



Tasmanian Department of Health and Human Services

Agency Health Professional Reference Group

Allied Health Professional Workforce Planning Group

Allied Health Professional Workforce Planning Project

Social Work Information

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3 Preface

This Social Work Information should be read in conjunction with the main Allied Health Professional Workforce Planning Project Discussion Paper.

4 Overview

Social workers help people to deal with personal and social problems, either directly or by planning or carrying out programs that benefit groups or communities.

Undergraduate courses in social work are offered by universities in all states and territories of Australia. Courses are available as a four-year degree for undergraduates and as a two-year degree (graduate-entry) for graduates with appropriate prerequisite subjects. Graduates hold a Bachelor of Social Work, which enables professional accreditation with the Australian Association of Social Work (AASW), the professional organisation.

The University of Tasmania Faculty of Arts School of Sociology and Social Work will graduate approximately 40 social workers in 2002 and approximately 83 per cent will be female.

Social workers were employed in the Hospitals and Ambulance Service, the Community, Population and Rural Health and the Children and Families Divisions of the DHHS. This was in specific social work positions and a range of generic positions that other occupational groups could also occupy.

There were 308 social workers employed in 220.12 FTE positions in the DHHS. Social workers were the largest group of the allied health professions employed by the DHHS.

In Tasmania, social workers were also employed by Commonwealth, other state and community agencies, as well as by the private sector. The DHHS was the employer of the largest numbers of social workers in the state.

It required 1.5 social workers to fill one FTE position. This indicated that there was a large number of part-time staff or positions and was one of the higher ratios for all AHPs in the DHHS.

Eighty five per cent of the social workers employed by the DHHS were female.

The median age of DHHS the social work workforce was 42 years, which matched the median age of all DHHS allied health professionals, at 42years.

The DHHS Human Resources Service indicated that there were 23 vacant social work positions for at least six months in the period from 1 July 2001 and 1 January 2002.

In the years 2000 and 2001, an average of 41.5 social workers left the DHHS per year and an average of 48 DHHS social work positions were

advertised per year. Social work had a turnover rate of 13 per cent and this was considered to be in the medium range when compared to all the AHPs in the DHHS.

Nationally, the demand for social workers "is influenced by the general health of the community, by government expenditure and health and welfare policies, as well as the level of economic activity" and "as the population continues to increase and age, there is likely to be an increasing demand for services of social workers and a growing supply of graduates eligible for membership of the AASW" (unpublished research by the Commonwealth Department of Employment and Workplace Relations).

In late 2001, the Australian social work workforce appeared to be in balance, but with supply shortages in some rural and remote areas and in specific speciality areas.

In 1996, the number of social workers in Tasmania was 42.8 social workers per 100,000 of the population and was above the Australian average of 40.5 social workers per 100,000. This indicated that there was an adequate local supply of social workers.

Specific workforce planning issues for the current social work profession within the DHHS identified in consultations were:

- the 1998 review of social work services within the Tasmanian Department of Community and Health Services. Many of the recommendations made by the Review Team were not endorsed or implemented by the DHHS. Many of the issues found by the Review Team to be inhibiting the employment of social workers in a rewarding and professional environment in 1998, were still present as workforce issues for social workers in 2001.
- the relatively high numbers of social workers leaving the DHHS each year. The social work profession had the largest numbers of allied health professional staff leaving the DHHS in the years 2000 and 2001. Eighty three social workers left in those two years. Although this corresponded to 14 per cent of the social work workforce and was within the average range for other allied health professionals, this represented significant costs to the DHHS. As the DHHS is the largest employer of social workers in the state and there is local training for the profession, there is the opportunity to create an environment in which the needs for quality social work services are addressed and staff turnover costs are minimised.
- recruitment. It appeared that there was probably an adequate supply of social workers in Tasmania, but that within the DHHS, there was a disparity in the geographical and service distribution of social workers and a mismatch between the competencies of some social workers applying for social work positions and the requirements of the positions.

- classification of social work positions. The need for appropriate and equitable classification of social workers within the Professional Stream of the Community and Health Services Award across the DHHS was one of the issues highlighted in the report of the review team for social work services (Tasmanian Department of Community and Health Services 1998). Although some of the strategies recommended by the review team were implemented by the DHHS, it appears that inequities, or perceptions of inequities continue.
- professional linkages across the services and Divisions of DHHS. There appeared to be inconsistencies in professional management, supervision or support structures for social workers in both specific social work positions and generic positions across the DHHS. The AASW has National Recommended Standards for Supervision and a Code of Ethics and although the DHHS endorsed the adoption of these after the DHHS social work review in 1998, the success of the adoption across DHHS was not known.
- registration of the profession. Social workers are not required to be registered in Australia. However, the AASW (2002) recently presented a submission to the Australian Health Ministers Advisory Council requesting statutory regulation of the profession. The present lack of registration for social workers puts further emphasis on the need for professional supervision, support linkages and continuing professional development across the DHHS to ensure quality service delivery.
- collaboration with the University of Tasmania. The University of Tasmania School of Sociology and Social Work offers postgraduate qualifications in social work, but there is the potential for the DHHS and the profession to work with the School to define DHHS needs in the speciality social work workforce area, e.g. mental health and child protection, and to assist with the development of specific courses.
- continuing professional development for staff. Social work is a self-regulating profession. The AASW places strong emphasis on CPD activities and has a voluntary CPD program for members. Representatives of the AASW stated that the CPD requirements for membership of the professional association were not always supported in the workplace. There was a particular problem for social workers in generic DHHS positions, such as team leaders, obtaining sufficient social work CPD to maintain their social work skills.
- administration support. There were inconsistencies in the provision of support staff to social workers across the DHHS.
- employment opportunities outside the profession. Nationally there was some attrition from the social work profession, as social workers have skill sets, expertise and experience that may be usefully applied as project officers, policy makers or administrators in a variety of organisations.

5 Description of the social work profession

Social workers help people to deal with personal and social problems, either directly or by planning or carrying out programs that benefit groups or communities.

Social workers may perform the following tasks:

- counsel individuals through a crisis that may be due to death, illness, relationship breakdown or other reasons
- provide clients with information on services to assist them and provide letters of referral or reports that will help them to obtain other services such as crisis accommodation or social security benefits
- guide small groups of people to share their experiences, support each other and learn social skills
- help community groups to plan and carry out programs to help themselves, for example assisting newly arrived immigrants to form an association
- research community problems, needs and solutions through client contact, and records of welfare and health agencies
- develop policy and evaluate programs
- lobby to change social welfare policies and procedures in the pursuit of social justice for all members of the community.

Social workers specialise in fields such as family, youth and child welfare services, medical and health services, disability services, psychiatric and general mental health services, juvenile and family law courts, aged care and disabilities, income support and mediation.

They may also be involved in private practice, research or teaching (Commonwealth Department of Education, Science and Training 2002).

Social workers are not required to be registered in Australia.

5.1 Description of related social work occupations

5.1.1 Social work aides

Social work aides (also known as allied health assistants, community services aides, or therapist's assistants):

- visit clients, usually at home, to ensure that the action requested by the social worker has been carried out
- arrange outings and visits for the client and perhaps relatives
- take charge of the household management in an emergency situation until suitable relief is provided. These occasions are used as opportunities to observe and report to the social worker on any changes in social, physical or living conditions that may be affecting the client or their carer.

Social work aides work under the direct supervision of professional staff and are not qualified to diagnose conditions or prescribe management.

5.1.2 Psychologists

Psychologists study human behaviour, conduct research and apply research findings in order to minimise distress, behavioural and psychological problems, and to promote mental health and rational behaviour in individuals and groups.

To become a psychologist usually requires the completion of a four-year degree (with honours) majoring in psychology or a four-year Bachelor of Psychology degree. This is followed by either an accredited two-year postgraduate qualification majoring in counselling, clinical, educational, developmental, forensic, organisational or neuro psychology, or two years of supervised experience with a registered psychologist. These bachelor and postgraduate degree courses must be accredited by the Australian Psychological Society.

(Commonwealth Department of Education, Science and Training 2002)

5.2 Description of occupations in the community services workers category

The Commonwealth Government (AIHW 2001) has an occupation classification called 'community services workers'. The occupations included in this classification are:

- pre-primary and special education teachers and aides
- welfare, social and community workers
- counsellors (family, rehabilitation, drug and alcohol)
- welfare associated professionals (parole/probation officer, youth worker, residential care officer, disabilities services officer, family support worker)
- children's care workers (including childcare coordinators and workers, family day care workers, nannies)
- special care workers (hostel parent, refuge worker, aged or disabled person carer)

The relative Australian numbers of these occupations that are pertinent to the DHHS came from the Australian census of 1996 (AIHW 2001) and are shown in Table 1 and some of these occupations associated with DHHS social workers are described below.

