Introduction to Social Work and Welfare Practice in Queensland Health

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Welcome to Queensland Health

The Social Work and Welfare Clinical Education Program (SWWCEP) is a State wide service and an important part of our remit is assisting newly qualified workers as they start their career in Queensland Health. As part of your introduction, this handbook aims to assist you to become familiar with Queensland Health and our requirements for practice. Included in the handbook are recommended resources and information, along with a checklist to assist you to keep track of your progress.

We envisage that “Introduction to Social Work and Welfare Practice” will be a ready reference book for you in the first months of your employment. This handbook does not replace your Hospital and Health Service orientation program and mandatory training requirements.

We hope you enjoy working with Queensland Health and we join your department to wish you all the best as the newest member of the team.
SAFE AND COMPETENT PRACTICE

In Queensland Health, social workers and welfare workers are located across acute, sub-acute and community services and work with adults, children and adolescents in general and specialist services. As part of the multi-disciplinary team, we operate in a complex matrix for practice comprising professional standards, the duties and responsibilities outlined in our role descriptions, policy and legislative requirements as well as clinical practice guidelines.

Standards and Ethics

Social Work Clinical Capability Framework

The Social Work Clinical Capability Framework is the key practice document for social workers in Queensland Health. Developed by the profession, the framework integrates practice principles, ethics and standards endorsed by the Australian Association of Social Workers [AASW] and role expectations of Queensland Health, identifying the core skills and knowledge which underpin good social work practice in a health context.

The Social Work Clinical Capability Framework¹ is “designed to equip Queensland Health Social Workers with the resources necessary to:

- define and articulate their role within Queensland Health
- identify their current level of clinical capability and others they may aspire to
- maintain “a high degree of self-efficacy, creativity and professionalism” (Hase & Davis, 1999, p. 3)
- “create social (or systemic) change to reduce social barriers, inequality and injustice” (Australian Association of Social Workers, 2010b, p. 7)
- provide culturally appropriate, safe, high quality and sustainable practice with consumers across a range of complex and novel situations”.

We strongly recommend you use the Framework to assist your reflection on practice and in planning your professional development goals.

Professional Standards

The Australian Association of Social Workers [AASW] as the national professional body for Social Workers has endorsed practice standards and a code of ethics by which Social Work practice can be assessed. These include:

¹ Denman L. (2011) “Queensland Health Social Work Clinical Capability Framework Pg 24
• AASW Practice Standards for Social Workers [2013]
• AASW Practice Standards for Mental Health Social Workers [2014]
• AASW Supervision Standards [2014]
• AASW Code of Ethics [2010]

AASW website https://www.aasw.asn.au/

The Australian Community Workers Association (ACWA) as the national professional organisation for welfare and community workers has endorsed a code of ethics.


Legislation
Legislation impacting on the clinical practice of Social Workers and Welfare Workers include:

• Mental Health Act 2016 (QLD)
  Guardianship and Administration Act 2000

• Child Protection Act 1999 (QLD)

• Domestic and Family Violence Protection Act 2012 (QLD)

• Anti-Discrimination Act, 1991 (Qld)

• Right to Information Act 2009 and the Information Privacy Act 2009 (QLD)


• Health Act 1937 (QLD)

• Public Health Act 2005 (QLD)

• Coroners Act 2003 (QLD)

• Transplantation and Anatomy Act 1979 (QLD)
The Disaster Management Act 2003 (QLD)

Each Hospital and Health Service has policies which frame legislative responsibilities and underpin staff duties and practice. Your Social Work department may also have work unit guidelines or procedures which also set out processes and expectations.

Clinical Practice Guidelines

Increasingly, specialist services have their own practice guidelines which will be relevant and which form part of an evidence based approach to care.

Specialist guidelines specific to social work include for example:

- Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer [Link](http://www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/cp90.pdf)
- National Standards for Palliative Care [Link](http://palliativecare.org.au/)
Mandatory Training

Mandatory training is information which Queensland Health has deemed essential for all workers to be aware of and act on. Mandatory training is provided both online and face to face as part of HHS orientation and there are time frames for completion after commencement. Annual refresher training is also a requirement. Allied Health Profession’s Office of Queensland has a mandatory training guide for allied health staff which can be accessed at:


This list of training meets the National Safety and Quality Health Services Standards (NSQHS) and records will need to be maintained for accreditation purposes. Your line manager will be able to assist you to access this training in a timely way.

