Social work and its unique contribution within health: Findings of the AASW Health Position Paper

Promoting professional excellence and social justice.

Today's presentation

- A bit about the AASW
- Background to the Health Position Paper
- Process for developing this
- Key findings
- Where to from here – what we can all do

The Association and what we do

• Member of the International Federation of Social Workers (IFSW).

• The AASW has over 8,000 members and is growing every day. 9 branches around Australia, as well as a community of committees and practice groups further supporting the work of the Association. Incorporated company guided by a constitution and nationally governed by a Board of Directors, elected from and by the membership.

•Advocate for the pursuit of social justice and changes to social structures and policies in order to promote social inclusion and redress social disadvantage.

• Enhance the public and professional recognition and identity of social workers.

• Promote and facilitate members' professional and career development and life-long learning.

• Represent and advocate for the interests of members as a group.

• Promote and regulate the profession of social work.

• Establish, monitor and improve practice and ethical standards.

• Contribute to the development of social work knowledge and research.

• Develop and maintain education standards for social workers and accredit university programs.

Process

- Roundtable discussion open to members and non members in 2013
- Meeting with key stakeholders – Directors/Deputy Directors/Community Health/Medicare Locals to inform the development of the paper
- Employment of a consultant
- Detailed national and international literature review
- Reference group meetings
- Interviews with social workers in the field
- Case studies
- Development of the Position Paper

Acknowledgements

Many people were involved in developing this paper:
- Consultant: Dr Josephine Yellowlees
- Students: Jonathan Lee and Julia Morgan QUT
- Reference Group which included social workers from acute, mental health and community settings and academics
- Thank you!

Why we developed the Health Position Paper

To identify the key and unique value that contemporary social work practice contributes to achieving effectiveness and efficiency in improving health outcomes for patients or clients accessing health services, at all levels of health care provision;

To demonstrate the contribution that social work makes to patient-centred models of care; and

To demonstrate the key contributions of social work in meeting the four priority areas of the Queensland's State Government Blueprint under the four key principles of The Blueprint for better healthcare in Queensland:

➢Health services focused on patients and people

➢Empowering the community and our health workforce

➢Providing Queenslanders with value in health services

➢Investing, innovating and planning for the future.

Key findings

- Complexity of health issues and need for MDT /holistic service provision
- Lack of research / evaluation / evidence that talks to the value of the work of social work
- Excellent work is being done but not captured
- Great initiatives but not being captured through formal evaluation and research
- Role creep – challenges with other allied health moving into social work core areas
- How social workers articulate scope of practice, evidence base etc varies

So why is this important?

- Health and social problems are constructed and influenced by policy decisions
- Half of all healthcare outcomes are linked to the SDH
- Only 15% linked to biology and genetics
- 10% linked to environmental factors
- 1 in 5 healthcare $ spent is in fact addressing problems and consequences of poverty
- Reducing health inequalities has clear economic benefits (Marmot, 2010).

Why is social work important in health context?

Social work grew out of humanitarian and democratic ideals, and its values are based on respect for the equality, worth, and dignity of all people. Since its beginnings over a century ago, social work practice has focused on meeting human needs and developing human potential. Human rights and social justice serve as the motivation and justification for social work action. …Social work values are embodied in the profession's national and international codes of ethics. (International Federation of Social Workers, http://ifsw.org/policies/definition-of-social-work/)

Importance of social work in health context: Some key findings

Addressing social factors is essential to effective health care and the overall health and wellbeing of individuals and communities, with research recognising that *'…it is the social and economic conditions that make people ill and in need of medical care in the first place that are more important determinants of the health of the population'* (Wilkinson & Marmot, 2003, cited in Adhikari, 2012, p. 1)

'[R]educing *exclusion and social disparities in health, organizing health services around people's needs and expectations'* contributes to 'better *health for all'* (WHO, 2013).

Scope of practice

- the *'[d]efinition of the rules, the regulations, and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in...a specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability'* (Finnochio, Dower, McMahon, Gragnola & Taskforce on Health Care Workforce Regulation, 1995, p. 2).

And Queensland Health definition:
- The full spectrum of roles, functions, responsibilities, activities and decision making capacity that individuals within that profession are educated, competent and authorised to perform (The State of Queensland (Queensland Health), 2014, p. 10).

Findings on our scope of practice

- Social work targets the complex bio psycho socio economic, ethical and political needs of individuals and communities
- Responsive to 'human needs that are urgent, unmet and pressing in times of crisis' (Hopps & Lowe 2008, p. 38) and inequitable and unjust systemic issues
- Engaging with individuals, families, groups and communities identified as being vulnerable or maginalised to 'guard against harm and generate support and access to services' (Fawcett, 2009, p. 474) to ensure the most marginalised are not denied their rights to access of services and information.

Findings continued

- Comprehensive evidence based psycho social assessments (Wellman (2006) cited in Bland et al, 2009 p. 143), resulting in evidence based intervention.
- Bereavement grief and loss support work in relation to chronic sorrow, disability, suicide, sudden and traumatic death (Kaplan & Berkman, 2011; Lord & Pockett, 1998; McLeod, Bywaters & Cooke, 2003; Payne, 2010).
- Risk assessment in relation to child abuse and neglect, domestic and family violence, intimate partner violence, elder abuse, and exploitation.
- Socio-legal issues and ethical decision making - end of life decision making, Advanced Health Directive and enduring power of attorneys (Crane, Fox, Spencer & Hardy, 2013; Kitchen, 2005; Payne, 2010; Pockett, Walker & Dave, 2010; Stein & Fineberg, 2013), withdrawal of life support systems and organ donation (Rose & Shelton, 2006).