Table 1: Relative numbers of some community services occupations across Australia

Occupation	Numbers in the Australian workforce
Social worker	7,193
Welfare worker *	6,220
Community worker **	15,800
Rehabilitation, drug and alcohol, family etc counsellors ***	3,358
Parole/probation officer ****	828
Youth worker *****	5,391
Residential care officer	1,024
Disabilities service officer *****	4,930
Family support worker	1,001

Source: Australian census 1996 (AIHW 2001)

- * Welfare workers were generally not newly employed now by DHHS, there were some in Alcohol and Drug Services, CPRH and the Parenting Centre, C&F
- ** There were a number of community workers within the Alcohol and Drug Services and Disability Services of the CPRH
- *** Some counsellors were employed within DHHS with an appropriate qualification from a tertiary institution or appropriate qualification in the health or human service discipline
- **** Parole/probation officers were not employed by DHHS, but in the Justice and Education Departments
- ***** Some Youth Workers were employed in Custodial Youth Justice in C & F and some were employed as Youth Justice Workers in the Youth Justice Branch of C & F
- ***** Disability service officers were employed in Disability Services to provide direct hands-on- care to clients

5.2.1 Welfare workers

Welfare workers (also known as community workers) assist individuals, families and groups with social emotional and financial difficulties to improve quality of life by educating and supporting them and working towards change in their social environment (AIHW 2001).

To become a welfare worker usually requires completion of a certificate, diploma or an advanced diploma in community services or social welfare. However, entry to this occupation may be improved if people have a degree in social science majoring in community welfare (Commonwealth Department of Education, Science and Training 2002).

5.2.2 Children's services workers

Children's service worker provide case assessment and management to children and young people involved with the DHHS either voluntarily or on legal status, with the aim of enabling them to grow up in a safe and supportive environment either with their families or in out-of-home care (Department of Health and Human Services 2002).

5.2.3 Community workers

Community workers provide assessment, treatment, community liaison and referral services and undertake community education and health promotion on alcohol and drug related issues to a specific geographical area or population (Department of Health and Human Services 2002).

5.2.4 Community development officers

Community development officers facilitate community development initiatives and collect solutions within a community to address issues, needs and problems (AIHW 2001).

To become a community development officer usually requires completion of a certificate, diploma (through a TAFE type institution) or degree (through a university) in relevant disciplines including social work, social sciences and community services.

To become a member of the Australian Institute of Welfare and Community Workers, people need to complete a degree or diploma in welfare work or community services, or else have another qualification plus 3 years of experience (Commonwealth Department of Education, Science and Training 2002).

5.2.5 Counsellors

Counsellors assist people to better understand themselves by explaining options, setting goals and helping them to take action. For example, a drug and alcohol counsellor provides assessment, support and treatment for people, develops strategies which assist them to set goals, effect and maintain change, and provides community advice and education.

There are no specific educational requirements to become a counsellor. However, entry to this occupation may be improved if people have qualifications. Training is available at the diploma and degree level, e.g. by the Australian Institute of Professional Counsellors for a Diploma of Professional Counselling; or bachelor level by a university for a Bachelor of Arts (Psychology), Bachelor of Science (Psychology) or a Bachelor of Social Work.

5.2.6 Probation officers

Probation Officers (also known as Parole Officers and Community Correction Officers) supervise parolees who have been placed on probation by court order or released conditionally from corrective services institutions (AIHW 2001).

There are no specific educational requirements to become a probation or parole officer. However, entry to this occupation may be improved if you have experience and qualifications in relevant disciplines including social work, counselling and community services.

5.2.7 Youth workers

Youth workers work with and support young people, individually or in groups, to deal with social, emotional or financial problems.

There are no specific educational requirements to become a youth worker. However, entry to this occupation may be improved if people have qualifications. These may be diploma qualifications in Community Services (Youth Work) or degree qualifications in Social Science or Social Work.

(Commonwealth Department of Education, Science and Training 2002)

6 Workforce supply

6.1 Current workforce supply of DHHS social workers

6.1.1 AIHW information

Data from the 1996 census (AIHW 2001) showed that there were 7,193 social workers across Australia and 199 in Tasmania (approximately three per cent of the Australian social worker workforce).

Other census data was used in comparisons later in the document.

6.1.2 Professional organisation information

There were 6,300 members of the Australian Association of Social Workers (AASW) across Australia in 2001 and 6,282 in 2002.

The Tasmanian branch of the AASW had 184 members in 2001 and 203 in 2002.

The majority of Tasmanian social workers are employed by Commonwealth, Tasmanian or community-based agencies. There were some who were employed in the private sector in areas such as workplace training, counselling and rehabilitation roles. However, the DHHS was the employer of the largest numbers of social workers in the state.

6.1.3 Profile of the current DHHS social work workforce

6.1.3.1 Demographics of the DHHS social work workforce

6.1.3.1.1 Human Resource Services Information System data

Data on the DHHS social work workforce from the DHHS Human Resource Services Information System (as at 21 March 2002) has been displayed graphically.

It must be noted that:

- it was extremely difficult to identify social workers and the positions that they occupied and could occupy within DHHS and complete accuracy is not assured.
- the social worker workforce analysed was that employed under the Professional Stream of the Community and Health Services (Public

Sector) Award and did not include those employed under the Administration and Clerical Stream.

- the information displayed in these graphs represents all social work positions and positions occupied by social workers; regardless of whether they were filled or vacant at the time of this analysis.
- some DHHS social welfare services are provided through contracts with Calvary Rehabilitation in the south and these were not included in the following analysis.

There were 308 social workers employed in 220.12 FTE positions in DHHS. It required 1.5 social workers to fill one FTE position. This indicated that there was a large number of part-time staff or positions and was one of the higher ratios for all AHPs in the DHHS.

Within the DHHS, social workers held positions that were specifically allocated to that profession or other positions for which a social work qualification was appropriate. A summary of positions held by social workers within the DHHS services is below.

In the Hospitals and Ambulance Services Division:

- there were specific social work positions for which the essential requirement was a degree in social work giving eligibility for membership to the Australian Association for Social Workers.

In the Community, Population and Rural Health Division (Primary Health):

- in the Aged Rural and Community Health Services, Palliative Care Services and the Aged Care Rehabilitation Unit there were specific social work positions for which the essential requirement was a degree in social work giving eligibility for membership to the Australian Association for Social Workers.
- in the Aged Care Assessment Team there were
 - specific social work positions for which the essential requirement was a degree in social work giving eligibility for membership to the Australian Association for Social Workers.
 - a number of generic 'health professional assessment positions' that were open to social workers, occupational therapists, nurses etc.

In the Community, Population and Rural Health Division (Community Support):

- in Disability Services there were
 - a number of 'professional officer' positions that were open to social workers, occupational therapists, psychologists, physiotherapists etc
 - a number of generic 'service coordinator welfare workers etc. These positions came under the Administration and Clerical Stream of the Community and Health Services (Public Sector) and the desirable qualification was a relevant tertiary qualification.

- in Mental Health Services there were
 - a specific number of social work positions for which the essential requirement was a degree in social work giving eligibility for membership to the Australian Association for Social Workers.
 - a number of generic 'allied health positions' that were open to social workers, occupational therapists, psychologists and nurses. The essential requirement for these positions was a professional entry-level qualification. These positions had roles such as a counsellor or team leader.
- in Alcohol and Drug Services there
 - was one specific social work position
 - a number of generic positions that social workers were employed in. These positions, called 'community workers' could be held by social workers, occupational therapists, psychologists or nurses. Similarly 'counsellor' positions could be held by these same professional groups if the applicant had additional counsellor qualifications. There were other positions, such as policy officers, service managers and education and training officers that were held by social workers.
- in Correctional Health Services there were
 - specific social work positions for which the essential requirement was a degree in social work giving eligibility for membership to the Australian Association for Social Workers.
 - a number of generic positions called 'court liaison officers' for which a tertiary level qualification in psychology, occupational therapy, nursing and social work was required.
 - a number of project officer positions occupied by social workers.