This training enhances your ability to work safely as well as provide safe and competent practice. Code of Conduct training outlines expectations about standards of behaviour as well as our obligations and duty of care towards clients and/or their family.

Queensland Health orientation and induction

There is an online e-learning module which is mandatory and must be completed within any new employee’s first 2 days with the Hospital and Health Service.

This module can be accessed from the iLearn@QHealth learning management system. The topics include:

- Queensland Health vision, values and mission statement
- Organisational structure and governance
- Hospital and Health Service profiles
- An overview of the department, including introductions to the divisions / branches / units
- Information on Leader profiles
- Summary of mandatory training requirements
- Code of conduct, corrupt conduct and privacy
- Information on diversity and inclusion
- Workplace health and safety

The policy framework of Queensland Health is central to the practice environment and as a new employee, it is important to take some time to review these standards and requirements. These are available at:
The HHS and facility/agency orientation program will also provide information on these topics. In the meantime you can access the QHEPS site for further information on orientation in Queensland Health at: http://qheps.health.qld.gov.au/hr/onboarding/orientation/home.htm

**Flying Start Program**

Flying Start Queensland Health is a web-based program designed to increase the confidence and competence of new starter allied health professionals during their first two years of employment. There are ten learning units than can be utilised to complement professional supervision and mentoring.

The program includes modules on:

- Communication
- Clinical skills
- Teamwork
- Safe practice
- Research for practice
- Equality and diversity
- Policy
- Reflective practice
- Professional development
- Career planning

Speak to your team leader or supervisor about including Flying Start modules for discussion in supervision. The website is located at: www.flyingstart.health.qld.gov.au

**Child Safety**

Concern for the safety of children is a responsibility we all share and is part of our practice in adult settings as well as services focusing on children. Your supervisor will work with you should you identify a child safety concern in your caseload.

Go to http://qheps.health.qld.gov.au/csu/home.htm for information from the Child Safety Unit including training and reporting requirements. This link will also give access to the online education module for child safety, which includes a checklist signed by your line manager and recorded on your personnel file. This training should be repeated every twelve months. Your local Child Protection Liaison Officers may also provide regular staff training.
Aboriginal and Torres Strait Island Health

The Queensland Government acknowledges the special position of the Indigenous Nations as the first people of this land and recognises their rich diversity in culture and language and contribution to Queensland. Health priorities for Indigenous peoples include reducing the burden of chronic illness and improving maternal and child health. Key forums are in place and work in partnership with communities is progressing. “Making Tracks” is the policy and implementation plan for action toward closing the gap in health outcomes for Indigenous Queenslanders. Use the link http://www.health.qld.gov.au/atsihealth/default.asp to explore service planning further.

Indigenous health workers provide a comprehensive range of health care support to Aboriginal and Torres Strait communities for the maintenance and promotion of individual, family and community wellbeing. Indigenous health workers are found across the service spectrum – for example Community Health Centres, Aged Care, Mental Health Services and Alcohol and Drug services. Aboriginal and Torres Strait Islander liaison services have been established in recognition of the additional stress an admission to hospital or hospital based treatment may cause. Their role is to assist in the delivery of culturally appropriate health care within the hospital environment. For more information on this service visit your local hospital web page or speak to the team of Liaison Officers in your HHS.

To Do List:

- Ask for information about Child Safety processes in your setting
- Ask how to contact your local Child Protection Liaison Officer

For information on QH commitment to reconciliation go to: http://www.health.qld.gov.au/atsihealth/reconciliation.asp

For protocols for consultation with Aboriginal and Torres Strait Islander people go to: https://www.datsip.qld.gov.au/people-communities/protocols-for-consultation
http://www.workingwithatsi.info/content/FYU.htm

For information on the network for Indigenous Staff Members: http://qheps.health.qld.gov.au/indigenous_staff/home.htm
Culturally Competent Practice

Access to health care and participation in the management of our own health is a key principle for all. Australia is a country with many different cultures represented in its citizenry and overcoming barriers to this participation and promoting inclusion is part of our responsibility as service providers. The Queensland Government requires all Departments to produce an annual Multicultural Action Plan and following the approval of a state wide approach to developing cultural competence for Queensland Health staff members, a training program is underway.