Full scope of practice continued

•Discharge planning (Davis, Baldry, Milosevic & Walsh, 2004; Jackson, Johnson, O'Toole & Asulander, 2001; Kadushin, 1996; Keefler, Duder & Lechman, 2001; Lechman & Duder, 2006; McLeod, Bywaters, Tanner & Hirsh, 2008).

•Therapeutic intervention in relation to mental health, trauma, grief and loss (Donley, 2013; Pockett, Walker & Dave, 2010; Simpson & Brenner, 2011; Simpson et al., 2011).

•Family intervention and support which includes family therapy and family case conferencing (Anderson, Simpson & Morey, 2013b; Miller, 2012).

Full scope of practice continued

•Support in relation to chronic pain suffering (Nielsen, Foster, Henman & Strong, 2012).

•Leadership in case management responsibilities (Giles, 2009; McAlynn & McLauglin, 2008).

•Social Work has a core aim of advocacy in relation to social justice and human rights, therefore engagement with health inequalities to improve health outcomes for individuals is a core function of the role (Bywaters, 2009).

Full scope of practice continued

- Social Work plays a core role in psycho-education of patients and clients in both acute and primary health care settings (Keefe, Geron & Enguidanos, 2009).
- Crisis intervention which can include psycho social services provided to Emergency Departments and sudden traumatic injury or death (Auebach & Mason, 2010; Auebach, Mason & Laporte, 2007; Moore, Ekman & Shumway, 2012).

Scope of practice NSW Study: Clinical priorities for social work (Giles, Gould, Hart & Swancott, 2007)

Clinical priority	Definition
Priority 1 Safety/risk	Address safety and risk at an individual, family, and community level in order to encourage a safe environment for all vulnerable people
Priority 2 Social/psychological support	Social Work intervenes at an individual, family and community level to ensure psychological and social support mechanisms are in place. This is acknowledgement of the vital connection between psychological supports and health status.
Priority 3 Access to resources	Health Social Workers enhance fair and equitable access for individuals, families and communities to the resources required to meet basic human needs.

Expanded scopes of practice

Optimising the full scope of practice of an allied health professional; extending their scope of practice to include tasks that fall outside of the recognised scope of practice of that profession – under the right circumstances; delegating specific tasks related to patient care to the support workforce to enable full and extended scope.

Examples of advanced/expanded scopes of practice

❖Specialist clinical expertise in relation to child and youth mental health and adult mental health, thereby allowing Social Workers to contribute to better outcomes for clients, as part of a multi disciplinary team. By 2004-2005, Social Workers employed in specialist mental health services, made up a third of the allied health workforce for public mental health services (DoHA, 2007, p. 46). In that year, Social Workers comprised the fourth largest professional group in the public mental health workforce after mental health nurses, medical staff and psychologists.

❖Specialist clinical expertise in palliative care.

❖Specialist clinical expertise in relation to oncology.

Advanced scope of practice: what we found

- Addressing issues of chronic sorrow associated with grief and loss.
- Specialist clinical expertise in working with trauma across the age spectrum, which contributes to better outcomes for individuals and communities. For example, the work in brain injury (Simpson, 2013a, 2013b; Simpson & Brenner, 2011; Simpson, Tate, Whiting & Cotter, 2011).
- Specialist clinical expertise in relation to child abuse and neglect, elder abuse and domestic and family violence.

Advanced scope of practice: what we found

- Specialist clinical expertise in relation to working with older people, including psycho-geriatric issues (Berkman, Gardner, Zodikoff & Harootyan, 2006; Kaplan & Berkman, 2011; Kelchner, 2001; Parsons, 2005).

- The expertise and skill and knowledge base that Social Work adds through involvement in shaping and informing policy (see for example the work of Cant & Foster, 2011; Foster, Earl, Haines & Mitchell, 2010; Haines, Foster, Cornwell, Fleming, Tweedy, Hart & Mitchell, 2010).

Advanced scope of practice: what we found

- Social Work is a multidisciplinary team member within the mental health sector, and is particularly aligned to work within the recovery oriented framework (Bland et al., 2009; Carpenter, 2002).
- Socio-bio-legal ethical issues associated with genetic counselling, surrogacy, transplants etc.
- Evidence and research on neuro-plasticity/brain development etc

With challenges come opportunities

What other opportunities do we have?
How do we build our evidence and our research?
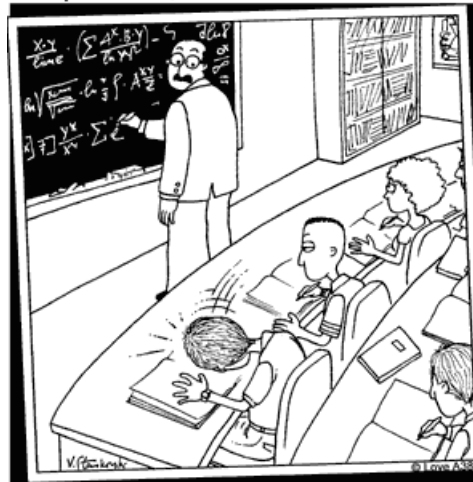
Final word

In 1913 Ida Cannon wrote *'it is because of the complexity of the social problem involved in the various groups of patients, and the interdependence of the medical and social treatment, in any attempt at adequate solution, that the social worker is needed in our hospitals'* (p. 34, cited in Judd & Sheffield, 2010, p. 869).

Thank you! *Questions?*

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