries with other professions (Davis et al 2005).

Participants in Davis et al's study also identified that the lack of understanding of other medical professionals regarding their role led to a lack of recognition of the social work role itself (Davis et al 2005). These findings are supported O'Malia et al (2014) who found that social workers are often given generic low-level tasks to support timely patient discharges, which may further de-professionalise the hospital social worker position.

Discharge planning is one of the central functions of hospital social workers, although this is only part of their role. A number of authors (Davis et al, 2005; Judd & Sheffield, 2010; Craig & Muskat, 2013; Joubert, n.d.) have found that discharge planning was one of the most common tasks undertaken by hospital-based social workers and was the most common action subsequent to referral to a social worker. Davis et al (2005) have identified the following tasks and themes as important to the discharge planning process:

- formal socio-medical procedures

- liaison and advocacy

- emotional and practical support

- information and education

- applying professional social work values and ethics

- communication and listening (Davis et al, 2005)

This study also noted that most participants highlighted the importance of working in an effective multidisciplinary team to undertake discharge planning, with most planning taking place while the patient was still in hospital (Davis et al, 2005). From the perspective of social work, discharge planning is considered critical to support patients to cope with the social and emotional impacts of illness, navigate the hospital system, and ultimately transition to the home environment with the necessary support to facilitate their recovery.

Other key components of the hospital social worker role include the provision of counselling, casework and advocacy services with patients, their families and carers across various Departments. Social workers often provide crucial support in arranging the necessary care and resources for some patients leaving hospital, and assist people to adapt to changed circumstances within their home or new environment. While a range of health providers may be involved in these tasks, other providers are often focussed on the physical health needs of patients, while social workers take a holistic perspective of the individual's physical, social, emotional and environmental circumstances.

2.2.4.2. Community health workforce

There is a lack of literature analysing the social work role in non-hospital health settings. At the same time, the literature acknowledges that social workers are employed in a wide range of settings including primary care, community health, child and family services, and other social service environments. Pockett & Beddoe (2015:7) quote Bywaters et al (2009) to argue that all social work is health-related; that is, social work by its very nature addresses the social determinants that influence health and well-being, wherever it takes place. The authors note that social workers in the community will be able to assess factors that aren't visible within the hospital setting, such as the quality and amenity of the local neighbourhood, the strength and cohesion of community members, the accessibility and availability of local social and health services, in making assessments for individuals and families (Pockett & Beddoe, 2015). Whatever the setting, careful and holistic assessment of a client's psycho-social and physical needs is an important component of social work (AASW, 2014).

In many ways, the lack of rigid definition of the practice of social work, and its grounding in a social justice paradigm, allow social workers to adapt to their surroundings and the needs of the local population, something which is described as a core strength of the profession (AASW, 2014). In community settings, the social worker may play a larger advocacy role and be more closely engaged in what Blewett (2007:10) identifies as the commissioning, rather than the delivery, of services. In community settings, social workers may undertake more of a case management role, or they may be directly involved in the provision of counselling, mediation, or other therapeutic interventions (AASW, 2014).

> *Social Work has a clear role in the continuum of health care services. As such, Social Work's knowledge, research, evidence and skills base continues to expand to meet the ever changing contextual demands. (AASW, 2014:16)*

2.3. SOCIAL WORK IN NSW HEALTH

It is difficult to estimate the number of social workers working within NSW Health, as people work across various health settings, have varying professional titles and are often reported in undifferentiated groups alongside other health and social assistance professionals such as counsellors and welfare workers. As shown in NSW Health payroll data[2] based on award codes, there are approximately 2,200 people identified as social workers employed by NSW Health, from whom 716 responses were received to this project's survey. The data provided here describe the respondent group; although this is not a representative sample of the social work workforce in NSW Health it provides the best available data to date on where social workers in NSW Health work and what they do.

Scope of practice of social workers

The Health Education and Training Institute (HETI) has identified a wide range of interventions that social workers in the NSW health system may perform:

- psychosocial assessments

- counselling

- psychotherapy

- research

- advocacy

- case management

- problem solving

- group work

- referrals to appropriate services

- discharge planning

- community development

- health promotion

- policy development (Health Education and Training Institute, n.d.).

Based on this list, respondents were asked to rate the importance of each task as part of the scope of practice of social workers. An 11-point scale was used with 0 being 'not at all important' and 10 being 'extremely important'.

Figure 10 reports the mean rating and standard deviation for each task. There was strong and consistent agreement that psychosocial assessment (standard deviation of 0.82), case management, problem solving and referrals (standard deviation of 1.19) and counselling and psychotherapy (standard deviation of 2.51) were very important within the scope of practice of social work. For tasks with a lower mean there was greater variance in the way respondents rated the level of importance of that task.

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[2]As at March 2018

Figure 10 – Scope of practice - mean
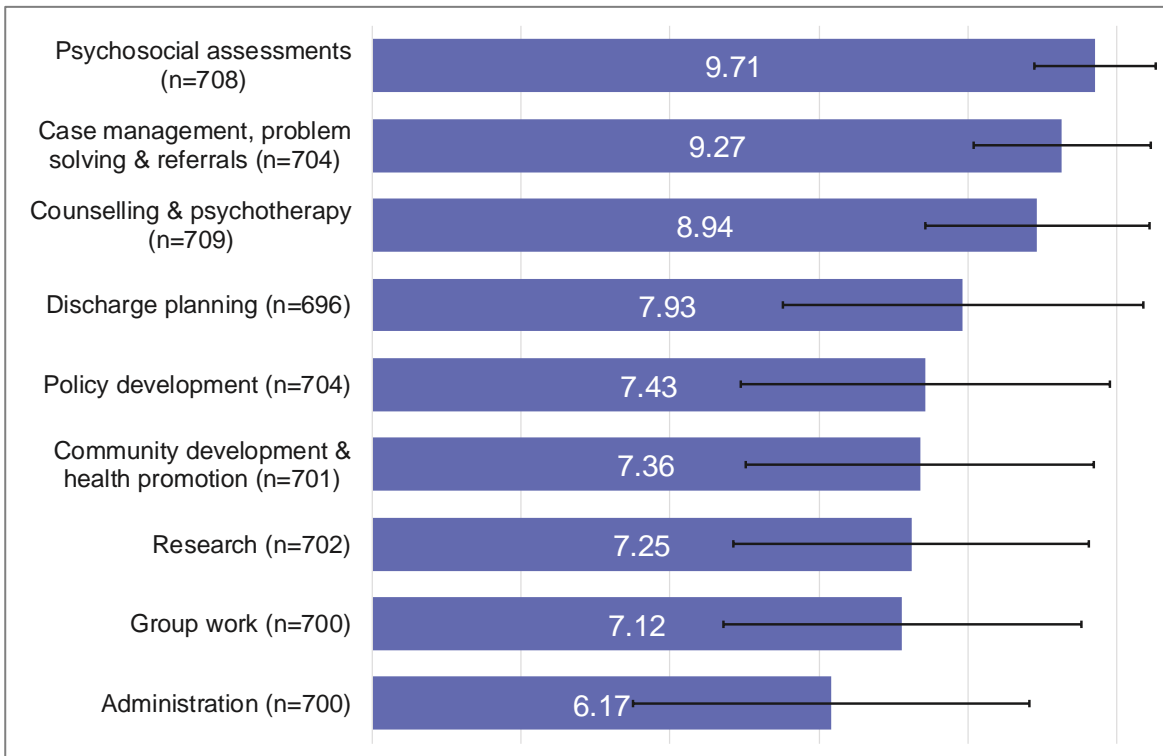
Psychosocial assessments (n=708): 9.71
Case management, problem solving & referrals (n=704): 9.27
Counselling & psychotherapy (n=709): 8.94
Discharge planning (n=696): 7.93
Policy development (n=704): 7.43
Community development & health promotion (n=701): 7.36
Research (n=702): 7.25
Group work (n=700): 7.12
Administration (n=700): 6.17

Question: How important do you think it is for the scope of practice for social work to include… Error bars represent Standard Deviation. Data table provided in Appendix B.

Breaking these results down by clinical setting, there is broad similarity in responses from both hospital-based and community-based social workers, with the biggest variation evident in 'community development and health promotion' and 'group work' activities (see Figure 11 below).

Figure 11 – Scope of practice – mean across different settings
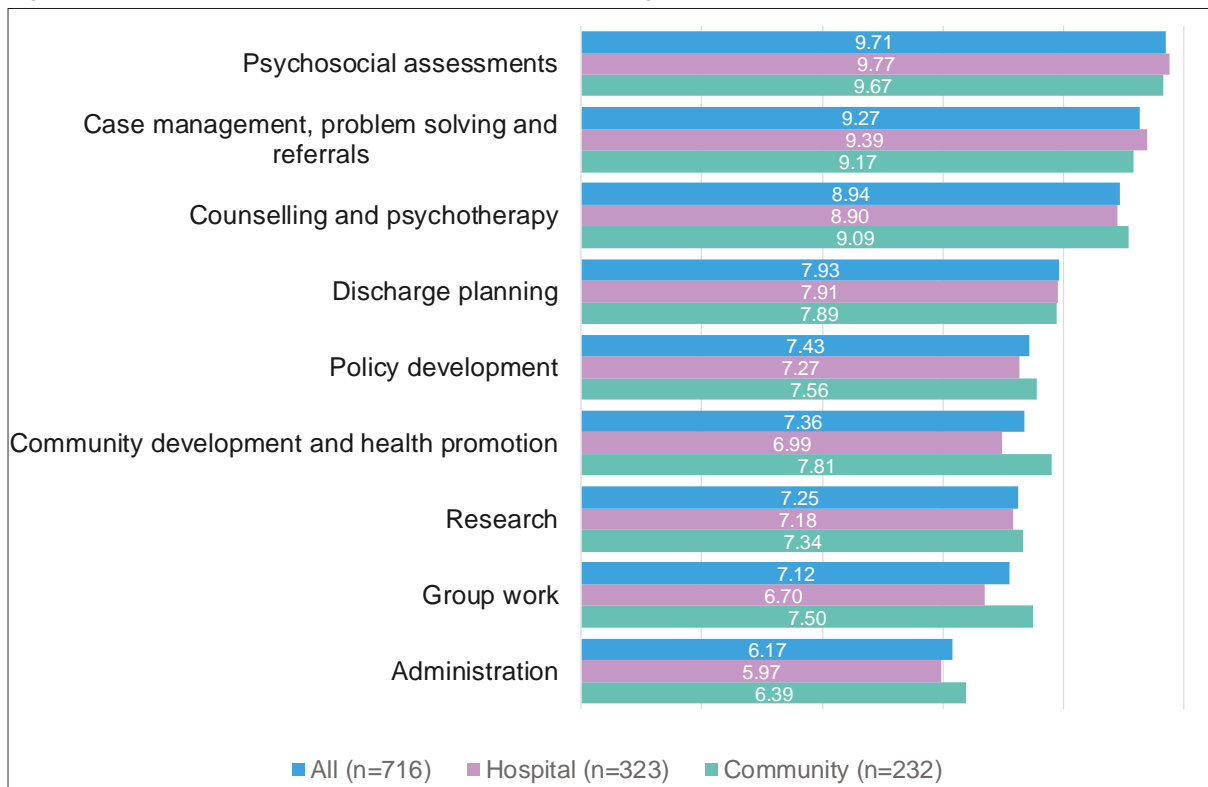
Psychosocial assessments: 9.71 / 9.77 / 9.67
Case management, problem solving and referrals: 9.27 / 9.39 / 9.17
Counselling and psychotherapy: 8.94 / 8.90 / 9.09
Discharge planning: 7.93 / 7.91 / 7.89
Policy development: 7.43 / 7.27 / 7.56
Community development and health promotion: 7.36 / 6.99 / 7.81
Research: 7.25 / 7.18 / 7.34
Group work: 7.12 / 6.70 / 7.50
Administration: 6.17 / 5.97 / 6.39
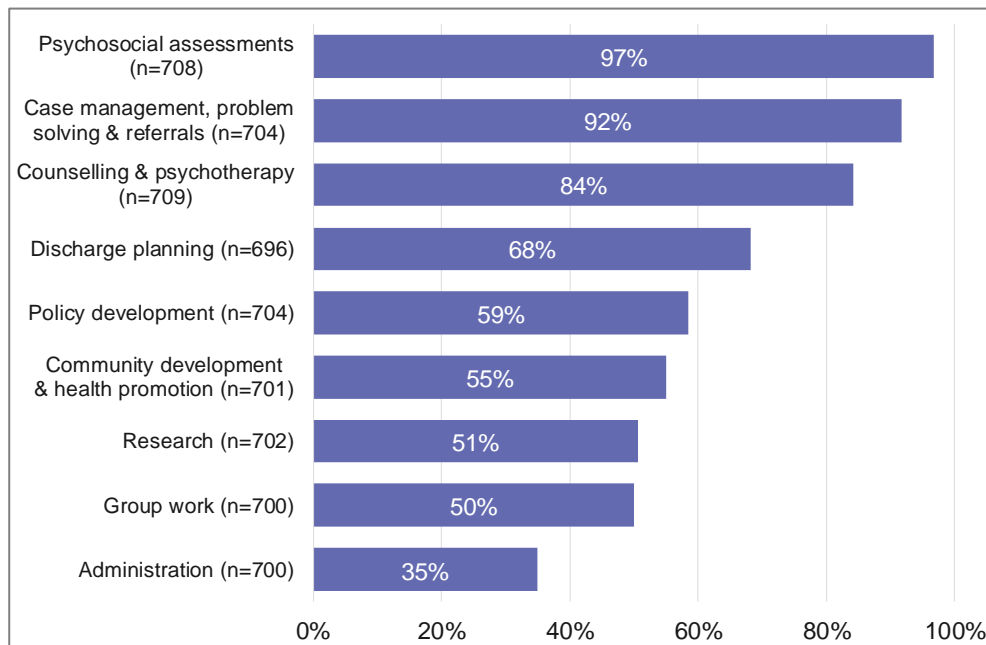
■ All (n=716) ■ Hospital (n=323) ■ Community (n=232)

Question: How important do you think it is for the scope of practice for social work to include… Community settings represent those respondents who identified Community mental health or Other community services as their primary work setting.