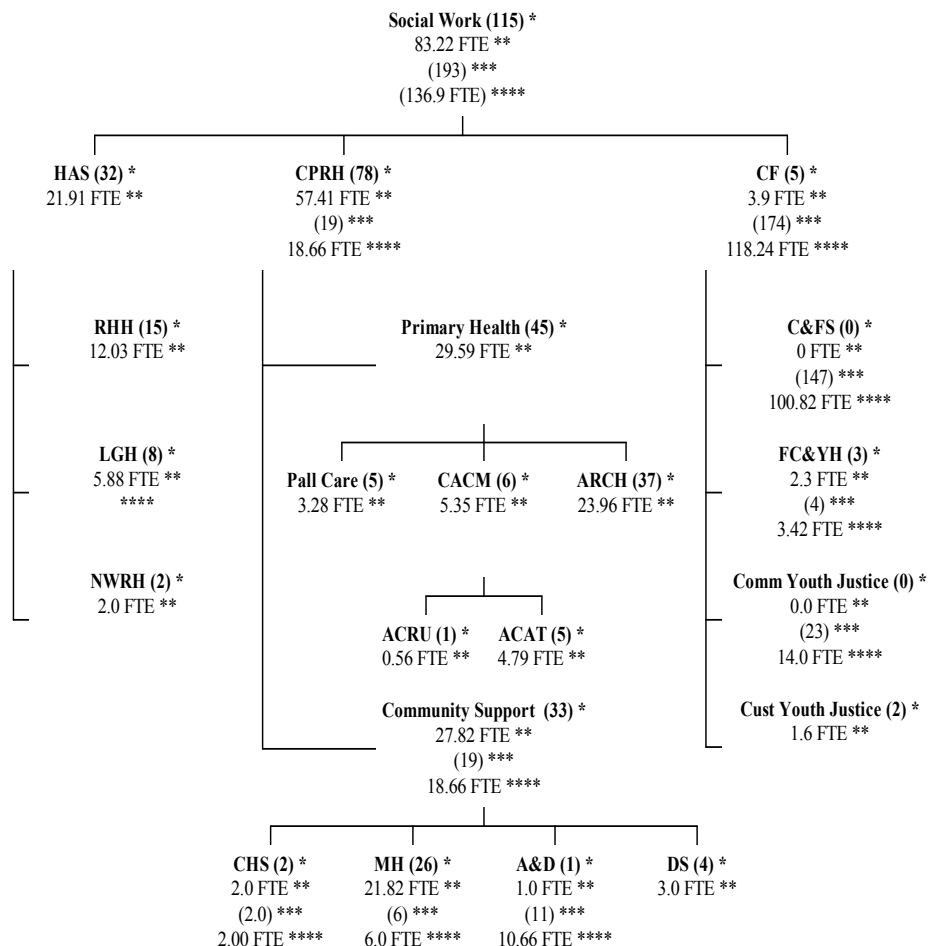
In the Children and Families Division:

- in Child and Family Services there were
 - no specific social work positions.
 - a number of child protection positions called 'children's services workers' and 'family service workers' where the minimum essential qualifications were the satisfactory completion of an appropriate course of study at a recognised tertiary institution, coupled with appropriate experience. Examples of these were social work, psychology, nursing or Arts qualifications.
- in Family, Child and Youth Health Services there were
 - specific social work positions for which the essential requirement was a degree in social work giving eligibility for membership to the Australian Association for Social Workers.
 - a number of generic positions called 'youth health workers' that social workers, psychologists, nurses or teachers were employed in. The essential qualifications for these positions were satisfactory completion of an appropriate course of study at a recognised tertiary institution.
 - a number of generic 'clinical manager' positions that social workers were employed in.

- in Community Youth Justice there were
 - no specific social work positions.
 - a number of generic positions, e.g. 'senior practice' and 'coordinator' to which social workers or other professionals could be appointed
 - a number of 'youth justice worker' positions at PF1 level to which social workers and/or other disciplines could be appointed.
- in Custodial Youth Justice Services there were
 - specific social work positions for which the essential requirement was a degree in social work giving eligibility for membership to the Australian Association for Social Workers.
 - generic positions called 'case management coordinators' that a number of professionals, including social workers and psychologists could occupy. The essential qualifications for these positions were satisfactory completion of an appropriate course of study at a recognised tertiary institution.

Figure 1 displays a summary of the social work positions and positions that could be occupied by social workers (under the Professional Stream) across the Divisions and services of the DHHS.

Figure 1: Division and service structure of social workers employed within DHHS (headcount in brackets)



Source: DHHS Human Resource Services Information System 2002

- * Social workers in social work positions
- ** Social work positions or positions in which social workers were employed under the Professional Stream of the Community and Health Services (Public Sector) Award
- *** Generic positions that social workers were/could be occupied in, where known
- **** Generic position FTEs that were occupied/could be occupied by a social worker, where known
- ***** There are social workers in addition to this staffing establishment who are contracted to provide a 24 hour, seven days a week on call service.
- ***** There are an additional 5.6 FTE social work positions that have time-limited funding through the Commonwealth Regional Health Services Program

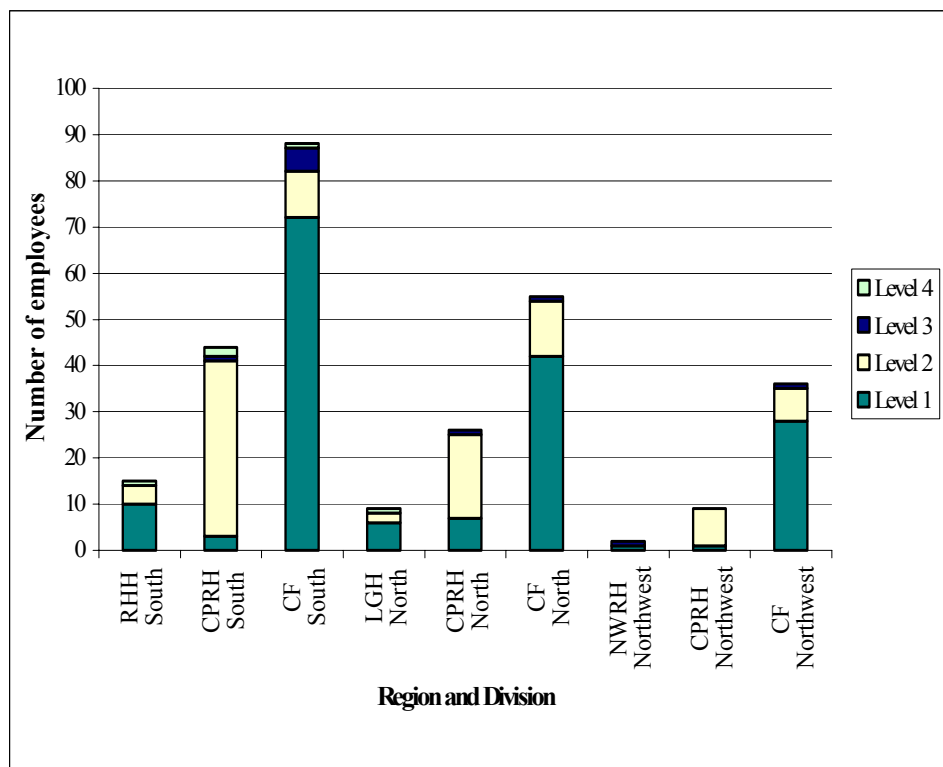
Social workers were employed in:

- the **Hospital and Ambulance Service Division** at the Royal Hobart, Launceston General and North West Regional Hospitals.
- in the **Community, Population and Rural Health Division** in Palliative Care, the Community Rehabilitation and Allied Health Services, the Aged Care Assessment Team, the Aged Care Rehabilitation Unit and Aged Rural and Community Health Services in Primary Health; and in Mental Health Services, Alcohol and Drug Services and Disability Services in Community Support.
- in the **Children and Families Service Division** in Child and Family Services, Family, Child and Youth Health, Community Youth Justice and Custodial Youth Justice.

It must be noted that Figures 2 to 9 and Table 2 include the social workers in generic positions in the Children and Family Division, but not those in Community Support in the Community, Population and Rural Health Division, so these figures and table have limited comparative value.

Figure 2 displays the distribution of the award levels of the 284 social workers across the three Divisions of the DHHS. The numbers of social workers include those employed as social workers and those employed in generic positions.