Queensland Health has identified five Cross Cultural Capabilities that staff should demonstrate to be culturally competent. The five Cross Cultural Capabilities are identified as:

1. Self-reflection
2. Cultural Understanding
3. Context
4. Communication
5. Collaboration.

The capabilities underpin and will form the basis of all cross cultural learning and development training in Queensland Health in relation to working with people from culturally and linguistically diverse backgrounds. All staff is required to undertake cultural capability training and refreshers every five years.

The links take you to the plans, resources and policies which will be relevant to your practice.

**Multicultural Policy Framework**

**Language Services Policy Guideline 2016**

**Multicultural Health Workers Cultural Guides for 18 nationalities**

**Sad news, Sorry Business Updated December 2015**

**Cultural capability training**
To Do List:

- Find out more about providing care to patients or clients from Culturally and Linguistically Diverse backgrounds
  


- Information on arranging an interpreter for spoken languages through the Interpreter Service Information System [ISIS]
  

- Information on working with an interpreter
  

- Ask for local information on arranging Auslan interpreters for clients who are deaf
  

Recommended Training

Domestic and Family Violence Prevention

A basic human right is to be safe from physical, financial, emotional and psychological abuse. Patients and clients of Queensland Health may access services after experiencing violence or abuse. Disclosures of abuse may also be made when attending a service for another matter.

Social workers have a role in discussing the impact of the abusive relationship on the person and those around them, exploring options with the client and providing direct assistance when requested. The development of safety plans, provision of information about and/or referral to specialist agencies is central to social work intervention in situations where violence and abuse occur.

As much as possible the person experiencing the abuse will make the decisions about what action will be taken. However, there are some limits to self-determination and confidentiality, particularly when children are present in the family. As a new employee, please speak with your supervisor as soon as you have identified concerns about family violence to discuss the appropriate response and local protocols. Your supervisor will be able to assist should such a situation arise in your caseload.
Disaster Management

The Queensland Health Disaster Plan is issued under the authority of the Director-General and is one part of an overarching State Disaster Management Plan. The Queensland Health Disaster Management Plan takes a multi-agency, comprehensive approach to emergency management and the procedures and protocols outlined in it apply to all services across Queensland Health.

Mental Health and community health workers, psychologists and social workers all contribute to disaster management and, for example, were involved in the response to the floods in January 2011 through early deployment to affected areas.

✅ To Do List:

• For more detailed information about domestic and family violence, go to

• For specific information on Elder Abuse go to:

• Review a useful resource - the WA Dept of Health reference manual for health staff on responding to DV and family violence
To Do List:

- You may also be interested to view information on your HHS’s ‘Code Brown: External Emergency’ response and these can be found on QHEPS by searching ‘Code Brown’.
- Ask your line manager or supervisor about your local social work department plan and what training may be necessary to participate if you would like to do so. Psychological First Aid training is recommended.
- Read the article – Learning from each other: The social work role as an integrated part of the hospital disaster response (2006)

Evidence-based practice

Queensland Health is committed to the provision of health services which are safe and benchmarked with best practice evidence. Evidence-based Practice (EBP) requires practice decisions about health care to be based on the best available, current, valid and relevant evidence. These decisions should be made by those receiving care, informed by the tacit and explicit knowledge of those providing care, within the context of available resources. This can also be expressed as the integration of information from four sources as shown in the diagram -

1. Research evidence
2. Clinical expertise
3. Patient values and circumstances
4. The practice context in which you are interacting with your patient.
When these elements are combined in a way to make decisions about the best care of a patient, you are engaging in EBP³.

Evidence can come from a range of sources including scientific journals and other publications, population health statistics and locally collected data, so a positive first step would be to explore CKN training courses available through your local librarian to learn how to search databases or have your librarian complete that for you.

**To Do List:**

- Review EBP resources available online:
  - Contact your librarian and seek assistance
  - Ask your clinical educator for the SWW CEP EBP workbook

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**Accreditation and Continuous Quality Improvement**

Accreditation provides assurance to the community about the standard of patient care provided. Queensland Health participates in the national accreditation scheme which has been auspiced through the Australian Council on Healthcare Standards (ACHS).