Figure 12 provides an overview of the proportion of respondents who rated a task as very important within the scope of practice of social work (a rating of 8, 9 or 10).

This supports the view that most respondents agree that psychosocial assessments, case management, problem solving and referrals, and counselling and psychotherapy should be included within the scope of practice. It is also interesting to note that over one-third of respondents identified that administrative tasks should be included within their scope of practice.

Figure 12 – Scope of practice proportion rated 8-10

Ranking 8-10, Question: How important do you think it is for the scope of practice for social work to include…

Using the same list of tasks, respondents were also asked to identify what proportion of their time in an average work day was spent on these tasks.

Table 1 shows the number and proportion of respondents who undertake and do not undertake each task in an average working day.

Table 1 – Tasks undertaken by respondents

Tasks	Yes	No
Undertaking administration	n=664 (95%)	n=38 (5%)
Undertaking case management, problem solving and referrals	n=660 (94%)	n=42 (6%)
Undertaking psychosocial assessments	n=650 (93%)	n=52 (7%)
Undertaking counselling & psychotherapy	n=625 (89%)	n=77 (11%)
Undertaking discharge planning	n=555 (79%)	n=147 (21%)
Undertaking research	n=482 (69%)	n=220 (31%)
Undertaking group work	n=480 (68%)	n=222 (32%)
Undertaking policy development	n=474 (68%)	n=228 (32%)
Undertaking community development & health promotion	n=474 (68%)	n=228 (32%)
Undertaking other tasks	n=372 (53%)	n=330 (47%)

Base: 702

There was considerable variation in the tasks undertaken by respondents in an average working day, with the vast majority noting administration (95%), case management, problem solving and referrals (94%), and psychosocial assessments (93%) were part of their daily activities. One-third of respondents felt administration should be included within their scope of practice, and the majority reported that this task forms part of their daily activities. This is interesting to note as it suggests that there may be opportunities for this work to be undertaken by other delegated roles, such as welfare workers or allied health assistants, to allow social workers to focus on more complex activities.

Group work (68%), policy development (68%) and community development and health promotion (68%) were least often mentioned as respondents' daily activities.

The tasks most commonly cited by respondents were similar to those that were previously identified as an important part of the social work scope of practice. However, while administration was rated as least important it forms part of the daily workload for the highest proportion of respondents.
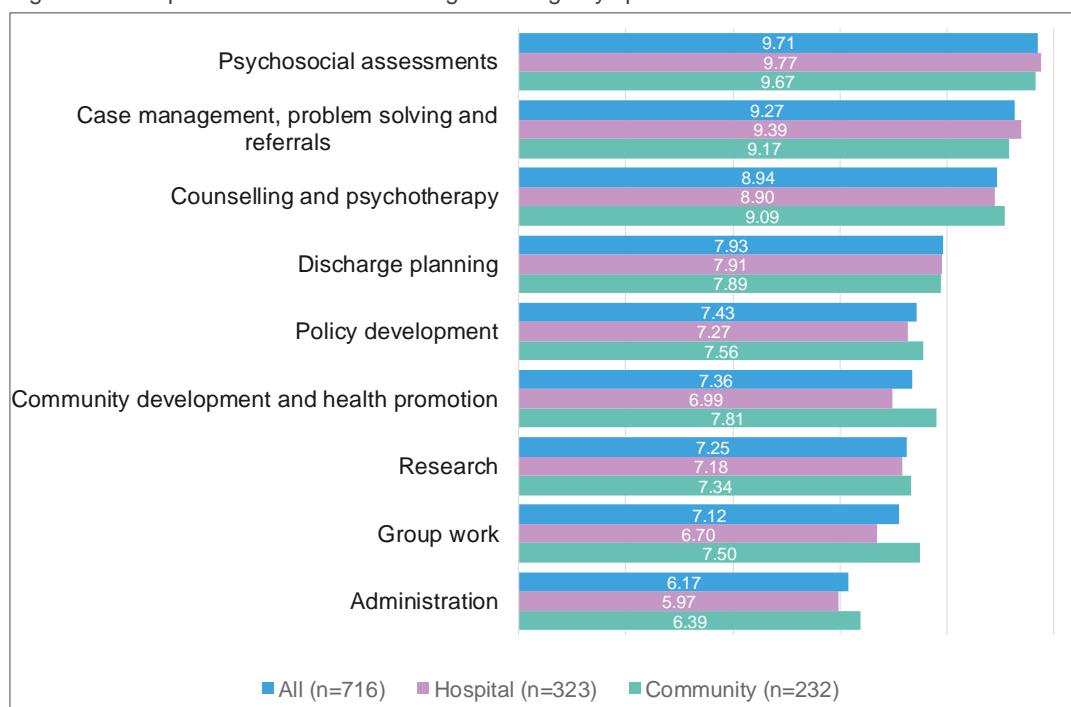
Respondents who selected 'other tasks' were asked to provide further detail. Commonly listed tasks included:

- supervision (152 respondents)

- meetings (129 respondents)

- professional development and training (78 respondents)

- advocacy or negotiation (64 respondents)

- education (59 respondents)

- interdisciplinary team activities (58 respondents).

Comparable results were reported for case management, problem solving and referrals with each being undertaken for around one-fifth of an average working day.

It should however be noted that there was considerable variation in the proportions reported by respondents, as evidenced by the standard deviation of responses (charted as error bars in Figure 13).

Figure 13– Proportion of time in an average working day spent on tasks

|	All (n=716)	Hospital (n=323)	Community (n=232)
Psychosocial assessments	9.71	9.77	9.67
Case management, problem solving and referrals	9.27	9.39	9.17
Counselling and psychotherapy	8.94	8.90	9.09
Discharge planning	7.93	7.91	7.89
Policy development	7.43	7.27	7.56
Community development and health promotion	7.36	6.99	7.81
Research	7.25	7.18	7.34
Group work	7.12	6.70	7.50
Administration	6.17	5.97	6.39

Question: What proportion of your time in an average working day would be spent on the following tasks? Community settings represent those respondents who identified Community mental health or Other community services as their primary work setting.

Figure 14 below, 650 respondents indicated that they spend at least part of their day delivering psychosocial assessments. On average, these respondents reported that the assessments typically make up around 22% (or one fifth) of their working day. Comparable results were reported for case management, problem solving and referrals with each being undertaken for around one-fifth of an average working day.

It should however be noted that there was considerable variation in the proportions reported by respondents, as evidenced by the standard deviation of responses (charted as error bars in Figure 15).

Figure 14 – Daily tasks undertaken by respondent group – mean
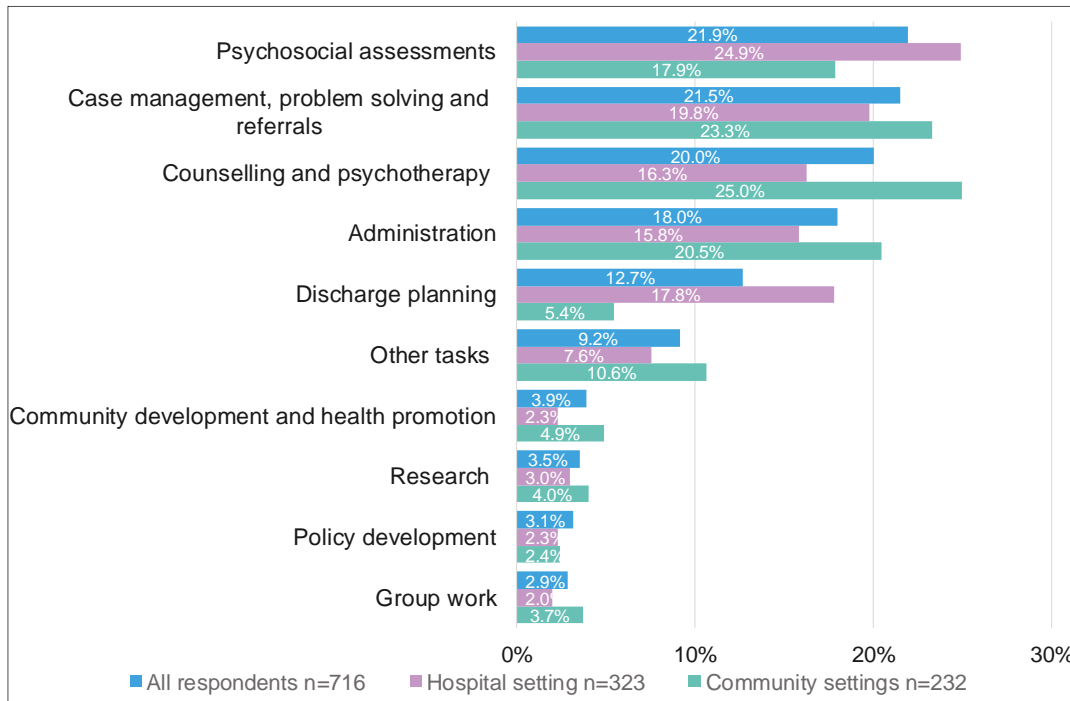
Question: What proportion of your time in an average working day would be spent on the following tasks? Community settings represent those respondents who identified Community mental health or Other community services as their primary work setting.

Figure 15 – Daily tasks undertaken by respondents – mean
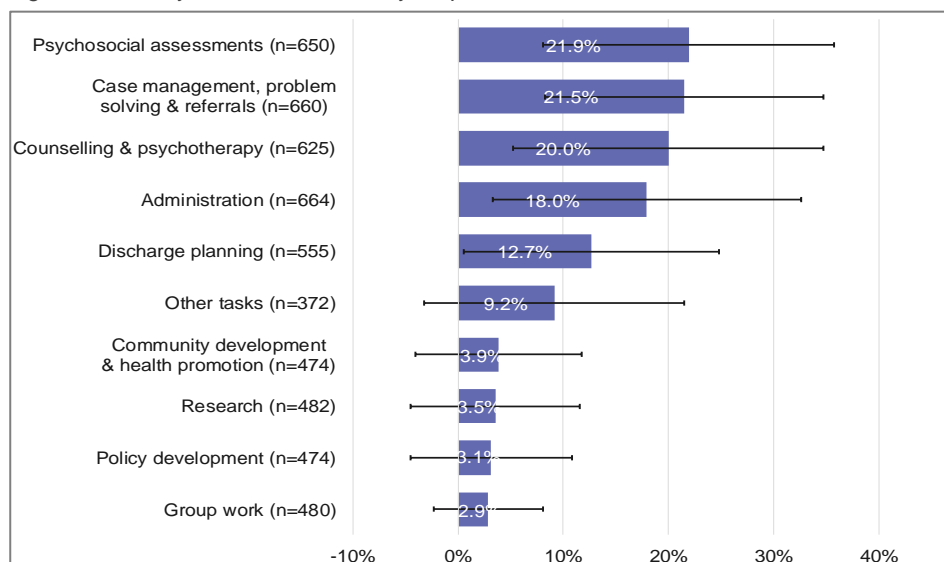
Question: What proportion of your time in an average working day would be spent on the following tasks? Error bars represent Standard Deviation. Data table provided in Appendix B.

While over half of respondents identified that research, policy development, community development and health promotion was part of their daily work, the average proportion of time spent on those tasks is very small (between 3.1 and 3.9 per cent). The five tasks with the highest average proportion of time were also those most commonly identified by respondents as part of their average working day.

The same analysis was undertaken on respondents who identified that their principle work setting was in hospital (n=323) as well as those that identified that their principle work setting was a Community mental health service or Another community health service (n=232).