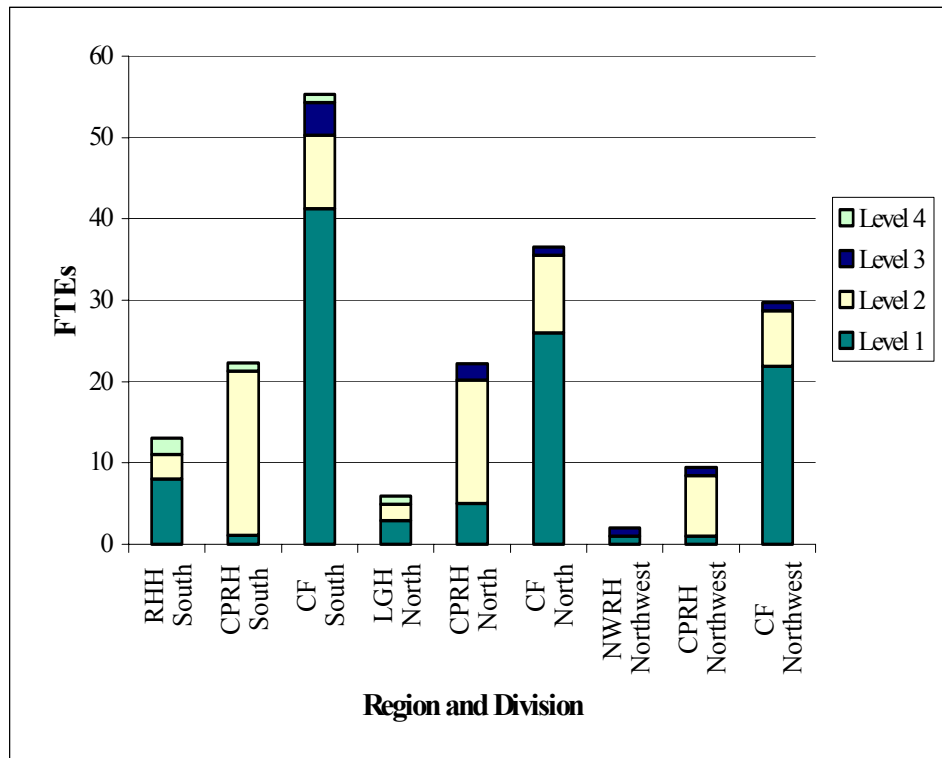
Figure 2: Social work headcount per award classification across DHHS



Source: DHHS Human Resource Services Information System 21 March 2002

Figure 3 displays the distribution of the award levels of the 196.36 FTE social work positions across the three Divisions of the DHHS.

Figure 3: Social work FTEs per award classification across DHHS



Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Table 2 shows the numbers of DHHS social workers at the various award levels across the state. These are specific social work and generic positions.

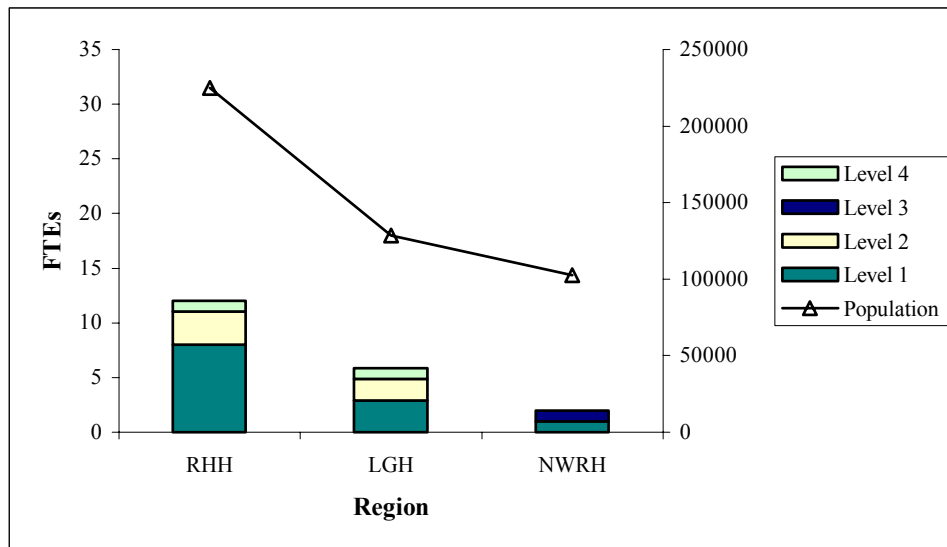
Table 2: Breakdown of the numbers of DHHS social work FTE positions at specific award levels

Award levels	PF1	PF2	PF3	PF4	DHHS total
FTE social work positions	108.19 FTEs	73.17 FTEs	10.00 FTEs	5.00 FTEs	196.36 FTEs

Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Figure 4 provides a breakdown of the distribution of award levels of social work positions in the Hospitals and Ambulance Service Division, together with the populations of the three regions of Tasmania. These were specific social work positions only.

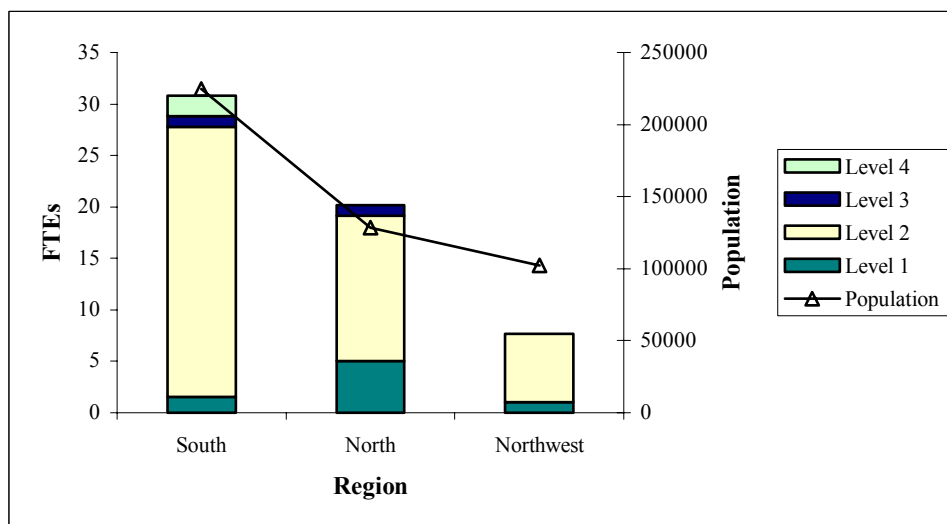
Figure 4: Social work FTEs per award classification in the HAS Division compared to regional populations in 2001



Source: DHHS Human Resource Information System 2002 and ABS 2001 census

Figure 5 provides a breakdown of the distribution of award levels of social work positions in the Community, Population and Rural Health Division, together with the populations of the three regions of Tasmania. These were specific social work positions and generic positions occupied by social workers at the time of data collection and because of this mix of positions, caution should be taken when examining this figure.

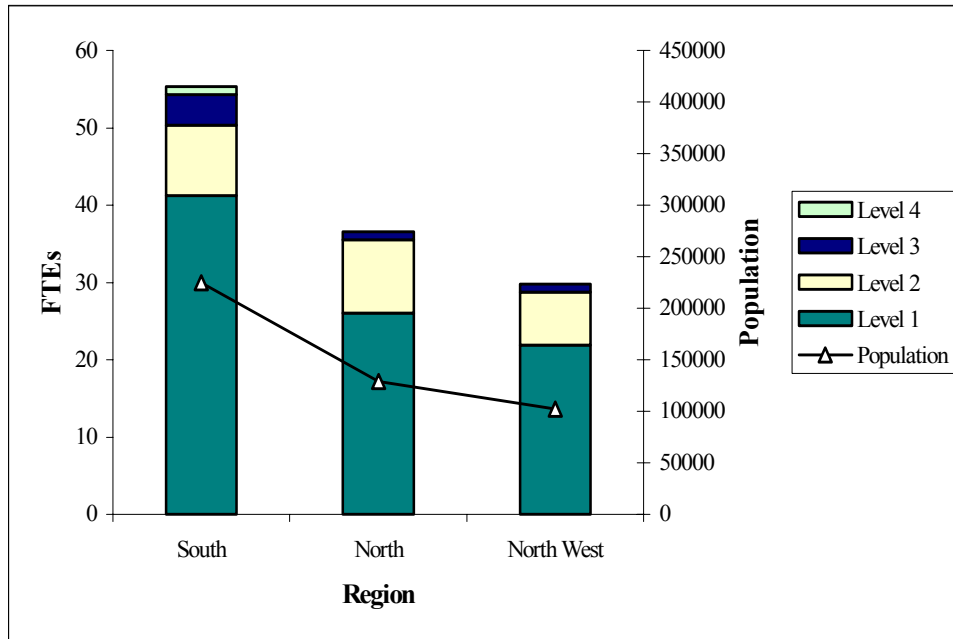
Figure 5: Social work FTEs per award classification in the CPRH Division compared to regional populations in 2001



Source: DHHS Human Resource Information System 2002 and ABS 2001 census

Figure 6 provides a breakdown of the distribution of award levels of social work positions in the Children and Families Division, together with the populations of the three regions of Tasmania. These were specific social work positions and generic positions that could be occupied by social workers at the time of data collection and because of this mix of positions, caution should be taken when examining this figure.