Aiming to ‘improve the quality and safety of health care’ the ACHS has developed a set of standards known as the Evaluation and Quality Improvement Program (EQuIP) and EQuIP5. These standards provide a management tool to assist health care organisations to continuously improve their performance and to promote teamwork. Your service or department will be contributing to the evidence needed to demonstrate compliance with the standards as part of the accreditation cycle.

We can all contribute to quality improvement in our own work and service area by thinking about the services we deliver and asking if there are gaps or better ways of delivering service.

**To Do List:**

- Review Quality improvement tools on QHEPS
- Read the Tips for health workforce to meet NSQHS standards
Social Determinants of Health

A key driver for Queensland Health in determining priorities and planning services are the social determinants of health. “Health is determined not only by behavioural, biological and genetic factors but also by a range of environmental, economic and social factors. A safe environment, adequate income, meaningful and valued social roles, secure housing, higher levels of education and social support are all associated with better health and well-being.

The Department of Health Strategic Plan 2016-2020 commits to empowering and supporting patients to manage their health to meet their expectations, contemporary care standards and to reduce inequitable health outcomes. Equity, inclusion and fair access to resources and services also speak directly to our professional values and it is important to understand how these factors influence the lives and experience of our clients.

☑️ To Do List:

- For more information on the social determinants of health go to:

- Ask your local clinical educator for a copy of the Social Determinants in Health SWWCEP workbook

PROFESSIONAL SUPPORT

Professional Supervision

Safe and competent practice requires a commitment to regular critical reflection on our practice. Supervision is an effective way for this review to occur and is a key part of active learning, helping you identify learning goals and practice aims. The AASW provides guidance for social workers on the ongoing need for regular supervision [whatever our practice experience] and the Association’s expectations are made clear in both the AASW Supervision Standards [2014] and Continuing Professional Development [2015] policies. Queensland Health also has a policy mandating the requirement for all Allied Health Professionals to receive regular professional support from a supervisor of your own choice as well as administrative supervision from your line manager or team lead.
There are a number of templates available for professional supervision agreements, agendas, session notes and evaluation of the supervisory process within the supervision guide. To get the best out of this time, we encourage you to find and use the format that suits you and your supervisor.

During the process of developing your supervision agreement it is often helpful to have an early discussion on expectations. This will help establish a clear understanding of supervision style, mutual responsibilities such as confidentiality, punctuality and reliability in attendance, record keeping and preparation as well as how any issues will be addressed. The templates mentioned will help with this. Should concerns arise which cannot be resolved between you and your supervisor there are people and procedures in place that can help in working toward a resolution.

![To Do List:](image)

- Check the supervision standards and other policies of the AASW through [http://www.aasw.asn.au/about-aasw/about-aasw](http://www.aasw.asn.au/about-aasw/about-aasw)

The model utilised in the Allied Health Professional Support Framework provides tools to collaboratively contribute to the learning and development of each group member. Activities within the peer group assist with clinical problem solving, aid reflective practice, and disseminate information to address difficult clinical and professional situations.

**In-service**

Most staff in Queensland Health have had the experience of participating in an in-service session within their workplace. In-service is a common approach to professional support and development for staff and tends to be organised internally.

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4 Definitions are based on the Cunningham Centre’s Allied Health Professional Support Program
within local departments or services. In-service is a session devised for clinicians to increase their professional knowledge and skills, and ensure they’re up-to-date with recommended practices.

**Peer Review / Inter-professional Learning and Support**

Some agencies may use peer review and/or inter-professional learning and support forums to invite new graduates from social work and other health disciplines to come together for discussion. Such opportunities will support reflection on entering the work force as well as clinical case examples and issues that impact on health professionals. This allows a range of views to be expressed and gives workers new to Queensland Health an opportunity to learn more about the role of other members of the multi-disciplinary team.

Case studies may also be used to encourage exploration of working within a team – looking at successful collaboration, communication and keeping the client/patient central to our work.

**Work Shadowing**

You may also be invited to ‘shadow’ your supervisor or another social worker for particular learning purposes which have been established as part of your broader learning program. Your observations and impressions are then reviewed. Work shadowing is often undertaken in tandem with independent reading around the relevant practice issue or skill.

The Cunningham Centre uses work shadowing resources through the Allied Health Professional Enhancement Program (AHPEP) placements. Work shadowing in this context involves structured learning in a work unit or area of practice that can contribute to the professional development of the participant. Importantly, to be a valuable workforce development tool, work shadowing needs to be a structured, goal-directed learning experience, driven by the learning goals of the participant.