Figure 16 – Daily tasks undertaken by respondents working in hospital - mean

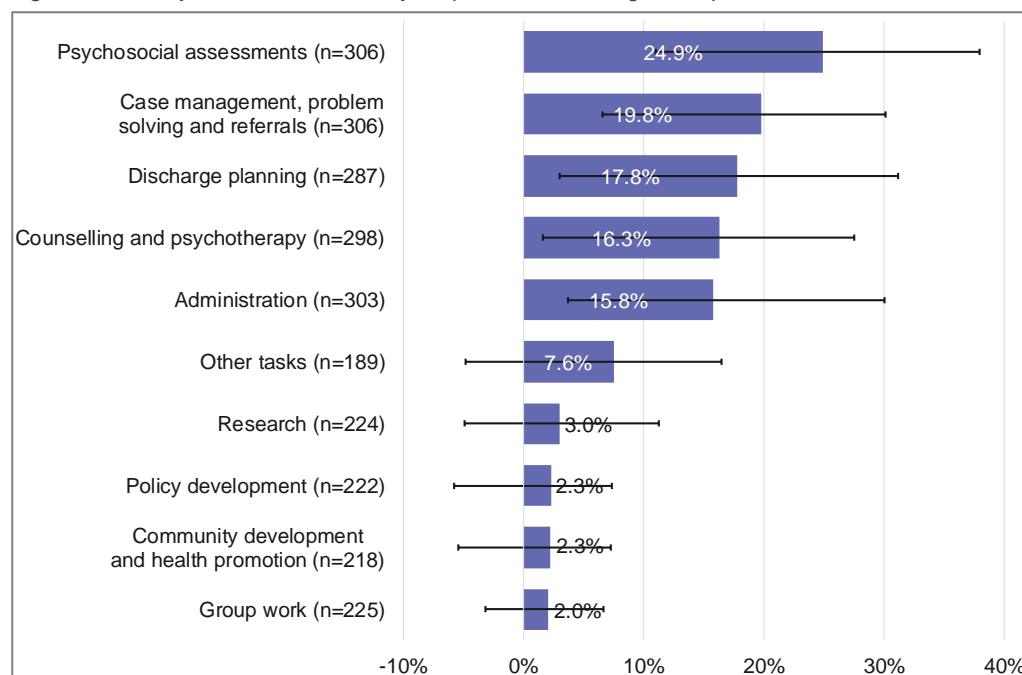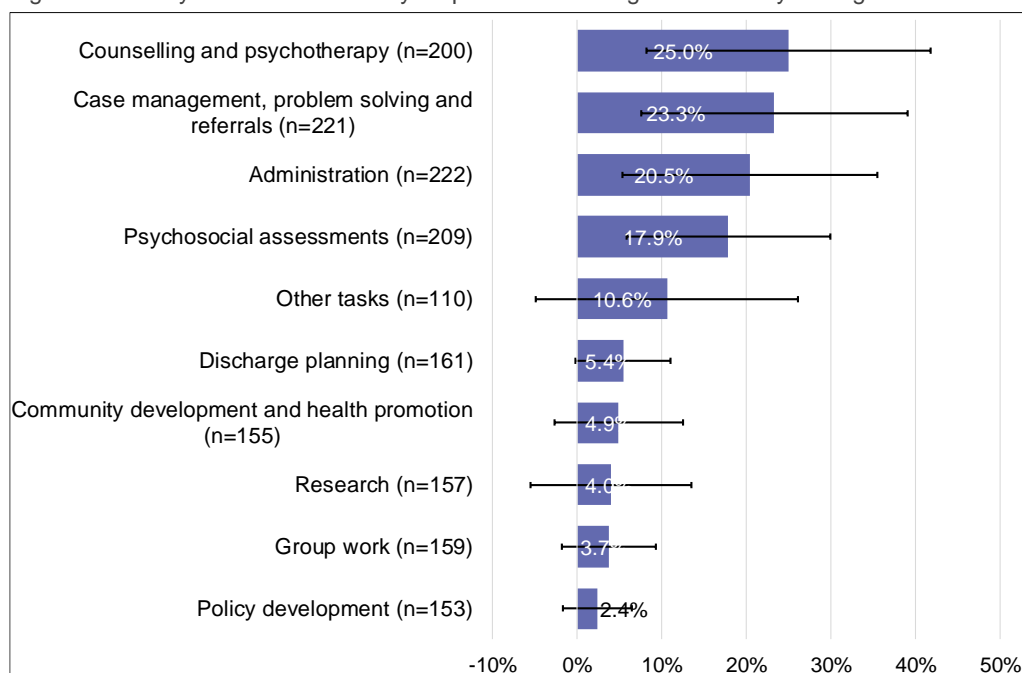*Question: What proportion of your time in an average working day would be spent on the following tasks? Respondents who identified that they worked primarily in Hospital only. Error bars represent Standard Deviation. Data table provided in Appendix B.*

The biggest change between those working primarily in hospitals and the wider group of all respondents was the proportion of time spent on discharge planning. Respondents working in hospital identified that this accounted for (on average) 18% of their average working day, compared to 13% for all respondents. This supports the literature which identified discharge planning as an integral element of the work undertaken by hospital social workers.

Figure 17 – Daily tasks undertaken by respondents working in community settings - mean

Question: What proportion of your time in an average working day would be spent on the following tasks? Respondents who identified that they worked primarily in Community mental health or Other community health settings only. Error bars represent Standard Deviation. Data table provided in Appendix B.

Those respondents working in community settings had a lower proportion of time spent on psychosocial assessments than the wider group of all respondents and a higher proportion of time spent on counselling and psychotherapy, case management, problem solving and referrals and administration. Discharge planning accounted for a much smaller proportion of their average working day (5.4%) compared to 12.7% of all respondents.

2.4. SUMMARY

> *Social workers within the health system have a dual focus: they are concerned with people rendered vulnerable through physical, emotional and situational difficulties or crises that may be temporary or ongoing; and by engaging with these patients or clients they assist the person seeking health care to maximise their recovery and enable medical and other allied health practitioners to fulfil their roles. (AASW Queensland Branch, 2014)*

Of the approximately 28,000 social workers in Australia, it is estimated that over 70 percent of these work in the health and social assistance sectors. Healthcare is thus an important setting in which to examine the role of social workers, as well as an environment which exerts an influence on the understanding of what social work actually entails.

The broad definition of social work has created a flexible and adaptable discipline which can contribute to a variety of tasks and settings. Survey responses indicate that social workers within NSW Health do indeed work in a variety of settings and that psychosocial assessments, case management, problem solving and referrals, and counselling and psychotherapy form a large part of their practice. These tasks demonstrate a primary focus on assessing and supporting individuals and families and illustrate the three-fold components of health-based social work practice identified by Joubert (n.d.): therapeutic engagement; liaison and advocacy; and brokering linkages.

The adaptable nature of social work has been identified as an influence on both supply and demand, as has its changing role. Demand and supply drivers for the future social work workforce are discussed in Chapter 3.

3. DRIVERS OF SUPPLY AND DEMAND

This chapter explores the factors that are likely to influence the size, remit and experience of the NSW Health social worker workforce towards the year 2030. These factors have been identified in the literature and through the consultations conducted through this project.

3.1. DEMAND DRIVERS

Driver	Description
Increasingly complex health and social needs	Some segments of the population are presenting with increased co-morbidities and complex social needs, including older and frail Australians; people with histories of psycho-social distress or trauma; and people with disability and people at risk of violence and harm.
Social isolation	Increasing numbers of single-member households and changing family structures are reportedly contributing to increased requirements for social work services.
Lack of referral options for community services	High demand for community-based services can increase workload for social workers who may spend considerable time in discharge planning to ensure that clients can continue to receive the services they need.
Changing role	Changing social service structures are reportedly increasing the amount of time required to assist clients with complex needs, for instance in liaising with the NDIS or in navigating the aged care sector. Medicolegal processes such as public guardianship are reportedly increasing and requiring social workers to educate themselves about new service structures and procedures.
Specialisation	The increasing desire for social workers in specialist areas, for instance in a medical speciality such as cardiology or gerontology, means that some social workers are developing extensive experience and skills in a particular area of health care. There are no formal specialisation pathways, although the AASW does accredit mental health social workers on behalf of the Australian Government and Medicare Australia to enable registration as providers under Medicare.

Respondents were also asked to consider the extent to which issues identified in the literature and Horizon Scanning workshop were influencing demand for social work in NSW Health. The results of this question are shown in Figure 18.

Figure 18 – Issues influencing demand for social work in NSW Health
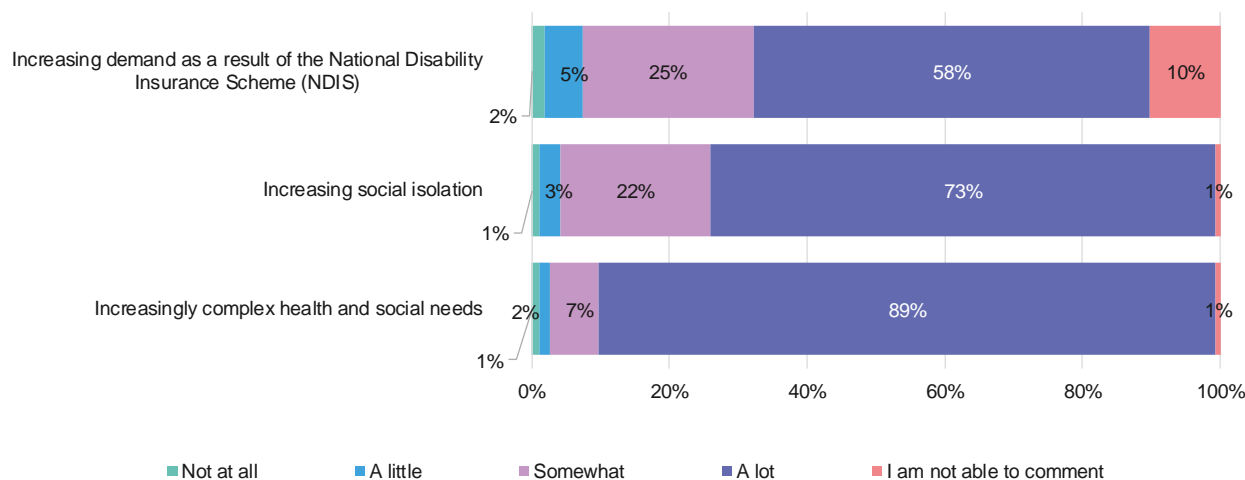
Question: *The published evidence suggests that the following three factors are having an influence on the demand for social workers internationally and nationally. To what extent do you think the following factors are currently influencing the demand for social work in NSW Health?*

Analysis of these responses by hospital or community settings showed little difference for increasing social isolation and complex health and social need. However, there was some variance in the increasing demand as a result of the NDIS with 64% of respondents working in a hospital setting responding that the NDIS had a lot of influence compared to 51% of respondents working in community mental health or another community setting. These drivers of demand are discussed briefly below.

3.1.1. Increasingly complex health and social needs

As reported in the literature and by stakeholders, a key factor which will affect the future of the NSW Health social work workforce is the increasing demand for social worker assistance due to the rise in co-morbidities, and the increased complexity of social, emotional and physical needs of individuals and families, particularly where domestic and family violence, elder abuse and child protection issues are present. The interventions for social workers in these areas are lengthy and complex and are driven by legal frameworks and legislative requirements, often with limited community supports available.

The proportion of Australians aged 65 and over is projected to more than double by 2057 (ABS, 2015). With an ageing population is expected to come an increase in disease burden, disability and therefore a greater proportion of older people needing health and community care services. It is expected that this will include greater needs for support provided by social workers (O'Malia, Hills, & Wagner, 2014) in all health settings as well as in other family and community services. For instance, hospital social workers are reportedly spending more time undertaking responsibilities other than discharge planning, including negotiation and conflict resolution to assist patients and their families navigate the broader health care system, and helping health service providers in dealing with disputes and avoiding litigation (Green, 2007; Braithwaite & Travaglia, 2008 in Cleak & Turczynski, 2014).

> *The system works in silos so dealing with people with complex needs is difficult.* (survey respondent)

The availability of referral pathways for services and supports outside of the health system has not kept pace with the increasingly numerous and complex needs of patients (Cleak & Turczynski, 2014), so that social workers at times have difficulties in arranging services required for people once they leave the health system. This has contributed to longer hospital stays for some people who may be ready to be discharged but do not have the personal, social or domestic support available to allow them to stay at home.

> *Demands can be driven by an increasing reliance on formal supports in the absence or fragmentation of informal networks.* (survey respondent)

Some people may require daily or 24-hour support and services, and consequently will require a large amount of communication and coordination between service providers to ensure consistent, wraparound support. Some population groups, such as adults with severe intellectual disabilities, may experience more difficulty finding services that are able to meet their needs, and remain in hospital longer than necessary; on the other hand, some other patients may be discharged too early without the requisite support, leading to avoidable readmissions (Cleak & Turczynski, 2014). This suggests that the role of the social worker in smoothing that transition from hospital to home is important, but not sufficient in itself without the availability of other support services.

In line with the philosophical focus on addressing structural and system barriers, social workers in all health settings assist clients in accessing services within and outside of the health system. The dual focus of social work on both the individual and the system in which the individual moves allows the social worker to be an advocate, to maximise

> *…the wellbeing of individuals, which is crucial to achieving positive outcomes in relation to the social determinants of health, thereby contributing to meaningful outcomes for individuals and ultimately communities. Social work as one of the key allied health professions plays a core role in ensuring efficient and effective health care service delivery systems to meeting the social determinants of health. (AASW Queensland Branch, 2014)*

Research in the US, examining the care of 64,722 patients in an urban hospital, demonstrated that social workers were involved in the care of a largely older cohort of patients, with longer lengths of stay than the non-social work cohort (Auerbach, Mason, & LaPorte, 2007). Corroborating the perspectives of participants in the current project, the study authors found that the 'placement of patient' was the greatest problem for discharge planning. The authors argue that social workers appear to be involved with patients who have more complex health or social factors than patients who are not assigned a social worker (Auerbach, Mason, & LaPorte, 2007).

As the number of presentations of psycho-social issues continues to increase, so too will the demands on social workers in all health settings. This is a point emphasised by workshop participants, who noted that some of the clients requiring the greatest amount of time and attention are those with complex psycho-social issues, including mental health, relational and behavioural challenges.

3.1.2. Social isolation

The number of lone-person households is expected to grow from 2.1 million households in 2011 to between 3.3 million and 3.4 million households in 2036. This represents an increase of between 61 to 65 percent and is the largest anticipated growth of any household type (ABS, 2015).