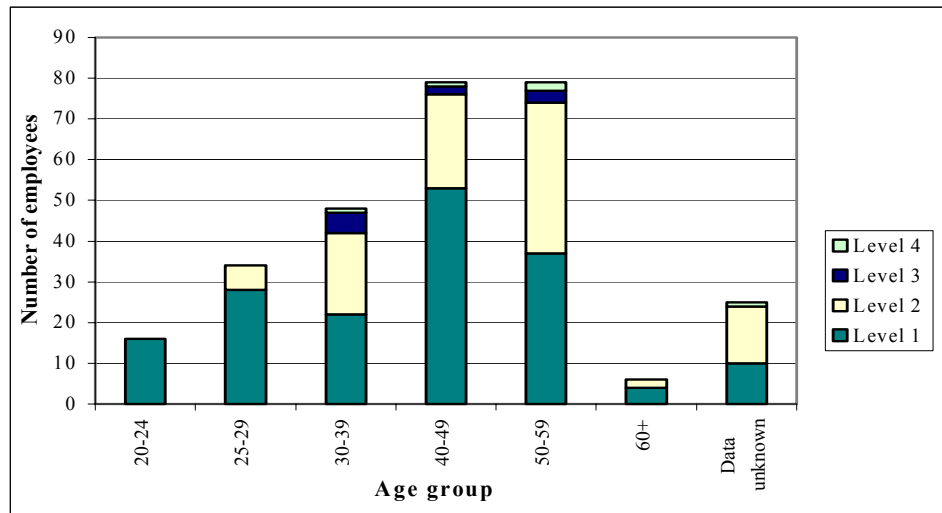
Figure 6: Social work FTEs per award classification in the CF Division compared to regional populations in 2001



Source: DHHS Human Resource Information System 2002 and ABS 2001 census

Figure 7 displays the age group distribution of the social work workforce (in social work positions and generic positions) and further categorises these groups by award levels. The average age of DHHS the social work workforce was 42 years, which was above the average age of all DHHS allied health professionals, at 40.3 years. The median age of DHHS the social work workforce was 42 years, which matched the median age of all DHHS allied health professionals, at 42years.

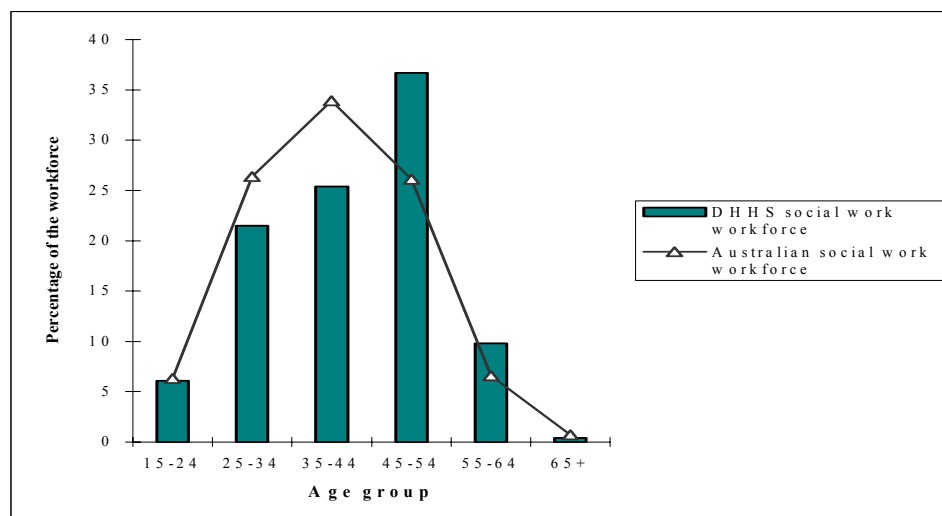
Figure 7: DHHS social work workforce per age group and award classification



Source: DHHS Human Resource Services Information System 21 March 2002 (filled and vacant positions)

Figure 8 displays an age group comparison of the DHHS and the Australian social work workforces. It can be seen that the DHHS social work workforce (in specific social work and generic positions) has more social workers in the 45 to 54 age group, than the Australian workforce.

Figure 8: Age group comparisons between the DHHS and Australian social work workforces



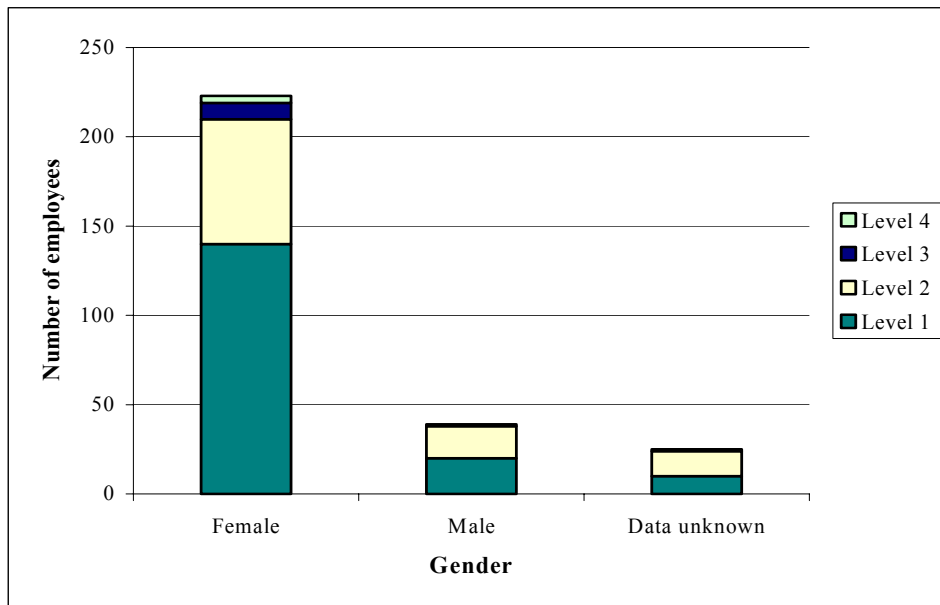
Source: DHHS Human Resource Information System 21 March 2002 (filled and vacant positions) and AIHW (2000)

Figure 9 displays the gender breakdown of all the social workers employed by the DHHS (in specific social work and generic positions). There were 223 females (85 per cent) and 39 males (15 per cent).

Data from the 1996 Australian census (AIHW 2001) showed that:

- 81 per cent of the Australian social work workforce were female
- 77 per cent of the Tasmanian social work workforce were female.

Figure 9: Social work workforce per gender and award classification



Source: DHHS Human Resource Information System 21 March 2002 (filled and vacant positions)

6.1.3.2 DHHS staff survey data

There were 308 social workers employed by the DHHS (as at 21 March 2002) and 83 completed a survey form; resulting in a 27 per cent response rate. Due to the low response rate, only responses to some of the questions were used to describe the supply of social workers later in this report.

6.1.4 Changes in social work numbers

The DHHS Human Resources Service indicated that there were 23 vacant social work positions for at least six months in the period from 1 July 2001 and 1 January 2002. The vacant positions are outlined in Table 3, FTEs are indicated in brackets.

Table 3: Social work positions vacant for six months in the period from 1 July 2001 to 1 January 2002

Division	Region	Service	Level 1	Level 2	Level 3	Level 4
HAS	North West	NWRH				1 position (1.0 FTE)
CPRH	South	Prim Health		3 positions (2 x 1.0, 0.5 FTE)		
CPRH	North	Prim Health	2 positions (1.0 and 0.53 FTE)	3 positions (2 x 1.0, 0.5 FTE)		
CPRH	North West	Prim Health		1 position (0.4 FTE)		
CPRH	South	MH	1 position (0.51 FTE)	6 positions (3 x 1.0, 0.49, 0.5 and 0.14 FTE)		1 position (1.0 FTE)
CPRH	North	MH		2 positions (1.0 and 0.14 FTE)	1 position (1.0 FTE)	
CPRH	North West	MH		1 position (0.53 FTE)		
CF *	North			1 position (1.0 FTE)		

Source: DHHS Human Resource Information System 2002

* May not include vacancies in generic positions

6.1.5 Types of work

Social work respondents to the DHHS staff survey defined their work as one of these roles: clinician, clinical manager, manager, teacher/educator or project officer.