The method should form part of a broader learning program and be preceded by independent study in the relevant area of practice or technique/s to be targeted - through journal article review, attendance at workshops, online training programs etc. The placement should be followed by assessment of learning and where relevant, skill acquisition and evaluation of the placement by the participants.

**Clinical Educators**

The Social Work and Welfare Clinical Education Program (SWWCEP) was established in 2010 as part of Queensland Health’s raft of initiatives to better support the development of staff and a culture of continuous improvement and lifelong learning. Clinical Educators for Social Work and Welfare are hosted in most Hospital and Health Services across the State. Ask your line manager or supervisor for your local Clinical Educator’s contact details.
Part of their remit is to work in partnership with line managers and supervisors to provide support for newly qualified workers in the first two years of their employment. Clinical Educators also take a leading role with student education, working closely with the Schools of Social Work, students and field educators within these professional groups.

It is generally accepted in Queensland Health that 'newly qualified' means up to two years post qualification and this recognizes the complexity of transitioning from student to independent practitioner. Information about training opportunities and support currently available to assist you in your professional development can be obtained through your supervisor or Clinical Educator.

When you are eligible to be a field educator i.e. at the completion of 2 years full time practice, you will see that the Clinical Educator usually takes the lead role in the coordination of student placements with universities, colleges and, with local staff. The Clinical Educator facilitates a range of learning opportunities to ensure students have a productive experience in the field.

Clinical Educators are also keen to consult with established field educators to support their ongoing development and to be responsive to the needs and requirements of those new to this role.

**Social Work Research**

Research within a Social Work context can broadly be defined as the systematic search for knowledge to inform practice. It includes searching the literature, evaluating research studies, planning and implementing research projects, and critically evaluating your own practice.

One of the key ingredients of research is curiosity. While in the initial stages of your employment you will be concentrating mainly on understanding your new role and all the new knowledge and procedures, in a short time you will begin asking yourself a number of research type question - for example, is this the best way of helping this group of patients?; what does the literature tell me about this medical condition?; how does developmental level affect rehabilitation? Fortunately, Queensland Health has a strong research tradition, and has a great number of resources to help you with your questions.

One of the best people to get to know is your local Queensland Health librarian. All librarians are approachable and can usually help you access articles or books that you need. On QHEPS both Reference Tools and Clinical Knowledge Network contain invaluable research tools.

Formal research is encouraged within Queensland Health and in 2010 research fellows across allied health were appointed. These positions came out of the Health Practitioner (Queensland Health) Certified Agreement (No 1) 2007 and are intended to build research capacity in the health practitioner workforce and facilitate the implementation of evidence based clinical services. Research positions have been allocated across a number of HHSs so ask your line manager or supervisor who is your local HP research fellow. Later in your career it is likely that you will become involved in one or more research projects and your Research Fellow will be a good starting point for those interested in completing practice research.
Self-care

As health care professionals working in busy environments where service demands are high, it is important to recognise and address potential personal impacts from situations faced in the course of your work. As social workers, we provide services to people who experience traumatic and distressing events in their lives. Witnessing these events over weeks, months and years can take a physical and emotional toll on the health and well-being of clinicians. Over time this can affect our ability to “bounce back” when a stressful event occurs and leave clinicians feeling overwhelmed and vulnerable.

Being aware of your stress triggers and reflecting on your thoughts, feelings and physical responses to new situations is part of this self-care approach. Other strategies include maintaining a healthy lifestyle and healthy relationships across your personal and professional networks, including accessing supervision, mentoring and if required, professional debriefing.

Experiencing the effects of stress is not a weakness but part of being human and a complicated response to complex and challenging situations. We therefore encourage you to seek assistance and talk through any issues which may arise for you. Your line manager and clinical supervisor are there to discuss difficult situations encountered and support you to develop helpful management strategies. Acknowledging, reflecting and discussing these with others will assist you both personally and professionally, so you can continue to grow as an effective social work clinician.

To Do List:

- Join the Library and ask for training dates to get the best out of CKN.

Each HHS may have their own research intranet page and Metro North, Metro South and Cairns are below.