In their analysis of hospital social work trends in Australia, Cleak and Turczynsk (2014) suggest the growing number of single-person households is a potential driver behind greater demand for social work support. They argue that as social isolation is linked to poorer health outcomes, people experiencing social isolation may increase their use of health services. While this is still an emerging issue, these claims are supported by research pointing to a relationship between social isolation and mortality, with a meta-analysis of 148 studies concluding that having better social relationships was associated with decreased morbidity and mortality risk (Holt-Lunstad, Smith, & Layton, 2010).

Research into social work and social isolation is growing. The American Academy of Social Work and Social Welfare recently published a report entitled *'Social Isolation Presents a Grand Challenge for Social Work'*. The authors argue that social workers are in a unique position to reduce the risk and consequence of social isolation as a part of an interdisciplinary team of professionals and emphasise the need for further research into social work interventions for individuals who are socially isolated (Lubben, Gironda, Sabbath, Kong, & Johnson, 2015).

> *Social isolation including that caused by social media [leads to] people have less face to face social interaction, losing skills and confidence.* (survey respondent)

Compounding these increasing levels of demand and complexity are challenges faced as a result of the existing health (public and private) infrastructure. Workshop and interview participants noted that changes in family structures means that often people cannot return to where they were living or are unable to stay in their home (for instance, in cases of domestic violence, or where people were living alone), and this requires considerable time and liaison to assist people to find accommodation once they have left the home environment.

Domestic violence prevalence [leads to] high rate of after-hours/on call responses required. Highly vulnerable families that require a lot of support to establish appropriate long/short term supports. (survey respondent)

In some instances, this means that when people enter hospital or engage with community services they may remain longer than necessary until suitable accommodation or support services can be found.

3.1.3. Changing role

Workshop participants identified three factors which are expanding the role of social workers as the systems in which clients move are changing, requiring social workers to learn more skills or to adapt to new systems and structures.

1. There is a reported increase in the number of patients needing assistance with medicolegal issues, particularly relating to an individual's cognitive capacity and legal guardianship. These issues require social workers to have specialised knowledge regarding legal matters, as well as knowledge of the legal sector and appropriate referral options for patients.

   Insufficient time to spend with patients to provide counselling support. Often working unpaid overtime to complete urgent tasks including guardianship reports. (survey respondent)

2. Australia is one of the most culturally diverse countries in the world (AHRC, 2014), and this diversity requires social workers to have increased knowledge and skills about delivering culturally appropriate practice. This can include working effectively with translators, working collaboratively with different cultural groups to support patients to achieve their desired outcomes.

   [Culturally diverse populations] *can often present with high level of vulnerabilities, trauma histories, the work involved is often intensive and complex.* (survey respondent)

3. The availability and use of technology is also having an impact on the remit of social workers. In some regards, the use of telehealth is leading to increased demand for social work services, as individuals who were previously not able to access physical services now access virtual support. This change requires social workers to adapt their practices appropriately for technology, as there are recognised risks in delivering telehealth services, particularly for psycho-social issues (Jang-Jaccard, Nepal, Alem, & Li, 2014; McLean, et al., 2013), which need to be managed. Conversely, a greater reliance on technology may make it more difficult for people without computer literacy to access information or services.

   …reliance on IT shuts out people who are older, disabled, regional/geographically isolated, poor, illiterate, NESB/ Aboriginal or Torres Strait Islander who therefore require advocacy e.g. online only information and referral systems for services/support… (survey respondent)

Reportedly, these factors are increasing the time required to assist clients to navigate systems or to access the services they need.

3.1.4. Lack of services and supports outside the health system

A further issue faced by social workers engaged by NSW Health is a lack of sufficient external referral options beyond the health system. As a critical tenet of the social work profession is applying a systematic approach to addressing an individual's situation, social workers need to be able to refer patients to relevant, available support services external to the public health system.

Workshop participants agreed that the availability of referral pathways to services and supports outside of the health system has not kept pace with the increasingly numerous and complex needs of patients. This is a significant issue for social workers, who face pressure from inside the public health system to discharge patients effectively to other social or community supports, but who do not always have access to the necessary providers.

   A fragmented service and support sector surrounding health is problematic. (survey respondent)

Patients who are discharged without sufficient linkages to required community supports often subsequently experience exacerbation of their presenting issues, and then require re-admission to the public health system.

> *Defunding community based services that used to provide community based support and preventative support for clients such as community and neighbourhood centres, domestic violence services, commonwealth respite and carelink centres for the over 65s in mental health etc …lack of preventative services mean individuals feel more isolated, less supported, interventions occur much later when problems have intensified, we begin to react and step in when client in crisis or after many adverse health events have occurred.* (survey respondent)

As noted above, the literature suggests that discharge planning is a central function of hospital social workers, with this process being the most common response to a referral (Davis et al, 2005; Judd & Sheffield, 2010; Craig & Muskat, 2013; Joubert, n.d.); this task may be extended or made more complicated by the lack of available services for referral. Workshop participants reported spending considerable time on discharge planning, something confirmed by the survey responses. Survey respondents working in hospitals identified that discharge planning accounted for (on average) 18% of their average working day, compared to 13% for all respondents.

Reportedly, the recent changes in Australia as a result of the introduction of the National Disability Insurance Scheme have increased the time required for discharge planning due to the changing availability of services for people with disability, as some service providers have ceased to exist (for instance, the NSW Ageing, Disability and Home Care division of the Department of Family and Children Services) while new providers have entered the sector.

As with all demand and supply drivers discussed with stakeholders, the lack of services and supports may be particularly acute in rural and remote locations, reportedly requiring more social worker involvement to assist people to return home and to their normal routine.

3.1.5. Increasing demand for specialisation

Despite the broad range of settings in which social workers are engaged, there is a lack of recognised specialisation for social workers in Australia. This may reflect the historic tension within the profession between its grounding in both a scientific knowledge base and a moral base, and a desire to avoid losing the latter in preference to a highly technical and specialised form of the former (Bisman, 2004). These two foundations are not mutually exclusive, however, and the profession of social work has tended to hold both in more or less balance since its founding in the 19th century (Bisman, 2004), contributing to the ongoing debate regarding the definition and function of social work (Blewett, 2007). Furthering the philosophical debate, Green et al (2005) argue that a move towards specialisation within social work is reflecting a post-modern view of social work that focusses on the complex and unique values, needs and background of individuals.

Many hospitals in the US have eliminated general social work departments and instead have attached social workers to specialist departments. Consequently, US hospital social workers are focusing on medical specialties such as oncology, HIV and paediatrics, decreasing the need for generic hospital social workers (Alvelo et al., 2008; Auerbach et al., 2007).

As noted above in section 2.2.3, the AASW does accredit mental health social workers on behalf of the Australian Government and Medicare Australia to enable registration as providers under Medicare. Attention to mental health, of course, is not limited to one branch of medicine or one health or social location; in that way, a specialisation in mental health does not limit in any way the ability of a social worker to practice across many different settings. This seems fully in keeping with social work's approach to holism and the consideration of the emotional as well as the physical and social aspects of an individual.

The importance of the development of generalist skills across broad areas of practice was highlighted throughout stakeholder consultations. It was identified that the development of good foundational skills support adaptability and flexibility of the workforce, particularly in rural areas, where staff are likely to need knowledge across multiple areas.

Cheron-Sauer (2013), in her review of social work education and workforce planning and development in Europe, the US and Canada, advocates for the need to have both an entry-level generic qualification and an advanced, specialised qualification in social work. She argues that a generalist education plays a key role in familiarising students with a diverse range settings and populations, while specialised education provides the advanced in-depth knowledge and skillset required to work in specific practice fields.

While many social workers in Australia are working in specialist settings, their role in relation to specialities is not always well-defined. Pockett et al (2016) found that the role of social workers in an Australian oncology setting was poorly understood by other health professionals and patients. Many viewed as them as only being involved with discharge planning, case management and general practical assistance and did not appreciate their training to deliver complex psycho-social interventions. One respondent in the study noted:

> …there is limited support from the people in the medical field who have limited understanding or support for the inclusion of social work in patient care… (Pockett et al., 2016, p.450)

Workshop participants considered that there is a growing need for social workers with expertise in other specialities (e.g. with further knowledge of, say, cardiology or neurology) to match patients' own movement through an increasingly specialised health system, as well as to offer a further professional development pathway for social workers themselves. At the same time, participants felt strongly that opportunities for specialisation should not diminish the importance of the generalist social worker, who can move easily across work settings and who can transcend, in a sense, the siloes of medical specialisation. This flexibility may contribute to a more efficient use of staff time and allow workers to address service pressures by redeploying to areas experiencing higher demand when needed.

Some stakeholders argue that generalist social workers are better able to meet the needs of the whole person for the very reason that they are not specialists. Overall, the broad participant group recognised the potential for specialisation while affirming that the generalist model of social work remains predominant. The model maintains the acknowledged strengths of social work as being adaptable and flexible, and focussed on the whole person.

3.2. SUPPLY DRIVERS

Workshop and interview participants also identified a number of drivers that may influence the supply of social workers; these are also supported by the literature.

Driver	Description
Ambiguity and role scope	The social worker role is historically ill-defined although its flexibility is also considered to be one of its strengths.
Changing role	As noted above, external factors are reportedly changing the role of social workers, including the increasing requirement to support clients to navigate the medicolegal system; increasing numbers of people seeking support for the impact of childhood or current abuse and neglect; increasing numbers of new migrants with histories of physical and emotional trauma as well as cultural and language needs; and the increasing use of technology. This is increasing the demand for social work services but may also prove a driver of supply if the role offers greater or more diverse opportunities.
Specialisation	While an increasing desire for specialisation has been noted as a demand driver, it may also be a supply driver as there are few social workers working in a formally specialised role, other than the AASW accredited mental health role. Increasing opportunities to specialise may attract new members to the profession.
Stress and workload	Increasing levels of stress and high workloads are not unique to social workers. However, some argue that social work brings an additional stress because of its front-line nature in support individuals and families through social traumas as well as health challenges. Increasing job support and levels of autonomy have been reported to improve retention and may help to attract new people into the workforce.

Survey respondents were asked to reflect on the extent to which they experienced issues identified in the literature during their work as a social worker. The results of this question are shown below in Figure 19.

Figure 19 – Issues experienced by social workers
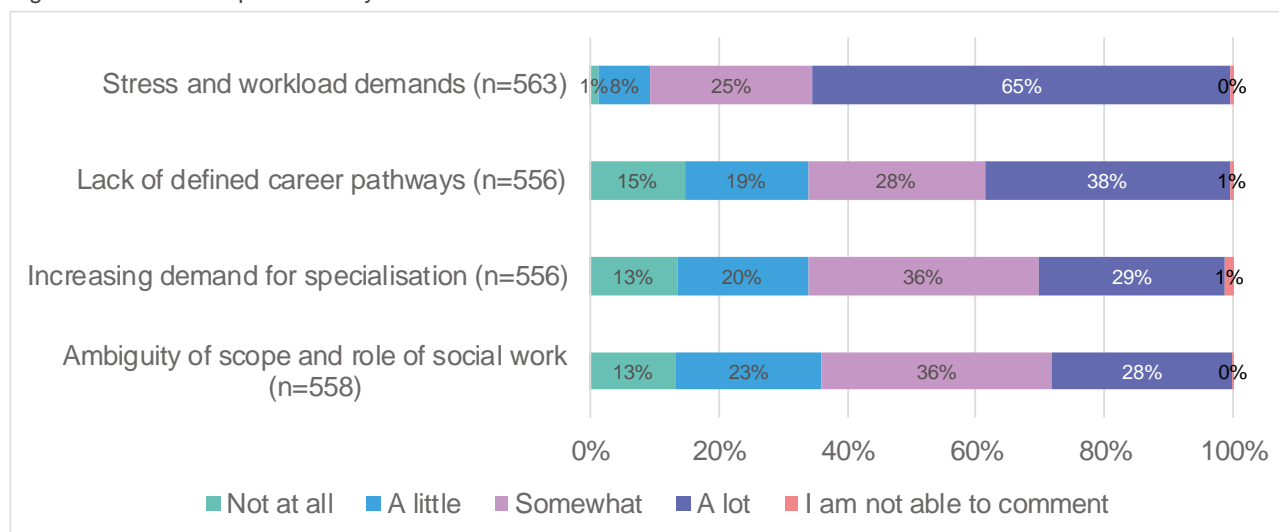
Question: The literature suggests that many social workers experience some or all of the following issues. To what extent do you find that these are issues for you?

3.2.1. Ambiguity of role and scope of practice

A key finding of this project has been that the role and scope of social work is generally very broad, which is both a strength and a source of confusion at times.

The literature suggests that contested understandings of the social work profession have led to a blurring of roles and responsibilities in practice (Auerbach et al., 2007). While Blewett et al (2007) argue that role ambiguity enables social workers to adapt and respond to the social and individual needs of their patients, others argue it has led to conflict with other health professionals. For example, Auerbach et al (2007) notes that social workers in hospitals are increasingly having to share case-management and discharge planning with nurses and other health professionals. It has been suggested that more nurses are undertaking the traditional role of social workers as they facilitate faster discharges (Auerbach et al., 2007).

> *Other professionals do not appear to have a clear view of the role of social workers. This may contribute to misunderstandings on both sides* (Moriarty et al., 2015).