Data was not collected through this project to further breakdown the casemix of the social work workforce.

6.1.6 The education of DHHS social workers

6.1.6.1 Social work education in Australia

Undergraduate courses in social work are offered by universities in all states and territories of Australia. Courses are available as a four-year degree for undergraduates and as a two-year degree (graduate-entry) for graduates with appropriate prerequisite subjects. Graduates usually hold a Bachelor of Social Work.

The AASW reviews courses in social work offered by universities throughout Australia to establish whether graduates are eligible for membership of their professional association.

6.1.6.2 Social work education in Tasmania

The School of Sociology and Social Work in the Faculty of Arts at the University of Tasmania offers a Bachelor of Social Work degree that is the only course in Tasmania that leads to professional accreditation with the AASW.

The course is offered from the Launceston campus. Two supervised 14-week fieldwork practicums are undertaken in the second semesters of third and fourth years, and it is almost always possible to accommodate students within their own regions for these practicums.

A post-graduate program is also offered at the University of Tasmania, for social workers wishing to undertake post-graduate study and/or upgrade their qualifications. The postgraduate program includes Masters degrees by Coursework and Research that is offered infrequently, as well as PhD (School of Sociology and Social Work 2002).

In 2001, there were 40 graduates with a Bachelor of Social Work from the University of Tasmania. Seven (18 per cent) of these were males. There will be a similar number of graduates and gender rates in 2002.

6.1.6.3 Postgraduate qualifications of DHHS social workers

Some social work respondents to the DHHS staff survey stated that they had postgraduate qualifications and these were in both clinical and managerial aspects of the social work profession.

6.1.6.4 Re-entry into the profession

There are no formal requirements or processes for social workers who are re-entering the profession after a period of non-practice. It is the responsibility of the individual to demonstrate that they have the competencies required for the work that they are applying to undertake.

6.1.6.5 DHHS social workers born outside Australia

Some social work respondents to the DHHS staff survey indicated that they were born overseas: in UK/Ireland and other parts of Europe, New Zealand, the United States of America and Asia. However, this information could not be used to indicate where these social workers were educated.

6.2 Projecting the workforce supply of DHHS social workers

Workforce supply is a balance between outgoing staff (retirees, those temporarily withdrawing from the workforce, emigrants or those who die or take up employment with other employers) and incoming staff (new graduates, immigrants, staff coming from other employment and staff increasing their hours of employment).

6.2.1 Outgoing DHHS staff information

In the two years 2000 and 2001, there was an average of 41.5 permanent, temporary and casual social workers who left the DHHS per year. These were social workers employed in specific social work positions and in generic positions.

Applying this average to the 21 March 2002 headcount, there was an average turnover of approximately 13 per cent of the DHHS social work workforce each year. This was considered to be a medium average turnover rate, when compared to all other DHHS allied health professions, in those years.

In order to ascertain the possible future numbers of outgoing social workers, staff were asked a number of questions in the DHHS staff survey. Staff were asked:

- if the hours they worked were the hours they wanted to work
- if they anticipated a change in their work hours in the next three years and the reasons for this change
- if they were considering leaving the DHHS in the next six to twelve months, and if so, what were the reasons
- what were their levels of satisfaction for a number of professional practice parameters in the DHHS.

The response rate to the survey was low (29 per cent) and caution should be taken in the use of the following information.

Some of the staff who were not working the hours they wanted to work, stated that they were doing a varying number of unpaid hours (up to 10 unpaid hours per week), some wanted to upgrade from part time to full time and some wanted to downgrade their number of hours to part time.

Thirty six of the 83 social work respondents (43 per cent) indicated that they anticipated a change in their work hours in the next three years and the reasons for anticipated increases and decreases in hours were primarily for 'family considerations' and 'lifestyle preference' reasons.

Eighteen of the 83 social work respondents (22 per cent) indicated that they were considering leaving in the next six to twelve months and the reasons stated were mixed (in descending order of respondent numbers): 'unsatisfactory employment', 'family considerations', 'travel', 'retirement', and 'other employment'.

The staff responses on levels of satisfaction with the various professional practice parameters are listed in Table 4.

Table 4 : Staff satisfaction with professional practice parameters in DHHS

Criteria measured	Per cent of respondents who were satisfied or very satisfied
Opportunity to use your abilities	77%
Sufficient work to maintain competence	78%
Hours of work	65%
Amount of work	49%
Overall satisfaction	75%

Source: DHHS staff survey

Other information relevant to outgoing DHHS social workers was that there were 21 social workers who were aged between 55 and 59 years and six social workers who were older than 60 years.

6.2.2 Incoming information

6.2.2.1 National incoming information

The AASW has an Eligibility for Membership Overseas Qualified Social Workers Committee. This Committee assesses the qualifications of social workers who were trained overseas and want to work in Australia, for eligibility for AASW (and ultimately employment in Australia as most social work positions require the applicant to be eligible for membership of the AASW).

In the financial year 2000-2001, this committee assessed the qualifications of 160 social workers who were trained overseas and recommended AASW membership eligibility for 112 of these and bridging programs for another 22.

Unpublished research by the Commonwealth Department of Employment and Workplace Relations reported that the approximate numbers of student completing social work courses in 2002, will be in New South Wales (288), Queensland (200), South Australia (162) and Western Australia (150). Numbers of graduating social workers in other states and territories were not reported.

6.2.2.2 Tasmanian incoming information

It is predicted that there will be approximately 40 social work graduates from the University of Tasmania in 2002.

In the two years 2000 and 2001, there were 96 full time, temporary and casual social work positions (this includes generic positions that social workers could apply for) advertised in the DHHS. This was by far the highest number of allied health professional positions advertised in those two years. It was not known if these advertisements were successful.

Table 5 shows the distribution of the award levels of specific social work positions and generic positions to which a social worker could apply, that were advertised in 2000 and 2001.

Table 5: Distribution of award levels of positions that social workers could apply for and that were advertised in 2000 and 2001

Award level	Numbers of positions advertised		Percentage of positions advertised	
	Social work plus generic positions	Specific social work positions only	Social work plus generic positions	Specific social work positions only
PF1	52	8	54 %	34 %
PF2	36	15	38 %	63 %
PF3	5	1	5 %	4 %
PF4	2	0	2 %	0 %
Total	96	24	100 %	100 %

Source: DHHS Human resource Services Information System 21 March 2002

7 Workforce demand

7.1 Current demand for social workers

7.1.1 Current national demand for social workers

Unpublished research by the Commonwealth Department of Employment and Workplace Relations found that in late 2001, in:

- New South Wales, there were only shortages of experienced social workers as the supply of new graduates had increased in the last three years. Demands for social workers continued to be limited by public sector funding constraints, although there were exceptions such as mental health services, which should continue to expand over the short term due to increased government funding.
- Victoria, most areas had little difficulty in recruiting staff, although some areas of health that required special expertise, such as aged care or trauma counselling, presented some recruitment difficulties. Some rural areas experienced some difficulty in recruitment.
- Queensland, the labour market for social workers was in balance. Some recruitment difficulties were experienced in remote areas and for positions that required specialised experience, e.g. in Aboriginal and Torres Strait Islander community work.
- South Australia, the supply of social workers was sufficient to meet demand. However, supply to lower socio-economic areas was not sufficient.
- Western Australia, the supply appeared to be adequate, although there were some difficulties in recruitment to remote areas and for settings that required knowledge of domestic violence, neurological disorders and statutory child protection.

7.1.2 Current Tasmanian demand for social workers

Unpublished research by the Commonwealth Department of Employment and Workplace Relations found that in late 2001 in Tasmania, the labour market for social workers was in balance. There were regional variations in

the success of recruitment, and the north west had difficulties in attracting experienced staff. Recruitment success varied with the time of the vacancy and increased if the vacancy occurred close to the completion time of undergraduate social worker courses.

7.1.2.1 Perceived DHHS social work service gaps

Representatives of the AASW stated that there were social work shortages in the Children and Families Division of the DHHS. It was also stated that changes introduced in 2000 to the Youth Justice Act (1997) had brought increased workloads for staff in the Community Youth Justice Service in the Children and Families Division. Social work shortages were reported in this service in the north west of the state.