To Do List:

- Go to [http://qheps.health.qld.gov.au/eap/home.htm](http://qheps.health.qld.gov.au/eap/home.htm) for information on the range of Employee Assistance programs available, including crisis support which is available 24 hours per day, 7 days per week throughout the year.
LEARNING AND DEVELOPMENT

Performance and Development Plan (PAD)

In Queensland Health each employee develops a performance and development plan which is reviewed twice a year with your manager. The plan builds position related responsibilities, sets goals and defines professional development priorities. Service priorities can be incorporated into your goals and these goals will help determine the specific training and conferences you will be supported to attend. It is important to know your work is valued and aligned with National, State and HHS strategic priorities. The PAD process supports you to continuously improve patient health outcomes, drive your professional career and continue lifelong learning.

A good place to start when preparing for these discussions is the Clinical Capability Framework for social workers. Supported by the profession, this framework makes explicit the practice standards to be demonstrated by social workers in health and its use will help you identify your current capabilities and provide guidance on your progression as a social worker.

To further assist staff in their development, Queensland Health also sponsors a number of professional development programs as well as the Clinicians Knowledge Network (CKN), an online library service. Agencies will usually have their own professional development sessions which employees attend on a regular basis. Other practice support opportunities – such as peer review forums or journal clubs may be made available to you [or you could canvas support to start a program] and you can access more information about these and other ideas on The Cunningham Centre website.

In the absence of professional registration, social workers in health are encouraged to read and comply with the AASW Continuous Education Policy as referred to previously, which requires 30 hours of CPD annually as a minimum standard and includes 10 hours of supervision.

Professional Development Allowance

If you are a permanent employee or employed more than twelve months as a temporary employee you are also eligible for the Professional Development Allowance [PDA] paid fortnightly and noted as a separate allowance on your pay slip.

Higher Education Incentive Payment

If you are recruited to a HP3 or HP4 position and have a relevant post graduate degree you may be eligible for a Higher Education Incentive payment. Review the HR policy C27 at:

Study and Research Assistance Scheme

Queensland Health offers financial and leave assistance under the Study and Research Assistance Scheme (SARAS) to assist employees who are pursuing course of study and research projects. For further details go to the HR policy (QH-POL-223) at:


To Do List:

- Read the overview on the Performance and Development (PAD) process in Queensland Health - http://qheps.health.qld.gov.au/hr/pdp/performance-dev-planning.htm and locate your local HHS PAD templates and process on QHEPS.
- Check the Allied Health Profession Office of Queensland for links to Clinical Education information and resources http://qheps.health.qld.gov.au/alliedhealth/html/Professions/social-work.htm
- If you are working in a mental health service, there are specific resources available to you via http://qheps.health.qld.gov.au/qcmhl/home.htm
- If you are in a rural or remote setting – you can see what’s happening via https://www.health.qld.gov.au/parrot/
- Check ‘on line’ QH training opportunities at: http://qheps.health.qld.gov.au/indexpages/staffsupport.htm

DIRECT PRACTICE

Health Care Rights

The Australian Charter of Healthcare Rights applies to the whole health care system in Australia whether private, public, hospital based or community service setting and ensures we all have a clear understanding of the rights of health care consumers. The standards encompass access to and safety of services provided and the manner in which the care or treatment will be delivered. Queensland Health has confirmed this Charter for use.
There are seven Health Care Rights for health care consumers under this framework –

- **Access** – a right to access healthcare services to address your healthcare needs.
- **Safety** – a right to receive safe, high-quality health services provided to you with professional care, skill and competence.
- **Respect** – a right to be provided with care that shows respect to your culture, beliefs, values and personal characteristics.
- **Communication** – a right to receive open, timely and appropriate communication about your health care in a way you can understand.
- **Participation** – a right to join in making decisions and choices about your care and about health service planning.
- **Privacy** – a right to the privacy and confidentiality of your personal information.
- **Comment** – a right to comment on or complain about your care and have your concerns dealt with promptly and properly.