There is also evidence to suggest that role ambiguity can lead social workers themselves to feel unsure about their responsibilities and how they are performing (Blomberg, 2014). This uncertainty is associated with high levels of stress, which increases the likelihood of burnout (Moriarty et al., 2015).

Research undertaken by Balloch et al (1998) found that role ambiguity was a major source of dissatisfaction for social workers. Their study found that role ambiguity manifested in conflicting demands, expectations that social workers will undertake tasks that are not part of their job, a lack of task autonomy, and ambiguity surrounding expectations from the job. Kim and Stoner (2008) argue that the lack of job autonomy has an impact on intention to leave a job.

Workshop participants reported that other health professionals and referring agencies lack clear understanding of the boundaries for social work practice. In addition, stakeholders reported that social workers are excellent advocates for their clients, but typically do not advocate very well for their own profession and some social workers find it difficult to clearly communicate the boundaries of their role. It was reported that this lack of clarity inside and beyond the profession leads to confusion regarding the value of social work. There is an opportunity for the social work profession to better articulate their scope of practice and education colleagues.

> *Social work has become a dumping ground for simply everything.* (survey respondent)

Bisman (2004) argues that it is the emphasis of social work on social justice that makes it unique within the spectrum of health and social service providers, and that this emphasis is in itself an organising principle. *"It is the application of knowledge and skills towards moral ends that imbues the profession with meaning and defines the role of the social worker in society"* (Bisman, 2004:115). Workshop participants reported that sometimes social workers themselves are not the best advocates for the contribution of social work to the broader health system, which can make it difficult for non-social work colleagues to understand the unique contribution of the social worker to the multi-disciplinary team. There was strong support amongst workshop participants for greater engagement with research in order to increase the evidence base regarding the scope of practice and impact of social workers on clients and on the multi-disciplinary team.

> *We fit in with expectations rather than practicing for the full scope of our abilities and skills.*
> (survey respondent)

This ambiguity and scope can be a limitation in promoting the profession, but in 21st century Australia a focus on values and social justice is widespread in public discourse and a source of meaning for many young people, which may provide an opportunity to attract people to join the social work workforce.

3.2.2. Changing role

While this philosophical understanding of social work's ambiguous and adaptable professional scope of practice is changing over time, the requirements on social workers are also changing in practice. Blewett (2007) notes the historic difficulty in defining social work as distinct from 'social care', which may be undertaken by people in a number of different formal and informal care roles. Referencing Payne, Blewett names three components of social work: therapeutic, social and transformational (cited in Blewett 2007:4). These three components align to the three types of work identified as undertaken by social workers in Victoria: therapeutic interventions, advocacy and liaison, and engagement with the broader system (Joubert, n.d.). The three components lend themselves well to evolution and expansion as the service system evolves and expands around the social work profession, for instance through growth in technology or through policy reforms.

The literature identified a number of ways in which the social work role is being expanded, as noted above in section 3.1.3. This may present a point of difference and opportunity for the social work workforce. In a world of increasingly fuzzy boundaries and adaptive technologies, social workers may play a crucial role in helping clients and colleagues alike to navigate a shifting service environment. There may be ways to increase the effectiveness of social workers and to deploy social workers so as to maximise their impact as demands increase. The adaptive nature of social work in a changing world may appeal to many who will be attracted by the nature of this role within the larger biomedical health system.

3.2.3. Stress and workload demands

Social workers in Australia, like many health professionals, are subject to different, and at times high, levels of stress. Stress may be caused by various factors including clients with unrealistic expectations, lack of role definition and autonomy, lack of social support, funding constraints and lack of control over work (Kim & Stoner, 2008; Lloyd, King, & Chenoweth, 2002).

A key issue raised by workshop participants is the high risk of stress and burnout due to increasing demands and scarce resources. If not appropriately mitigated, these risks could lead individuals to exit the profession.

> *Can become stale and stilted under ever increasing demands and a focus on output not outcomes.* (survey respondent)

This theory is supported by Kim & Stoner's 2008 study which found that burnout and turnover are associated by environments of high stress, with levels of job autonomy and social support correlating to both burnout and turnover intention. This study of 346 social workers in California, USA, argued that social workers who experience burnout can unintentionally have a negative influence on both colleagues and clients, and that retaining high-functioning workers can be enhanced through ensuring a supportive working environment and increasing levels of autonomy (Kim & Stoner, 2008).

The issue of vicarious trauma was also raised by stakeholders and survey respondents who reported a lack of adequate supports and policies in this regard, somewhat affirming Kim & Stoner's argument that social service providers burn out if they are not provided with sufficient support.

> *The traumatic impact of the work on staff - how do staff work in a trauma informed way in a system that exposes workers to trauma with few policies to protect against impact?* (survey respondent)

The impact of workplace stress and vicarious trauma are serious for any workforce, and can lead to mental health issues in workers (Rodwell, Noblet, Demir, & Steane, 2009; Lee & Yom, 2013; Yu, Wang, Zhai, Dai, & Yang, 2014; Feskanich, et al., 2002). Stakeholders reported that these issues are particularly challenging for social workers who are working in isolated conditions away from other social workers or support systems, such as in remote locations.

Reported levels of stress and burnout, as well as high workloads, can clearly have an inhibiting effect on social work training, recruitment and retention (Kim & Stoner, 2008; Lloyd, King, & Chenoweth, 2002). As the demand for services increases and the expectations increase of health services as providers of last resort, the need to ensure that new social workers are well supported and that experienced social workers are retained will be crucial.

3.3. SUMMARY

> [N]ot infrequently, people misunderstand or misinterpret what we do. In these times we must keep in mind that our competitive niche derives from the fact that there is no other profession that identifies social justice as its central organizing value; none with our rich heritage; none with our expertise or knowledge and research base; none with our active engagement in practice and policy development with the implicit and explicit goal of preserving and promoting social and economic justice. We have a well-articulated value base and a rich heritage upon which to build our future. (Marsh, 2005:293)

The focus of much of the social work literature returns again and again to the definition of what social work is and what social workers do, suggesting an ongoing need to clearly define the role and scope of practice. This was affirmed by workshop participants who noted the need within NSW Health to clearly articulate the role and contribution of social workers. Reportedly, demand for social workers is only increasing, and the ability to meet the needs of the population in the future will require close attention to both the demand drivers and those supply drivers which may be both barriers and opportunities.

Chapter 4 looks more closely at these challenges and opportunities.

4. BUILDING THE FUTURE SOCIAL WORK WORKFORCE

4.1. CHALLENGES

The systems and processes summarised below were reported by stakeholders to be key elements for consideration when considering the future of the NSW Health social work workforce. Workshop attendees reported variability in workforce-related systems and processes across the LHDs of NSW Health; as a result, some of these may be more or less applicable depending on the LHD/SHN.

System/process	Details
Career progression structure and pathways	Stakeholders reported a lack of career progression structure and opportunities available to social workers within NSW Health. Compared to the nursing or medical professions, stakeholders reported a lack of clarity about how to progress their careers with NSW Health as a social worker.
Professional development	Stakeholders also reported that social workers would benefit from additional opportunities for professional development. This could include options for secondment across different locations and clinical settings.
Recruitment and backfilling	Stakeholders reported that some teams have faced difficulties with recruiting or back-filling vacant roles. Teams which engage social workers cannot easily withstand a vacancy due to patient demands, and social workers are reluctant to take leave for professional development if this will have a negative impact on the team during their absence. Concerns were expressed that unless vacant roles can be easily filled, opportunities for social workers to participate in career development or secondment opportunities will be limited.
Clinical supervision and line management	Clinical supervision is reported to be critical in supporting the workforce. Stakeholders reported that clinical supervision is essential for the successful delivery of social work services and prevention of vicarious trauma as well as their own professional development. In some locations the level of supervision available is felt to be inadequate to meet professional needs. Some stakeholders reported that it is beneficial to their practice if their line manager is also a social worker; however, this may not always be practical in many of the areas and services where social workers are employed. Therefore, the importance of ensuring social workers have access to regular clinical supervision is elevated.
Student placements	Stakeholders reported large variability between LHDs in relation to student placement practices. As graduation from a social work degree depends on students undertaking 1000 hours of placement (AASW, 2012), student placements form an essential component of preparing the future workforce to meet the demands of the health care setting. At the same time, placements in a health setting are not mandated for graduation, so that there is variation in the levels of health-related experience that newly-qualified social workers bring to their new employment. Reportedly, this has an impact on the immediate efficacy of new entrants to the workforce as they may require more time to learn the culture and practices of their new work environment.

System/process	Details
	Stakeholders suggested that the social work workforce of the future might be supported through a more strategic and state-wide approach to student placements which provided a streamlined process for recruitment and a consistency of training experience across different settings and locations.

Each of the issues noted above was reported to affect social workers in regional and remote areas of NSW as well as metropolitan locations; there is an identified need for tailored solutions to these issues in locations where services may be widely dispersed and there may be a lack of available workforce. Many aspects of support which are taken for granted in metropolitan locations are not always available for workers in rural and remote locations.

> *Rural workers have limited opportunities and have to pay for their own training which is usually held in major cities.* (survey respondent)

The following additional issues faced specifically by social workers in regional and remote locations were raised by stakeholders.

- Difficulties in recruiting staff, particularly for senior roles (those at Level 3 or higher). Staff shortages were also reported to result in some social work positions being filled by non-social work staff such as nurses.

- Difficulties in providing quality supervision for new graduates as a result of limited team capacity for tasks not directly related to patient needs.

- Challenges in separating their professional and personal lives, due to the small populations of rural communities meaning that patients supported by social workers are also likely to be a part of their personal lives through family connections, school or other community-based associations.

- Increased job demands as a result of professional isolation. Stakeholders reported that often there may be only one social worker employed by NSW Health in a community, and as a result the remit and expectations of their role from peers can be extremely broad and demanding.

Social workers, and other health professionals working in rural and remote locations, accept that there are additional challenges to service provision in the country, such as distance from support networks, travel requirements in the course of performing one's job, and lack of resources. The benefit of this can be a greater freedom and a broader scope of practice than may be seen in some metropolitan locations. It may also be that greater autonomy as a result of being on one's own may contribute to workforce development and retention. However, the need for social and professional support is also reported by Kim & Stoner (2008) to be a critical influence on minimising burnout, and a challenge is to ensure sufficient support for staff working in isolation or in remote locations, particularly as many junior staff are reported to often take positions in regional or rural areas as this is where the jobs openings are located.

4.2. OPPORTUNITIES

The workshops identified a number of opportunities for strengthening the future social work workforce, which largely address the challenges identified above. These opportunities are briefly discussed below.

4.2.1. Defining and articulating the social work role

Stakeholders clearly articulated the difficulty they experience with other health professionals who do not understand the role of the social worker. Workshop participants agreed that they could do more themselves to help their colleagues to understand the social work role and its value within the healthcare team. As noted in chapter 3, the broad definition of social work is acknowledged in the literature and by stakeholders as a challenge to the development of the profession. At the same time, it offers an opportunity for the profession, and for social workers within the NSW Health system, to assess the barriers to understanding among their colleagues and to develop messages and mechanisms that demonstrate the value of the social work role within the health setting.

Workshop participants acknowledged that this is a fundamental barrier within some clinical settings, and encouraged one another to 'be an advocate'. This could include working through the AASW, or simply through local networks, to develop a clear and consistent message that can be spread across health services.

There may be other opportunities to be proactive in articulating the competencies of social workers and encouraging accountability for outcomes, in order to demonstrate the impact of the social worker within the broader healthcare team.

4.2.2. Career progression and pathways

Stakeholders reported there is variation in the approach to career development and pathways across LHDs. In addition, as noted above, the broad nature of the social work role may contribute to a lack of a structured career pathway, including senior-level roles. Workshop and interview participants noted that this has an impact on retention of social workers who may find themselves with limited opportunities to move to new and more senior challenges. In addition, the lack of social work representation at senior levels is considered to reduce the ability of the social work perspective to be included in executive and senior management discussions and decisions. While expressing frustration at the lack of visibility of the profession at senior levels of NSW Health management, social workers also recognised that they could seek to work more closely with the existing structures to advocate for greater support for professional development and other learning opportunities.

Workshop participants considered that there is an opportunity to improve career pathways for social workers, and that pathways could mirror those available for some other disciplines, notably nursing. Some workshop participants advocated for the designation of a senior social worker or advisor position within LHDs to ensure that the social worker perspective is able to inform management and policy decisions. Participants considered it important that social workers have the opportunity to progress in their development, including into management. However, most senior positions are designated to represent all allied health roles and are often filled by other allied health professionals.

Many social workers are employed in more than one role, for instance working across hospitals and community-based clinics. Reportedly, this can disadvantage workers as leave entitlements, promotion, and role security may not recognise the cumulative employment of part-time workers. As flexibility in working practices is expected to increase in response to service needs and employee preferences, the ability to move across settings and roles will require greater recognition within administrative systems to ensure that social workers (and other allied health professionals) are not disadvantaged by working across health settings.

There may also be opportunities to develop or strengthen peer support networks in recognition of the reportedly high levels of vicarious trauma amongst the social work workforce.

4.2.3. Supervision support

Workshop and interview participants identified the need to ensure adequate clinical supervision for social workers, given the high levels of complexity and often trauma of their clients. Supervision and line management are often reportedly considered together, however the need for clinical supervision by a qualified social work supervisor is considered to be of paramount importance in ensuring that social workers can function safely for themselves and their clients.