Executive level managers of allied health teams stated that, in Palliative Care Services in Primary Health of the CPRH, there were difficulties experienced in finding appropriately competent relief/locum social workers for their sole specialist social work positions.

7.1.2.2 Patterns of usage

7.1.2.2.1 Profession to population ratios

The rates of social workers employed per 100,000 of the Tasmanian population (included those employed in public and private sectors) were 42.8 (AIHW 2001).

This rate was slightly above the national rate of 40.5 social workers per 100,000 population indicating that the potential local supply of social workers to the DHHS workforce was good relative to the national supply.

7.1.2.2.2 Staff workload assessments

The DHHS staff survey asked social workers if they considered their current workload was about right, too much or too little. Of the 83 social work respondents:

- 42 (51 per cent) stated that their workload was about right
- 37 (45 per cent) stated that their workload was too much.

7.2 Projecting future demand for social workers

7.2.1 National drivers for social work services

Unpublished research by the Commonwealth Department of Employment and Workplace Relations stated that "the demand for social workers is influenced by the general health of the community, by government expenditure and health and welfare policies, as well as the level of economic activity" and "as the population continues to increase and age, there is likely to be an increasing demand for services of social workers and a growing supply of graduates eligible for membership of the AASW".

7.2.2 National demand for social workers

Information from the JobSearch web site of the Commonwealth Department of Employment and Workplace Relations (2002) was that:

"Job prospects for social workers are very good.

Employment growth for social workers to 2007-08 is expected to be moderate. Employment in this medium size occupation (11,200 in February 2002) grew slightly over the past ten years, and strongly over the past two years. There are skill shortages for social workers in New South Wales, regional Victoria (particularly health, aged care and trauma) and recruitment difficulties in South Australia and regional Tasmania.

Social workers have a below average proportion of full-time jobs (67 per cent) and earnings are above average - in the seventh decile.

Unemployment for social workers is low.

There is a long-term trend towards greater social needs and associated care in the community. Social workers are employed mainly in community care services, hospitals and nursing homes, government administration, other health services and school education. The mix of industries employing social workers is favourable for employment growth prospects.

The vacancy level for social workers is low. Vacancies arising from job changing (social workers changing employers) are expected to provide 34 per cent of vacancies, compared with 50 per cent from job openings (social workers leaving the occupation) and 16 per cent from new jobs (employment growth for social workers)."

7.2.3 Perceived drivers of social work services in DHHS

The majority of social work respondents to the DHHS staff survey perceived that the factors likely to increase the future size of the social work workforce were:

- ageing of the population
- changing patterns of health and illness
- patient expectations/knowledge
- requirements for safer procedural practice
- multi-disciplinary team provision
- increasing specialisation
- the need for improved geographical distribution of the profession
- growth in consumer demand
- reforms to increase efficiency.

8 Workforce planning issues for the DHHS social work workforce identified through consultations

8.1 Social work services review in 1998

Many of the recommendations of the Report on the Review of Social Work Services within the Department of Community and Health Services (Department of Community and Health Services 1998) were not endorsed or implemented by the DHHS.

Many of the issues found by the Review Team to be inhibiting the employment of social workers in a rewarding and professional environment in 1998, were still present as workforce issues for social workers in 2001.

It is not know how extensively the recommendations that were endorsed were implemented and how successful these recommendations have been in ameliorating the problems that existed.

8.2 Turnover of DHHS social workers

The social work profession had the largest numbers of allied health professional staff leaving the DHHS in the years 2000 and 2001. Eighty three social workers left in those two years. Although this represented 14 per cent of the social work workforce and was within the average range for other allied health professionals, this represented significant costs to the DHHS in terms of:

- delayed services to clients because of vacant positions
- recruitment costs (Human Resource Services and social work management time, advertisement and relocation costs)
- staff orientation time (and time when staff are not operating to full efficiency because they are new to the position)
- resources that were not used in clinical and service improvement activities, teaching and research (because they are directed to staff recruitment and new staff management)
- loss of intellectual capital developed through DHHS funded CPD activities
- 'burnout' of senior and long-term employed social work staff.

The social work profession is a stressful one. Staff stress can arise from both the management of stressed clients in stressful situations and from stressful work situations created by lack of resources etc (Social Work Sector Study Steering Committee 2000).

It can be expected that social workers only occupy certain positions within the DHHS for a limited time, due to the build up of these stresses. However, the complete loss of social workers from the DHHS is expensive for both the individual and the DHHS and is to be avoided.

As the DHHS is the largest employer of social workers in the state and there is local training for the profession, there is the opportunity to create an environment in which the needs for quality social work services are addressed and staff turnover costs are minimised.

One of the recommendations made by the Tasmanian Department of Community and Health Services (1998) was that the "Department of Community and Health Services implements an Exchange Program for Social Workers between Divisions, Agencies (State and Federal) and non-government organisations for the purpose of providing ongoing professional development opportunities".

Although the endorsement of this recommendation by the DHHS, was deferred, the Exchange Program concept implemented solely within the DHHS could assist in decreasing social work turnover from the DHHS social work pool, by enabling staff to move amongst the variety of positions and to avoid 'burnout'.

8.3 Recruitment of social workers to the DHHS

It appeared that there was probably an adequate supply of social workers in Tasmania, but that within the DHHS, there was disparity in the geographical and service distribution of social workers and a mismatch between the competencies of some social workers applying for social work positions and the requirements of the positions.

The disparity in distribution of social workers was shown by the difficulties experienced in recruiting to rural and remote areas and some speciality areas that might be seen as having unattractive working conditions attached to them, e.g. inadequate remuneration, very stressed clients and heavy workloads.

The Report on the Review of Social Work Services within the Department of Community and Health Services (1998) stated that there was a need "for an equitable distribution of social work positions across the State" and recommended that " individual Divisions and work units within the Divisions utilise a model of social work services that meets service delivery needs and client needs across the State through either a multi-disciplinary team or a social work team. The model used should meet the requirements of the overall framework recommended in this report"

This recommendation was endorsed and implemented in the old equivalent of the CPRH, but it is not known how extensively or how successfully.

A mismatch between the requirements of positions and the competencies of social workers applying for vacant positions often resulted from only new graduates applying for positions that required specific experience, or from very few social workers in the state having the specific experience required.

Representatives of the Tasmanian branch of the AASW stated that this was a special difficulty encountered in services in the Children and Family Division, and where new graduate staff left after a few years leading to a high staff turnover.

Walker and Barns in their research of 2001 asked social workers if they specialised in their field. Of the 120 social workers who responded to the survey (n=190), 71 per cent stated that they specialised in their field. This extent of specialisation (although necessary for optimum client care) reduces an already small pool of social workers and makes the filling of specialised positions and temporary vacancies with suitable staff, difficult.

Managers at DHHS executive level stated that there was a need for the ability to employ social workers to PF1 positions until they could be up-skilled to the competency requirements of a vacant PF2 position.

The Department of Community and Health Services (1998) had also recommended that "social workers at Professional Level 1 be considered appropriate for employment in all Divisions within the Agency where social workers are employed". Even though this recommendation was endorsed by the DHHS, it appears that there may still be difficulties in this area.

8.4 Classification of social work positions in the DHHS

Social workers in the DHHS staff survey commented that they perceived inequities in the classification of social work positions across the services of the DHHS.

There is no doubt that position classification is a complex area, in that classifications may have to take into account not only the levels of competencies and responsibilities the appointee requires, but the need to make the position attractive in terms of remuneration to recruit to it, the need to provide PF1 positions for new graduates and the need to provide a career pathway.

The need for appropriate and equitable classification of social workers within the Professional Stream of the Community and Health Services Award across the DHHS was another one of the issues highlighted in the Report by the Tasmanian Department of Community and Health Services (1998). The Report recommended that "all Position Descriptions for Social Workers be reviewed using as a minimum a core components" (designed by the Review Team). This was endorsed by the DHHS and was to be undertaken when social work positions became vacant. The outcomes of this process were not fully known.

8.5 Professional linkages

There were two types of positions that social workers were employed in within the DHHS: specific social work positions and generic positions. These and their professional linkages are described below.

8.5.1 Specific social work positions

Across the DHHS, social workers were employed in specific social work positions for which the essential requirement was a degree in social work giving eligibility for membership to the Australian Association for Social Workers. These positions may or may not come under a social work professional management, supervision or support and development structure.

8.5.2 Generic positions

Social workers were also employed in other positions for which a number of disciplines, e.g. psychologists, occupational therapists, nurses or teachers, could apply.