Remember an interpreter can be arranged if a person has difficulty communicating in English or uses Auslan [sign language]. For more information on patient’s rights go to http://qheps.health.qld.gov.au/metronorth/subacute/safety-quality/charter-care.htm

Patient rights have also been addressed in the *Mental Health Act 2016* and the practice standards informed by this legislation are consistent with International and national Australian principles and standards of care. The Act protects the rights of patients by

- providing safeguards for the use of involuntary provisions
- involving patients in decisions affecting them
- ensuring regular independent reviews of a patient’s involuntary treatment

If you work in a Mental Health service your supervisor will provide you with more detailed information. For general information go to http://conditions.health.qld.gov.au/HealthCondition/condition/17/60/459/mental-health-act-2000-patient-rights

**Psychosocial Assessment**

“Individual assessment has been described as everything from the gathering and processing of data, through to a complex analysis of all the factors involved in a person’s life that impact on their life course. It is complex, being organisationally driven through the parameters of the organisation’s expectations and policies and professionally driven…as it is seen as fundamental to the Social Work intervention. The process of conducting a psychosocial assessment defines a client’s experience with
Social Work, whilst its formulation shapes the services that they will receive overall (Whittington, 2007)” [5].

In health settings, psychosocial assessment has a particular focus on the impact of illness, injury, disability and significant life events on clients. The assessment informs and determines the intervention plan. It also provides the multidisciplinary team with an understanding of how the client sees and understands their own situation, what resources and strengths are available as well as the challenges faced.

There is an excellent series of work books on assessment for social workers in Queensland Health. We recommend you explore them as part of your introduction to practice. Ask your Clinical Educator for access to these work books.

**Clients with Impaired Decision Making Capacity**

The Powers of Attorney Act 1998 (Qld), enabled the Enduring Powers of Attorney (EPOA) and Advance Health Directive (AHD) which allows adults to make treatment decisions or to appoint a decision-maker that endures even when the Adult loses capacity. Using an EPOA, Adults with capacity for decision-making are able to appoint a trusted person to make personal, health or financial decisions on their behalf in a way that endures if the person loses capacity. This trusted person is a substitute decision maker. Forms are completed which allow financial access immediately while personal health decisions may only be made after the Adult loses capacity.

An AHD is a formal way to give instructions about future health care, including what medical care is wanted and the way in which care is delivered. An AHD can appoint an attorney for health and personal matters.

If an adult client has not previously appointed somebody to make health care decisions for them through an Advance Health Directive or to act as personal/financial or health attorney under an Enduring Power of Attorney, a Statutory Health Attorney will be able to provide this consent.

A Statutory Health Attorney may be a spouse, close relative or friend or carer (except a paid carer) and must be over 18 years old. Forms are not required to be completed as a Statutory Health Attorney is allowed within the legislation.

If there is nobody who fits the order of priority of appointment within the legislation or is readily available and culturally appropriate to act as a person’s Statutory Health Attorney, the Public Guardian can act as Statutory Health Attorney of last resort and will make a decision for the health matter⁶.

If the decision making impairment is unlikely to resolve, under the Guardianship and Administration Act [2000 QLD] an application can be made to the Queensland Civil and Administrative Tribunal if a decision needs to be made and the person is unable

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⁶ Queensland Government, Justice Department Website downloaded 30/08/2016
to make that decision and it cannot be resolved informally or by other means such as assisted decision-making.

The Office of the Public Guardian has been given the authority to investigate allegations of abuse, neglect or exploitation of an adult with impaired capacity and misuse of Enduring Powers of Attorney.

It is important to become familiar with the provisions and principles of the Act and any local procedures which are in place, and to discuss situations where the client is unable to make a necessary decision at the appropriate time with your team, line manager or supervisor to agree on an appropriate response.

☑️ To Do List:

- Ask if there are local guidelines available

Working with Involuntary Consumers (Mental Health Act 2000 and 2016)

At the time of reviewing this booklet, although the Mental Health Act 2016 had been passed in parliament in February 2016, Queensland Health was still in the process of implementing the changes required.

There are many Social Workers in Queensland Health working within mental health services and working with consumers who are subject to Involuntary Treatment Orders (ITOs) or Forensic Orders (FOs) and Forensic Orders (Disability). The Mental Health Acts 2000 and 2016 provide for the involuntary assessment and treatment, and the protection, of persons with mental illness. At the same time, the Act aims to safeguard and balance the rights and freedoms of people who have a mental illness and those of others. It is essential that Social Workers are aware of the differential power relationships affecting the professional relationship between the social worker and the involuntary consumer.