Challenges in accessing supervision were noted to be:

- availability of suitable supervisors within the existing clinical service or LHD
- cost of contracting external supervision at a distance (as social workers and supervisors are not always co-located)
- demand for supervisors
- a lack of understanding of its importance for the social work role.

Stakeholders reported there may be benefits in considering a state-wide approach to clinical supervision across LHD boundaries for social workers to increase access to supervision on an individual and peer group supervision basis.

4.2.4. Recruitment and back-filling

Recruitment and the ability to back-fill positions to allow for leave and professional development were concerns for workshop participants. Reportedly, social workers often felt unable to take leave, undertake professional development or training, or conduct research due the high levels of demand for services. Providing additional resources to support the existing social workforce can assist with retention by ensuring that staff are able to take leave and maintain their own health and wellbeing. It can also assist with succession planning by ensuring that adequate resources are available when staff leave.

Creating a pool of flexible social workers who may be willing to be on-call or to fill in for short periods may assist in freeing up staff to maintain their own personal and professional development. This could include secondments between LHDs, or collaboration between LHDs to create a larger employee pool to expand the available workforce to provide cover for periods of personal or professional leave.

4.2.5. Student placements

There is reportedly a significant variation in the offering and uptake of student placements across LHDs.

Student training and placements were considered by stakeholders to be a crucial element in preparing the future social work workforce, and opportunities to strengthen and expand this program would be welcomed by the current workforce. Stakeholders noted that students are not a workforce solution in themselves – that is, they are not able to resolve current workforce pressures - but participants did consider that the investment into preparing social workers for the health setting would be repaid by the addition of well-prepared entrants to the workforce following graduation.

4.3. GAPS IN THE LITERATURE

Workshop participants recognised the dearth of recently published research in Australia that demonstrates the detailed scope of practice and role of social workers within the health system. Participants recognised the need to strengthen the evidence base regarding the impact of the social worker role within health settings. However, participants also identified that this is a priority beyond NSW Health as there is a need for more research across Australia into the role and scope of social workers, and their impact on clients and the service system.

Specific gaps in the literature include detailed information about social workers in Australia, including demographics of the profession: where and how they work, the locations and populations within which they work, and what outcomes are achieved for clients. For social workers within the health system, more research is required to identify the ways in which social workers operate as part of multi-disciplinary teams, their contribution within specialities (to help assess the need for new specialist pathways for social workers), and the environments in which social workers seem to make the most impact.

4.4. SUMMARY

> *Given the powerful move toward configuring services within multi professional and/or co-located settings social work has a unique opportunity to demonstrate its capacity for providing professional advice and support to colleagues as well delivering a direct service to children, families and adults in the community. In some respects, social work's unique position is that it sits at the interface of not only organisational but also conceptual systems. Social work has the capacity to negotiate between different professional perspectives as it is able to temporarily colonise and move around areas of expertise be they psychiatric education or health* (Blewett 2007:36).

This project has entailed a review of the literature, consultations with key stakeholders, and two workshops with a range of social work representatives to explore the roles and activities performed by social workers, the emerging trends, in order to identify possible opportunities to address challenges facing the workforce now and in the future.

The dual nature of social work – concerned as it is with the individual and the structures within which individuals move – is both a strength and a challenge. Its theoretical grounding in philosophies of social justice and psycho-social development means that social work as a discipline occupies a liminal space between the biomedical and social paradigms, without falling completely into one or the other.

The challenges noted by stakeholders have largely focussed on the need to ensure that social workers within the health system are provided with the professional development support and opportunities they need to flourish, through clearly defined career pathways, access to professional development and supervision, and resourcing through recruitment and backfilling. As noted in the literature in previous chapters, role clarity, job autonomy, and professional support are likely to reduce burnout and increase retention.

Correspondingly, the opportunities identified by stakeholders are also mirrored in the literature; primary among them is defining and articulating the social work role and its contribution to the healthcare team. Other opportunities correspond to the identified challenges and focus on developing greater clarity for career progression and support.

There are gaps in the literature regarding evaluation of the outcomes and influence of the social work role in the healthcare setting, and there is a further opportunity to profile the social work role through research that provides evidence of the contribution of social work to clients and to the multi-disciplinary healthcare team.

Addressing these drivers is likely to make the social work role more attractive to the future workforce as well as increasing recognition of its value among other health and social care providers.

The resulting findings, described in this report, have shown that there are many opportunities to strengthen the career structures and pathways which can ensure that the future social work workforce will be well placed to meet increasing, and increasingly complex, demands.

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This report is dated 6 July 2018 and incorporates information and events up to that date only and excludes any information arising, or event occurring, after that date which may affect the validity of (**Urbis**) opinion in this report. Urbis prepared this report on the instructions, and for the benefit only, of NSW Ministry of Health (**Instructing Party**) for the purpose of Final Report (**Purpose**) and not for any other purpose or use. To the extent permitted by applicable law, Urbis expressly disclaims all liability, whether direct or indirect, to the Instructing Party which relies or purports to rely on this report for any purpose other than the Purpose, and to any other person which relies or purports to rely on this report for any purpose whatsoever (including the Purpose).

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APPENDIX A   REFERENCES

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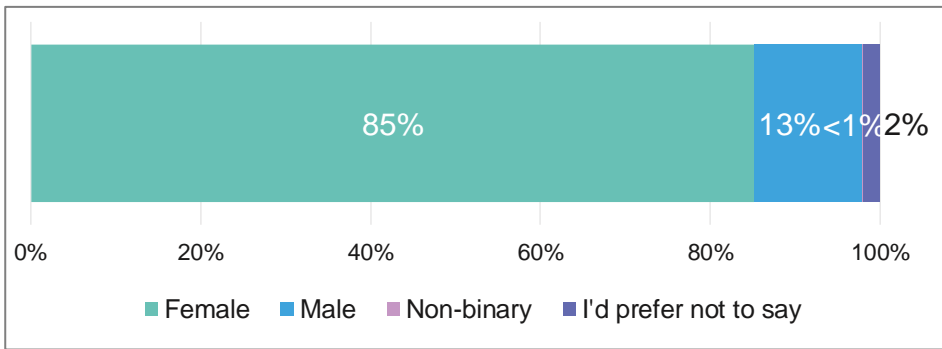# APPENDIX B   ONLINE SURVEY

Figure 20 – Respondents by gender

85%	13% <1% 2%

Female ■ Male ■ Non-binary ■ I'd prefer not to say

Figure 21 – Respondents by age

15%	29%	22%	22%	9%		3%
					<1%	

■ 20-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60-69 ■ 70 or over ■ I'd prefer not to say
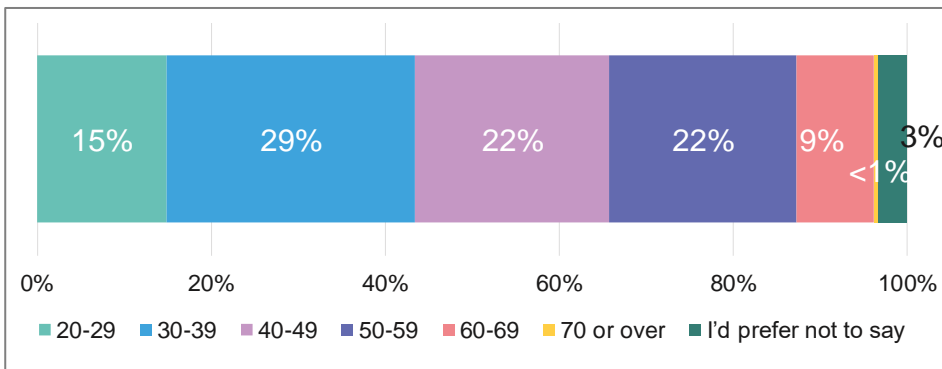
Figure 22 – Respondents by working arrangements

64%	34%	2%

■ Full-time ■ Part-time ■ I'd prefer not to say
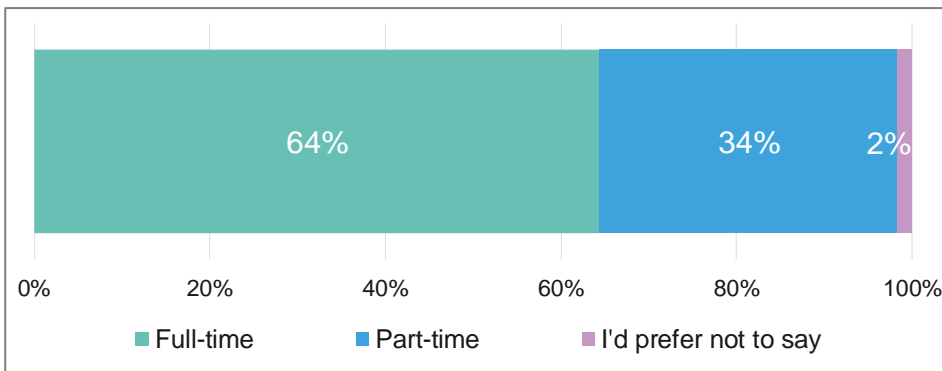
Figure 23 – Respondents by language spoken at home

17%	81%	2%

■ Language other than English ■ Only English ■ I'd prefer not to say
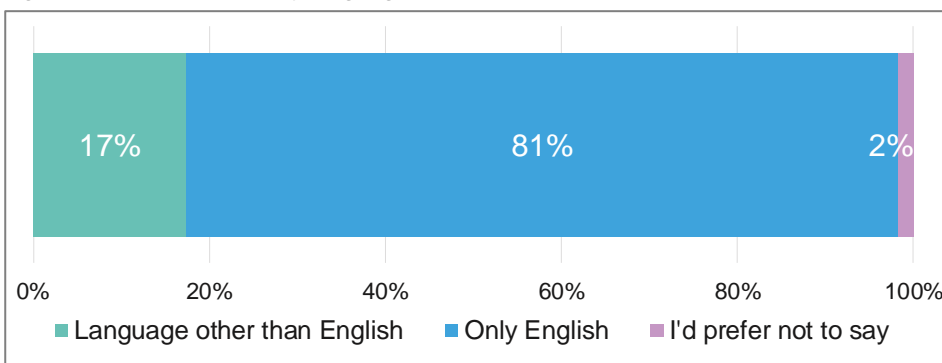
Figure 24 – Respondents by highest qualification

Qualification	Percentage
Bachelor of Social Work	51%
Master of Social Work	21%
Bachelor of Social Work (Honours)	10%
Other Post-graduate university degree	10%
Other Undergraduate Honours university degree	0.6%
Other Undergraduate university degree	0.1%
TAFE qualification, Certificate or Diploma	0.4%
Other qualification	6%
I'd prefer not to say	0.4%
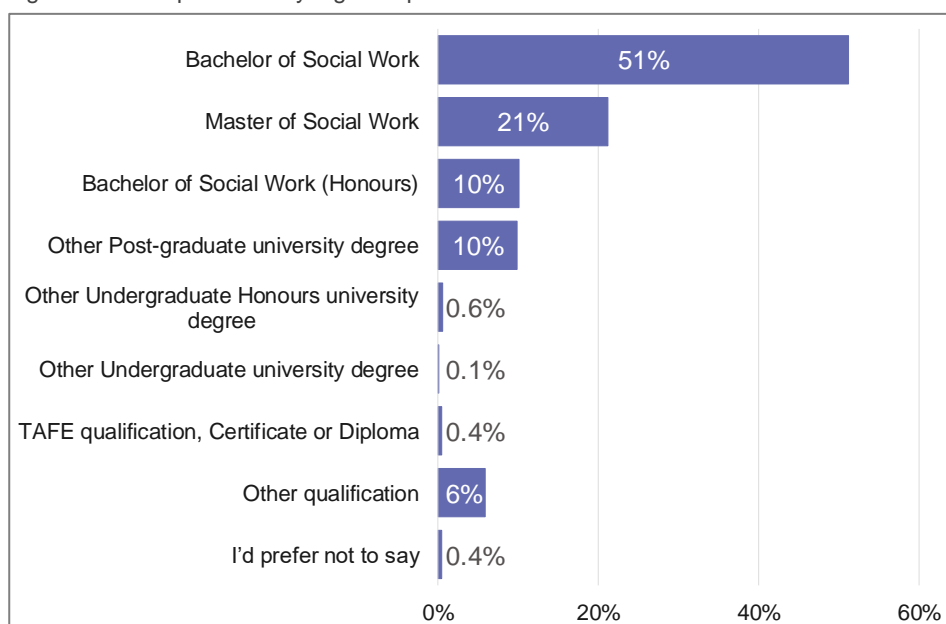
Table 2 – Scope of Practice mean ranking data table

	Mean	Std. Deviation
Psychosocial assessments (n=708)	9.71	0.819
Case management, problem solving & referrals (n=704)	9.27	1.189
Counselling & psychotherapy (n=709)	8.94	1.512
Discharge planning (n=696)	7.93	2.420
Policy development (n=704)	7.43	2.484
Community development & health promotion (n=701)	7.36	2.337
Research (n=702)	7.25	2.389
Group work (n=700)	7.12	2.407
Administration (n=700)	6.17	2.668

Table 3 – Daily tasks undertaken by respondents - mean

	Mean	Std. Deviation
Psychosocial assessments (n=650)	21.9238%	13.84865%
Counselling and psychotherapy (n=325)	19.9958%	14.78933%
Case management, problem solving and referrals (n=660)	21.4916%	13.21446%
Research (n=482)	3.5368%	8.05825%
Group work (n=480)	2.8859%	5.19802%

	Mean	Std. Deviation
Discharge planning (n=555)	12.7024%	12.12389%
Community development and health promotion (n=474)	3.8898%	7.90115%
Policy development (n=474)	3.1398%	7.67003%
Administration (n=664)	17.9618%	14.67104%
Other tasks (n=372)	9.1535%	12.36248%

Table 4 – Daily tasks undertaken by respondents working in hospital- mean

	Mean	Std. Deviation
Group work (n=225)	0.020222	0.04666
Community development and health promotion (n=218)	0.022706	0.050065
Policy development (n=222)	0.022838	0.050969
Research (n=224)	0.029866	0.082448
Other tasks (n=189)	0.075556	0.089015
Administration (n=303)	0.158218	0.142041
Counselling and psychotherapy (n=298)	0.162886	0.112296
Discharge planning (n=287)	0.17784	0.134061
Case management, problem solving and referrals (n=306)	0.197941	0.103125
Psychosocial assessments (n=306)	0.248954	0.130679

APPENDIX C   DISCUSSION PAPER

1.   INTRODUCTION

The NSW Ministry of Health's *Health Professionals Workforce Plan 2012-22* (the Plan) was developed as a framework to forecast and address future workforce requirements to meet the expected growing demand for health services in NSW. The Plan is premised on the belief that proactive planning is required to ensure that the Ministry can meet future health service demands as and when they arise.