These positions came under the Professional or the Administration and Clerical Streams of the Community and Health Services (Public Sector) Award. The essential requirement for these positions was generally the satisfactory completion of an appropriate course of study at a recognised tertiary institution and examples of these positions were: team leaders, generic service managers, case management coordinators, children's services workers, counsellors, youth justice workers, clinical managers.

It was difficult to accurately capture the number and location of these positions, due to the manner in which these positions were recorded on the Human Resource Services Information System, the lack of availability of general DHHS organisational information and the scope this project focussing on AHP positions in the Professional Stream of the award.

These positions did not generally have linkages to a social work professional management, supervision or support and development structure.

Although the establishment of these generic positions, has enabled DHHS managers increased flexibility in recruitment and to fill positions more quickly, it has obscured the numbers of these specific AHPs within the DHHS. It has also created confusion in expectations in the areas of support and development; e.g. whether DHHS support and development should be provided appropriate to the profession of the incumbent or the position.

In addition, these generic positions were classified with respect to the generic skills and responsibilities required, not the social work competencies of the appointee and this may contribute to the perception that there are inconsistencies in the classification of positions occupied by social workers across the DHHS.

The report of the DHHS social work service review (Tasmanian Department of Community and Health Services 1998) stated that there was

- "complexity of current line management as well as professional supervision and support structures which limit social work effectiveness and results in a lack of clarity for managers, social workers and clients"
- " the need for recognised and acknowledged social work leadership within the social work service throughout the Agency in order to set strategic directions for service delivery and professional practice standards", and
- "the need to legitimise and give due recognition to the value of professional supervision and support, professional education and professional development within the Agency by way of the development of Agency-wide policies, standards and procedures".

As a way to address these issues, the Review Team recommended:

- a social work structure within the DHHS that comprised a State Advisor, Strategic and Professional Services (Social Work), a conjoint position between the DHHS and the University of Tasmania School of Sociology and Social Work; and a Social Work Reference Group to assist in developing strategic directions for social work services, and
- the adoption of the AASW Code of Ethics " as reflecting the practice standards and behaviour expected of staff employed as social workers in the Agency", and
- the adoption of the AASW National Recommended Standards for Supervision.

The endorsement of the first two recommendations was deferred and the third and fourth recommendation was adopted across the DHHS.

Some services, such as Mental Health Services have seen the critical need for increased professional support to both attract and retain allied health professionals, as well as to ensure accountability and quality of allied health professional services, and have recently established a profession-based structure for social workers.

The Social Work Sector Study Steering Committee (2000) in its Canadian social work workforce study also emphasised the need for professional structures for social workers to provide "ongoing peer support, advice, consultation and supervision in the workplace" to attract and retain staff.

As well, stronger professional linkages were seen by representatives of the AASW as a way to increase the research profile of the profession within the DHHS.

It may be that the recommendations for the establishment of a professional social work adviser and reference group are reviewed by the DHHS and less expensive options are investigated to achieve the desired outcomes.

8.6 Registration of the profession

Social workers are not required to be registered in Australia. However, the AASW (2002) recently presented a submission to the Australian Health Ministers Advisory Council requesting statutory regulation of the profession. This is in order to protect social work clients who are the most disadvantaged and socially powerless members of the community from mental, emotional and financial abuse by service providers. The outcome of the submission is not currently known.

The present lack of registration for social workers puts further emphasis on the need for professional supervision and support linkages across the DHHS to ensure quality service delivery.

8.7 Collaboration with the University of Tasmania

Unlike most other allied health professions, the social work profession has an undergraduate education facility in the state. The University of Tasmania School of Sociology and Social Work offers postgraduate qualifications in social work, but there is the potential for the DHHS and the profession to work with the School to define DHHS needs in the speciality social work workforce area, e.g. mental health and child protection, and to assist with the development of specific courses.

8.8 Staff satisfaction with DHHS employment

Staff satisfaction with DHHS employment was sought through focus groups. A total of nine social workers attended the focus groups and a summary of feedback is shown in Table 6. The comments expressed also reflected the information obtained through other consultations.

Table 6: Summary of information obtained from social workers at the focus groups

Positive attributes of employment in DHHS	Aspirations	Negative attributes of employment in DHHS	Constraints
<ul style="list-style-type: none"> • Autonomy • Variety • Teamwork 	<ul style="list-style-type: none"> • Collaboration • CPD 	<ul style="list-style-type: none"> • Lack of CPD, especially interstate programs • Poor understanding of the role by other allied health professions and managers • Poor management practices 	<ul style="list-style-type: none"> • Physical space • Budget

Regional variations

There were no significant variations. It was not known which Divisions and services the social workers attendees were from.

Source: DHHS focus groups December 2001

8.9 Professional development to retain and strengthen a quality workforce

8.9.1 Professional association requirements

Social work is a self-regulating profession. The AASW places strong emphasis on CPD activities and has a voluntary CPD program for members. Accumulation of the necessary 150 points over a two-year cycle allows members to use the title 'Accredited Social Worker'. The AASW is currently negotiating with major national, state and local employers to recognise the accreditation in recruitment, selection and promotion.

Continuing professional development points may be accumulated by activities such as: conference and workshop participation, academic study,

practice research, publications, student supervision, membership of committees.

Representatives of the AASW stated that the CPD requirements for membership of the professional association were not always supported in the workplace. There was a particular problem for social workers in generic DHHS positions, such as team leaders, obtaining sufficient social work CPD to maintain their social work skills.

8.9.2 DHHS staff survey

The DHHS staff survey asked social workers questions about CPD. There were no patterns to the responses in the area of CPD.

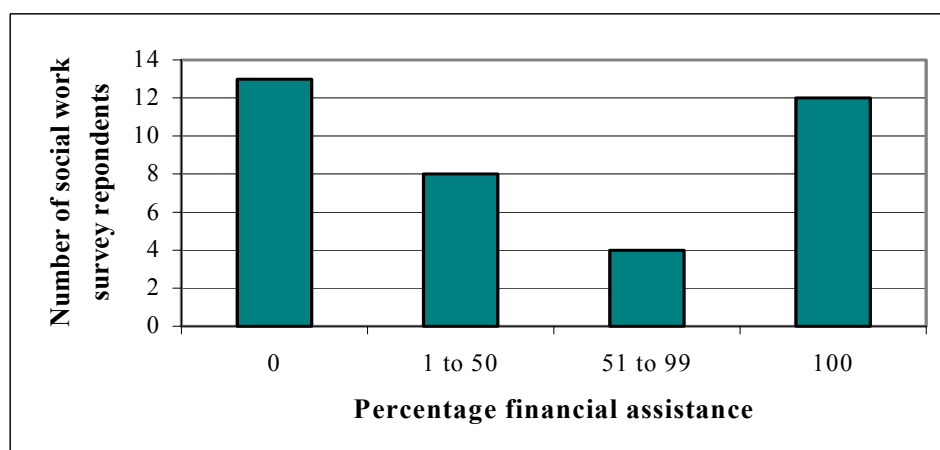
Some staff said they were offered regular CPD through their employment, some staff from the same services said that they were not offered regular CPD, and this did not seem to depend on the full time or part time nature of the staff member's employment or the Division or service of employment.

Approximately 50 per cent (43 respondents) of the social work respondents to the DHHS staff survey had applied for funding to attend a conference in the past two years. All but six received financial assistance and the amount varied with the individual staff member.

The proportion of funding varied from no assistance to 100 per cent. The largest group of social workers (8 respondents) who received funding obtained 100 per cent financial assistance from the DHHS. The respondents who received no assistance or 100 per cent assistance came from all the three DHHS Divisions in which social workers were employed.

Figure 10 shows the distribution of the percentage of financial assistance successful social work survey respondents received from DHHS to attend conferences in the last two years.

Figure 10: The distribution of the percentage of financial assistance successful social work respondents received from DHHS to attend conferences in the last two years



Source: DHHS staff survey October 2001

8.10 Administration support

The provision of support for social workers, especially for administration duties appeared to be done inconsistently across the DHHS. No social work aides were employed by the DHHS.

The provision of support staff may be a way to increase the efficiencies of social work staff, especially those in positions, which are difficult to recruit to.

8.11 Employment opportunities in other agencies and the private sector

Unpublished research by the Commonwealth Department of Employment and Workplace Relations stated that nationally there was some attrition from the social work profession, as social workers have skill sets, expertise and experience that may be usefully applied as project officers, policy makers or administrators in a variety of organisations.

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