Social Workers practicing within involuntary treatment models may at times notice conflict with core social work principles. Regular clinical supervision is essential to ensure accountable, open and transparent practice. This also gives the social worker an opportunity to discuss the challenges of working within an involuntary framework.
The Acts do provide some advocacy for the rights of the mental health consumer with the roles of the Consumer Consultant and the Mental Health Review Tribunal. A Consumer Consultant is a non-clinical Mental Health & Alcohol, Tobacco and other Drugs Service [ATODS] staff member with the lived experience of mental illness whose role is to represent and advocate for the views and perspectives of mental health consumers to ensure that mental health services are consumer centred and recovery focused.

The Mental Health Review Tribunal is an independent statutory entity established under the MHA 2000. It includes lawyers, psychiatrists and other persons with relevant mental health experience. The role of the MHRT is to review consumers subject to the ACT and ensue the involuntary processes are appropriately applied.

To Do List:
For further information on the Mental Health Act 2016, visit 

Find your district’s information on mental health services on QHEPS

Documentation
In health settings there are a number of functions of clinical documentation including:

1. Patient care – information available to all treating or consulting clinicians, continuity of care, patient safety (risks, alerts and allergies)
2. Administration – funding, budgets, resource allocation, future planning, research
3. Medico-legal purposes

Social workers and other health workers are required to enter details of their professional contact with clients in medical or unit records. Queensland Health’s expectations are outlined in the local policies and learning packages, however documentation standards are likely to request that the following standards are incorporated –

1. Accuracy
2. Written contemporaneously
3. Objectivity
4. Legibility

A number of Hospital and Health Services (HHS) are now using digital records and will require all new staff to undertake training prior to gaining access to the system. Recording all patient contacts is mandatory and each HHS will have a preferred
format for recording contacts under headings such as ISBAR

Please ask your line manager for clarification about the format in your area and request a best practice example for reference. If your HHS still uses manual inputting of charts then it is important to follow the formatting details below.

**Manual Formatting details:**
- Written in black ball point pen
- Include the date and time (24 hour clock) in the left hand margin
- Leave no lines
- Sign the entry
- Print clearly name and designation below the signature

**Amendments**
- A neat line through the mistake, don’t use correction fluid or obliterate the text.
- Add the new material
- Add note in the margin stating why the amendment has been made
- Initial the change

Remember - confidentiality is important. Client information should always be treated respectfully and client consent obtained before information is shared and only relevant information recorded. However there are times when other responsibilities take precedence such as when there is a risk of harm to another, when the person is at risk of harming themselves or when there is a statutory obligation such as in child safety. For more direction on documentation go to AASW Practice Standards [2013] using link provided.

**☑️ To Do List:**

Ask your line manager or supervisor for your district’s guidelines on clinical documentation.

Read the article “Raising the Titanic” by Cumming et al (2007) to understand the importance of clinical documentation.

![Raising the Titanic.pdf](http://example.com/Raising%20the%20Titanic.pdf)

**Abbreviations and Acronyms**

Every setting seems to have its own set of abbreviations and symbols, which can make communication difficult and to help with this, a booklet of acronyms and
abbreviations is also available from your line manager, supervisor or your district Clinical Educator. You can also access on line by going to http://qheps.health.qld.gov.au/alliedhealth/docs/sw/abbrev-acron-symb.pdf

Working in Teams

Your direct practice is most likely to be delivered in the context of a multi-disciplinary team [MDT]. In addition to social workers, the team most often consists of the following people:

- Medical Officers – Consultant, Registrar, Registered Medical Officer (RMO)
- Nurse Unit Manager (NUM); Clinical Nurse (CN] nursing staff OR Community Health Nurse
- Aboriginal Health Worker and/or Indigenous Liaison Officer
- Occupational Therapist
- Speech Pathologist
- Dietician and Nutritionist
- Physiotherapist
- Psychologist
- Audiologist
- Pharmacist

Working well in a team requires skill and practice. It is helpful to think about communication, how decisions are made and what is to be achieved for the client or patient. Organisational factors will also influence team work so consider hierarchy, individual roles and authority and the professional role of the social worker and other team members in the organization. Take the opportunity to reflect on team processes in your supervision. Your Clinical Educator may also have some useful resources and tips for you.
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**REFERENCES**

Allied Health Clinical Education and Training Unit, Queensland Health.

Mowat P and Denman L. (2010) Queensland Health Social Work Psychosocial 
Assessment: Supervision Workbook. Allied Health Clinical Education & Training Unit, Queensland Health.