In seeking to address these future requirements, the Ministry has developed a methodology for undertaking workforce modelling using horizon scanning and future scenario generation. This methodology includes extensive consultation with relevant workforce stakeholders in a collaborative and iterative process, to identify possible future challenges, and potential solutions, for allied health professions. The purpose of this process is to ensure that workforce planning is evidence-based and informed by the knowledge and experience of those who work within each professional group.

This discussion paper has been prepared to engage stakeholders in a dialogue regarding emerging challenges and trends and their implications for the social work workforce in the NSW health sector. The discussion paper has been prepared following a review of the literature on social work in the health sector, which identified a number of issues and challenges that may influence the future social work workforce.

The following pages provide a brief summary of findings from the literature, and raise questions for readers to consider as part of a larger consultation process. Readers will have an opportunity to provide their viewpoints at several stages of the project through interviews, a survey, and/or attendance at workshops.

2. THE DISCIPLINE OF SOCIAL WORK

2.1. DEFINITION

In 2014, the International Federation of Social Workers (IFSW) and International Association of School of Social Work (IASSW) jointly endorsed the following definition of social work:

> *"…a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing…"* (IFSW, 2018)

The definition is generic in nature but presents a set of principles that underpin social work as a discipline and profession. The definition is widely used by national representative bodies for social workers, including the Australian Association of Social Workers (AASW).

The consistent principles defining the discipline include:

- respect for the inherent work and dignity of human beings

- doing no harm

- respect for diversity

- upholding human rights and social justice (IFSW, 2018).

The roles and responsibilities of social workers are diverse, and include but are not limited to undertaking psycho-social assessments, counselling, coordinating supports and service, dispute resolution and advocacy. Consequently, social workers have a broad array of professional titles ranging from 'community worker' in a community setting to a 'child protection officer' in a statutory child protection agency (Healy & Lonne, 2010).

In Australia, social workers operate across a diverse range of settings including hospitals, schools, child welfare and human service agencies, mental health clinics, and private practice. Most social workers are, however, employed in the healthcare and social assistance industry (Healy & Lonne, 2010).

There is limited research and data on the number of social workers in Australia. The Australian and New Zealand Standard Classification of Occupations (ANZSCO) defines a social worker as someone who

> *"…assess[es] the social needs of individuals, families and groups, assists and empowers people to develop and use the skills and resources needed to resolve social and other problems, and furthers human wellbeing and human rights, social injustice and social development"* (ABS, 2009).

Using the ANZSCO definition, the latest Commonwealth Department of Jobs and Small Business reports there are 28,300 social workers employed in Australia (Department of Jobs and Small Business 2018).

However, the absence of a consistent application of the term 'social worker' and the use of varying professional titles depending on the work setting, such as 'case worker', 'family therapist', 'allied health clinician' or 'child protection practitioner', may mean that the actual size of the social work workforce varies from the figure above (AASW, 2016a).

2.2. SOCIAL WORK IN HEALTH SETTINGS

The health sector employs almost 30 per cent of Australian social workers in Australia (Healy & Lonne, 2010). While social work in health care is a major field of practice, there is no universally agreed definition of a 'health' social worker. Other professional titles for social workers in health settings include 'medical social worker' and 'hospital social worker' (Craig & Muskat, 2013; Miller et al, 2007; Hassan, 2016).

Social workers in the public health system operate across diverse areas such as emergency departments, mental health, aged care, community health, primary health networks, maternal health, alcohol and drug services, and hospitals (Brough, Wagner & Farrell, 2013; AASW, 2015).

Practising in the health context, social workers help to identify and coordinate access to targeted interventions, services and supports to enhance a patient's physical health and emotional wellbeing. Central to social work practice in this setting is understanding the patients' physical needs in the context of their broader environment and circumstances, and the social, psychological, family and institutional factors which may affect their needs (AASW, 2015).

This focus on the person-in-environment is a guiding principle behind the assistance social workers provide to people across a range of health issues such as managing chronic diseases, mental health, terminal conditions, disability, and drug and alcohol issues (Craig & Muskat, 2013).

Social workers in a health setting also play an important role in educating patients, helping patients understand and navigate the health care system and coordinating services and supports between the health and community sectors (Cleak & Turczynski, 2014). They also liaise with other health care professionals to ensure patients, families and carers are informed and actively engaged in making decisions about the patient's health.

Drawing on the principles underpinning general social work, Lonne, Daniels and King (2010, p.2) emphasise the dual focus of health social work as:

> '…an allied health profession that addresses the psycho-social issues affecting individuals, groups and communities across a variety of areas, including primary and community health, mental health, Indigenous health, child safety and family support……working cross-culturally within an ethical framework and multidisciplinary environments, social workers address problems that affect the effective functioning of society at the social, legal and economic and political levels.'

Hospital social workers

In the context of hospital practice, research suggests that social workers play an important role in decreasing the length of stay for patients, particularly older patients, mitigating psycho-social distress and improving overall patient experiences (Auerbach, Mason & Laport, 2007). Social workers can reduce health service demand by identifying and removing barriers that may be limiting effective engagement with services. They can also reduce inappropriate use of health services through comprehensive psycho-social assessment and interventions including linkages and referrals to community-based services. This may prevent multiple readmissions through rigorous discharge planning and activating other supports from family and community networks (AASW, 2016a).

An Australian study (Davis et al., 2005) found that hospital social workers identified discharge planning as their primary role and as an overarching area within which other tasks took place. The participants identified the following tasks and themes as important to the discharge planning process:

- meetings, assessments and referrals

- liaison and advocacy

- emotional and practical support

- information and education

- applying professional social work values and ethics

- communication and listening (Davis et al., 2005).

This study also noted that most participants highlighted the importance of working in an effective multidisciplinary team to undertake discharge planning, with most planning taking place while the patient was still in hospital (Davis et al., 2005).

Social workers within the NSW health system

The Health Education and Training Institute (HETI) has identified a wide range of interventions that social workers in the NSW health system may perform:

- "psychosocial assessments
- counselling
- psychotherapy
- research
- advocacy
- case management
- problem solving
- group work
- referrals to appropriate services
- discharge planning
- community development
- health promotion
- policy development". (HETI, n.d)

It is difficult to estimate the number of social workers in the health system in NSW, as they work across various health settings, have varying professional titles and are often reported in undifferentiated groups alongside other health and social assistance professionals such as counsellors and welfare workers. However, given that health care is one of the two largest areas of practice for social workers, it would be expected that the number of social workers in the health system is significant.

2.3.   QUESTIONS

In summary, social work has broad application and scope of practice, and social workers may undertake a wide range of activities depending on their role within the health system or within a multi-disciplinary team. This flexibility is a strength; however, in some settings this flexibility may mean that activities undertaken by a social worker may overlap with or be indistinct from activities undertaken by other nursing or allied health professionals. In addition, many people undertaking roles as a social worker may not be named as such, so that it is difficult to quantify the number of social workers and the types of work undertaken by them.

1. How well do the definitions and descriptions above match your own understanding and experience of social work in the NSW Health context?

2. To what extent is there a need to further define the role of social work? In what ways, if any, would you like to see the role defined more clearly?

3. In what ways does the definition of social work help or hinder other health professionals in understanding what social workers do?

4. Is there anything missing from the definitions above that should be taken into account when considering the NSW Health workforce of the future?

3. FACTORS INFLUENCING FUTURE DEMAND

The literature review identified three main health and demographic trends that are likely to increase the demand for social workers in the health workforce of the future.

3.1. INCREASINGLY COMPLEX HEALTH AND SOCIAL NEEDS

The proportion of Australians aged 65 and over is projected to more than double by 2057 (AIHW, 2018). With an ageing population comes an increase in disease burden, disability and therefore a greater proportion of older people needing to access health and community care services. It is expected that this will include greater need for support provided by social workers (O'Malia, Hills & Wagner, 2014).

An ageing and growing population is increasing demand for social workers as people present to hospital with complex and multiple morbidities. As a result, hospital social workers are spending more time undertaking responsibilities other than discharge planning, including negotiation and conflict resolution to assist patients and their families navigate the health care system, and helping health service providers in dealing with disputes and avoiding litigation (Green, 2007; Braithwaite & Travalgia, 2008 In: Cleak & Turczynski, 2014).

The availability of referral pathways for services and supports has not kept pace with the increasingly numerous and complex needs of patients (Cleak & Turczynsk, 2014), so that social workers at times have challenges in arranging services that are required for people when they leave hospital. This has contributed to longer hospital stays for some, who may be ready to be discharged but do not have the personal, social or domestic support available to allow them to stay at home. Some people may require daily or 24-hour supports and services, and consequently will require a large amount of communication and coordination between service providers to ensure consistent and wraparound support.   Some population groups, such as adults with severe intellectual disabilities, may experience more difficulty finding services that are able to meet their needs, and remain in hospital longer than necessary; on the other hand, some other patients may be discharged too early without the requisite support, leading to avoidable readmissions (Cleak & Turczynsk, 2014). This suggests that the role of the social worker in smoothing that transition from hospital to home is important, but not sufficient in itself without the availability of other support services.

3.2. INCREASES IN SOCIAL ISOLATION

The number of lone person households is expected to grow from 2.1 million households in 2011 to between 3.3 million and 3.4 million households in 2036. This represents an increase of between 61 to 65 percent and is the largest anticipated growth of any household type (ABS, 2015).

In their analysis of hospital social work trends in Australia, Cleak and Turczynsk (2014) suggest the growing number of single person households is a potential driver behind greater demand for social work support. They argue that as social isolation is linked to poorer health outcomes, people experiencing social isolation may increase their use of health services. While this is still an emerging issue, these claims are supported by research pointing to a relationship between social isolation and mortality, with a meta-analysis of 148 studies concluding that having better social relationships was associated with decreased morbidity and mortality risk (Holt-Lunstad, Smith & Layton, 2010).

Research into social work and social isolation is growing. The American Academy of Social Work and Social Welfare recently published a report entitled 'Social Isolation Presents a Grand Challenge for Social Work'. The authors argue that social workers are in a unique position to reduce the risk and consequence of social isolation as a part of an interdisciplinary team of professionals, and emphasise the need for further research into social work interventions for individuals who are socially isolated (Lubben et al., 2015).

3.3. THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

The Productivity Commission (2017) predicts that the rollout of the NDIS will result in the growth of the disability care and support workforce. This workforce will be essential to serve the growing number of participants in the scheme, and to fill the new roles created by the system (e.g. brokerage, coordination) as it matures.

In anticipation of these changes, the AASW released its 'Social workers and the NDIS: a guide for becoming a registered provider' in 2016. Under the NDIS, social workers can be employed by the National Disability

Insurance Agency (NDIA), by an NDIA partner organisation, or by a registered NDIS provider. Under the scheme, social workers may provide various supports including:

- therapeutic and counselling supports

- early intervention supports for early childhood

- behaviour support

- assistance in coordinating or managing life stages, transitions and supports

- assistance to access and maintain employment or higher education

- assistance with obtaining or retaining accommodation and tenancy (AASW, 2016b).

The NDIS is likely to result in the proliferation of community organisations as registered providers, potentially increasing the opportunities for social workers. The impact of this anticipated growth on the social work workforce in NSW is unknown, but potentially could be significant, particularly if the available workforce does not also increase. While not a part of the formal NSW Health system, the size and demand of services under NDIS may have an impact on the availability of social workers, and may also increase the engagement of some individuals with the health system who were not otherwise linked in to services.

3.4.   QUESTIONS

The literature identifies a number of factors that may influence future demand, however the primary ones that will increase peoples' engagement with the health system appear to be demographic and social changes. The social worker is well placed to bridge the gap between the biomedical paradigm of the health system and the social realities of peoples' lives, and provides a flexible role that can adapt to various settings and circumstances.

1. In what ways is the social work workforce best placed to help NSW Health respond to the needs of individuals with complex and multiple morbidities? What needs to be done to ensure that the social work workforce is able to respond to increasing demand for services?

2. What other key drivers would you identify that will influence future demand for social work?

3. What implications do you expect to see as a result of the full implementation of the NDIS? What should NSW Health do now to ensure that the system is able to respond to these implications?

4.   FACTORS INFLUENCING THE FUTURE SOCIAL WORKER

The literature has identified a number of issues that influence the nature of social work within health, and the future health social work workforce.

4.1.   ROLE AND SCOPE

The role of the social worker continues to be broadly defined, and thus open to misunderstanding (Moriarty, Baginsky & Manthorpe, 2015). Some authors argue that this broad scope is a positive aspect of the social work role, which enables workers to adapt and respond to the individual needs of the patient (Blewett et al., 2007); others suggest this lack of clarity may be harming the profession (Blomberg et al., 2014; Kim & Stoner, 2008; Coyle et al., 2005).

Contested understandings of the social work profession have led to a blurring of roles and responsibilities in practice (Auerbach et al., 2007). For example, Auerbach et al (2017) notes that social workers in hospitals are increasingly having to share case-management and discharge planning with nurses and other health professionals. It has been suggested that more nurses are undertaking the traditional role of social workers as they may facilitate faster discharges (Auerbach et al., 2007).

Research undertaken by Balloch et al (1998) found that role ambiguity was a major source of dissatisfaction for social workers. Their study found that role ambiguity manifested in conflicting demands, expectations that social workers will undertake tasks that are not part of their job, a lack of task autonomy, and ambiguity surrounding expectations from the job. Kim and Stoner (2008) argue that the lack of job autonomy has an impact on intention to leave a job.

Davis et al (2005) reported that Australian hospital social workers found it difficult to distinguish their unique contribution to the hospital system. Social workers continued to be worried about a lack of understanding of their role from other health professionals as well as the blurring of roles and responsibilities between health professionals. The 21 social workers in this qualitative study noted that they constantly needed to educate both their medical colleagues and their patients about their roles and responsibilities. This lack of clarity in role and understanding left the social workers feeling concerned about undertaking tasks that were beyond their scope of practice, and about breaching boundaries with other professions (Davis et al 2005).

4.2.   INCREASING DEMAND FOR SPECIALISATION

Many hospitals in the US have eliminated specific social work departments and instead have attached social workers to specialist departments. Consequently, more hospital social workers are focusing on medical specialties such as oncology, HIV and paediatrics, decreasing the need for generic hospital social workers (Alvelo, Garcia & Rosario, 2008; Auerbach, Mason & Laporte, 2007).

Research undertaken by the Australian National Centre of Vocational Education Research (2002) also found that employers preferred graduates with specialist qualifications in fields such as youth work, or child protection.

Cheron-Sauer (2013), in her review of social work education and workforce planning and development in Europe, the US and Canada, advocates for the need to have both an entry-level generic qualification and an advanced, specialised qualification in social work. She argues that a generalist education plays a key role in familiarising students with a diverse range settings and populations, while specialised education provides the advanced in-depth knowledge and skillset required to work in specific practice fields.

4.3.   LACK OF DEFINED CAREER PATHWAYS

Cheron-Sauer (2013) also identified the absence of an overarching professional capability framework as a challenge for social workers in Australia. Greater opportunities for ongoing training and professional development were identified as a strategy to increase retention in social work (Meagher & Healy, 2006). This is supported by Chiller and Crisp's (2012) findings that ongoing learning plays an important role in promoting longevity in the workforce.

Alongside more time to follow up with patients and counselling, Davis et al. (2005) found that hospital social workers wanted to undertake more professional development to expand their knowledge and skills. At the same time, Healy and Lonne (2010) have argued that, in general across the social work workforce, remuneration levels in social work often do not reflect increases in qualifications and commensurate clinical

and managerial responsibilities. Consequently, there may be less financial incentive to undertake further study to acquire the specialist skills and knowledge.

In their study of 120 oncology social workers, Pockett et al (2016) found that 68 per cent of those surveyed reported moderate or high professional development needs. Top areas of professional development need identified by respondents included addressing psycho-social concerns, the use of a range of specific counselling techniques, survivorship issues and the use of complementary and alternative practices. Interestingly, the study found that urban or non-urban work settings did not influence self-reported professional development needs.

4.4.   STRESS AND WORKLOAD DEMANDS

Social workers in Australia, like many health professionals, are subject to different, and at times high levels, of stress. Stress may be caused by various factors including clients with unrealistic expectations, lack of role definition and autonomy, funding constraints and lack of control over work (Lloyd, King & Chenoweth, 2002).

In their US study of 346 social workers across all areas of social work, Kim and Stoner (2008) reported that those with higher role stress experience relatively higher burnout, which increased the likelihood that they would leave the job. A British study found the that the average working life for social workers was only eight years, just over half the average of 15 years for nurses (Curtis et al, 2010), highlighting potential for stress and burnout to impact retention rates for the profession.

The research suggests that workload is another major factor contributing to workplace burnout for social workers. Australian social workers across health and community services were found to be increasingly operating under growing resource constraints, larger and more complex workloads, and increased pressure to work more quickly and without formal support, supervision and guidance (Chiller & Crisp, 2012). These workplace conditions may lead to workplace stress, a major predictor of burnout.

A number of studies, both in Australia and overseas, identify that regular and supportive supervision can help improve job satisfaction and staff retention (Moriarty et al, 2015; Chiller & Crisp, 2012; Lloyd, King & Chenoweth 2002). Supervision within social work may differ from supervision from other professions as it not only occurs during training but also continues throughout a social worker's career and is often undertaken 'in house' within the organisation (Beddoe, 2012).

Social workers, in whatever setting they are working, often turn to their supervisors for assistance and support with cases. Australian research suggests that effective supervision mitigates stress and burnout through timely reflection, feedback and, when required, emotional support, and can support retention (Lloyd, King & Chenoweth, 2002; Chiller and Crisp, 2012).

4.5.   QUESTIONS

Social workers face many of the same challenges that other allied health professions are facing, such as a lack of defined career pathways, stress and burnout, and increasing specialisation. In addition, the generalist nature of social work, and its inherent adaptability, are both a strength and a challenge for the workforce. Structural support through career pathways, and supervision, can assist with retention and development.

1. In what ways is the NSW Health system currently supporting social worker recruitment, development and retention? How can this be improved?

2. What other factors influence the attractiveness of social work as a profession? How can these factors be addressed?

3. To what extent do you feel the social work workforce needs to become increasingly specialised? What is the optimal balance between the generalist and specialist social work workforce, if any?

5. FACTORS INFLUENCING THE PROFESSION

The literature identified several trends in health and social services that may influence social work as a profession in the future.

5.1. PROFESSIONAL CAPABILITIES FRAMEWORK

A Professional Capabilities Framework for social workers in the UK was a key reform under the UK's Social Work Reform Board. The Framework articulates the demonstrable skills and abilities that are expected of social workers at each stage of their career and provides an overview of education and professional development (BASW, 2018).

Australian state health departments are also moving towards the development of competency career frameworks for non-credentialled roles. In 2016, the Victorian state government introduced its Allied Health Credentialling, Competency and Capability Framework. The framework is aimed at providing allied health managers and clinicians in the public health system the necessary structure and processes to select, recruit and train staff as well as maintain professional standards and monitor scope of practice. Queensland has had a similar framework for advanced clinical practice for allied health professionals employed by the state's department since 2013. NSW does not currently have a comparable framework in place.

Cheron-Sauer (2013) argues that such professional development frameworks are important to articulate career pathways clearly for social workers in both clinical practice and management roles.

5.2. ALLIED HEALTH ASSISTANTS

Many health services have developed allied health assistant roles to manage the growing demand for care. A review of relevant literature found that there is growing consensus that these delegated roles provide assistance with both direct patient care and clerical, administrative or house-keeping tasks.

A 2014 pilot study conducted at a Brisbane hospital found the introduction of a social worker assistant role led to an increase in staff job satisfaction and easing of workload pressure. Internal staff surveys indicated 88 per cent of staff considered the social worker assistant role had made it easier to manage their workload (O'Malia, Hills & Wagner, 2014).

Several studies indicate that hospital social worker time is increasingly being taken up by administrative tasks such as writing case notes and securing and coordinating support services (Judd & Sheffield 2010; McAlynn and McLaughlin, 2008), suggesting that there is potential for social work assistants to undertake a number of tasks that would free social workers to spend more time attending to service users.

5.3. A SHORTAGE OF SOCIAL WORKERS

It is not possible to accurately quantify the shortage of social workers, due to the different titles and roles that social workers may occupy. However, a potential shortage has been identified and has been the impetus for a number of strategies and actions aimed at improving educational outcomes for social workers and recruiting and retaining social workers (Cheron-Sauer, 2013; Healy & Lonne, 2010; Meager & Healy, 2005).

Social workers are listed on the NSW Government's current '190 Priority Skilled Occupation List' (NSW Department of Industry, 2018) which suggests that there is a skill need for social workers across the state. The Commonwealth Government's latest 'job outlook data' reports that the number of social workers is expected to grow from 28,300 in 2017 to just under 35,000 over the next five years, representing a 23 percent increase. Importantly they also predict that around 25,000 job openings are likely over this same period of time due to workers leaving the profession and new positions being created (Department of Small Jobs and Business, 2018).

In her review of international social work education and workforce planning and development, Cheron-Sauer (2013, p.4) states that 'workforce shortage is well recognised as a key issue for various sectors within the health and social assistance industry, particularly in specialised roles in graduate occupations such as social work…'. It should be noted that the data used to support this claim relates to the health and social assistance industry and not social work specifically.

5.4.   ABORIGINAL AND TORRES STRAIT ISLANDER SOCIAL WORKERS

In addition to a general shortage of social workers, there is a shortage of Aboriginal and Torres Strait Islander social workers. In 2011, a review of the Australian health workforce found that there were 462 Aboriginal and Torres Strait Islander people employed nationally as social workers, representing 2.73 per cent of the profession, which is equivalent to the proportion of the Aboriginal population within Australia (Mason, n.d, ABS, 2017). Social work has one of the highest levels of representation of Aboriginal and Torres Strait Islander people, especially among allied health professions (Mason, n.d)

While the number of social workers per population appears positive, the legacy of historic discrimination and lack of access to social and health services suggests that the level of need for social work support at a population level may be much greater than the non-Indigenous population. Aboriginal and Torres Strait Islander people experience a burden of disease more than double the rate of the non-Indigenous population, and up to half of this difference in health outcomes can be explained by socio-economic factors such as access to employment, education and income (AIHW, 2016). Given that social workers are trained to consider these socio-economic factors in supporting their patients, they can be a particularly important component of the health work force in addressing health gaps for the Aboriginal and Torres Strait Islander population.

Evidence suggests that having more Aboriginal and Torres Strait Islander people working in the health sector can make health services more accessible and user-friendly for Aboriginal and Torres Strait Islander people, as well as more culturally secure (Healy, 2004).

There is some overlap between the stated roles and responsibilities of an Aboriginal Health Worker and a social worker. For example, NSW Health lists the roles of an Aboriginal Hospital Liaison Officer as 'provid[ing] advocacy, support and liaison within an acute health care setting e.g. hospitals', while an Aboriginal Community Health Worker '...provides better access, liaison, health promotion and preventative health services to the Aboriginal community' (NSW Health, 2014). In this context, it will be important to explore whether Aboriginal people with social work qualifications are taking up Aboriginal Health Worker positions as an alternative to social work, and whether having Aboriginal people in specific social work roles would improve service experience and health outcomes.

5.5.   PROFESSIONAL REGISTRATION

While the AASW is the national peak body representing social workers in Australia, membership is not mandatory to practise as a social worker.

The AASW currently has a formal registration campaign for the inclusion of social work in the National Registration and Accreditation Scheme (NRAS). The AASW argues that registration is required to reduce the number of unsafe social workers and people claiming to be social workers engaging in unethical and unsafe practices (AASW, 2014). A recent study by Deloitte Access Economics for the AASW (2016) suggested regulation could result in improved public safety, higher standards of conduct and accountability, and improved professional development and mobility opportunities for workers.

According to the Council of Australian Governments (COAG) Health Council Communique dated 7 October 2016:
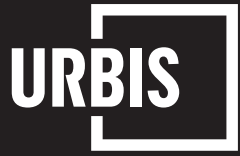
> *"At their April 2016 meeting, Health Ministers discussed the proposal to include the social work profession in the National Registration and Accreditation Scheme (NRAS). After considering further advice, Ministers have now decided not to include the social work profession in the National Scheme." (COAG, 2016)*

Within NSW Health, social workers can only be employed if they are eligible for membership with the AASW, an implicit form of certification since only qualified social workers can join the AASW. NSW Health has also created a Code of Conduct for unregistered health practitioners that sets out expectations of conduct for social workers, providing a professional code of practice in lieu of a regulatory structure. The Code of Conduct also provides assurance for service users by creating a mechanism for complaints against unregistered health practitioners, including social workers.

5.6.   QUESTIONS

In the future, increasing demand will increase the pressure on a workforce that is already experiencing shortages. The creation of delegated roles, as well as the articulation of clear career pathways and a stronger regulatory environment, may increase the attractiveness of an important but often undervalued allied health role.

1. What should be done to encourage more people to become social workers?

2. What could the social work workforce in NSW Health look like in the future? What needs to change to make this possible?

3. What, if any, other factors will influence the profession in the future?

4. Of all the issues presented in this discussion paper, what do you think are the greatest priorities?

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