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Prepared by:
Lara Denman
Principal Project Officer
Social Work & Welfare Clinical Education Program

Business area:
Allied Health Clinical Education and Training Unit

Address:
Lobby 2, Level 2 Citilink Building,
153 Campbell St
Herston QLD 4006
INTRODUCTION

The Social Work Clinical Capability Framework (Framework) has been developed using the AASW Code of Ethics (2010b), the AASW Practice Standards for Social Workers: Achieving Outcomes (2003) and the AASW Practice Standards for Mental Health Social Workers (2008a). These three core documents have been utilised as the foundation upon which to develop this Framework because they:

- ‘express the values and responsibilities which are integral to, and characterise, the Social Work profession’ (AASW, 2010b, p. 10);
- outline knowledge, skills and values the professional association expects Social Workers to utilise in their roles and functions (AASW, 2008a, p. 3);
- ‘specify the requirements of ethically sound and accountable practice’ (AASW, 2008a, p. 3);
- provide ‘a benchmark for the assessment of practice and a guide for planning professional development’ (AASW, 2003, p. 3); and
- ‘complement other key AASW documents and quality mechanisms within the profession, including the AASW Education & Accreditation Standards, AASW Continuing Professional Education Policy and National Practice Standards of the AASW: Supervision’ (AASW, 2008a, p. 5).

PURPOSE

The primary purpose of this Framework is to provide Queensland Health Social Workers with a resource that will assist with developing appropriate learning and development pathways to maintain professional accountability and identity.

TARGET AUDIENCE

This Framework has been written for all Queensland Health Social Workers however, Social Workers from any one of the following groups will also find it of benefit:

- Pre-entry (students);
- New graduates;
- Re-entry (Social Workers returning to clinical practice or Social Workers returning to Queensland Health);
- Change of practice domain (e.g. child and youth mental health to paediatric oncology);
- Sole Practitioners; and
- Practitioners in rural, regional or remote practice settings.

UTILISING THE FRAMEWORK IN THE FIELD

This Framework can be used in different ways at both an individual and discipline level. At an individual level the Framework could be used to:

- Identify the core clinical knowledge, skills, values and attributes associated with practicing as a Social Worker within Queensland Health;
- Identify the level of clinical capability he/she may aspire to;
- Develop capabilities that are consistent with the AASW’ various practice standards;
- Identify gaps in his/her capabilities and those needing to be developed further;
- Critically reflect upon his/her social work identity;
- Identify learning activities to develop or enhance his/her capabilities and social work identity;
- Advocate for his/her development and career needs in performance support discussions with his/her line manager or clinical supervisor;
- Negotiate and improve access to appropriate professional development; and
Promote the role of Social Work within Queensland Health to internal and external key stakeholders (inc. consumer groups).

At a discipline level the Framework can be used to:

- enhance professional growth via Performance Appraisal & Development Plans and clinical supervision (e.g. ask the Social Worker you are supervising or reviewing to choose two capabilities from the Framework that he/she believes they excel in, and two capabilities that he/she feels they could benefit from further development while collaboratively and supportively discussing the best ways to further develop skills in these areas);
- provide opportunities that will enable capabilities to be developed across different areas of the organisation (e.g. clinical, corporate);
- design training needs analysis tools to identify which capability area/s should be prioritised in regards to allocating learning and development funding;
- provide a tool for strategic workforce planning;
- develop interview questions when recruiting individuals to Social Work positions (e.g. choose an area of capability you think you excel in and explain how this is relevant and beneficial for the role you are applying for);
- identify leaders within the discipline and provide them with opportunities to further develop their expertise and level of capability and cultivate the same in others;
- promote the role of Social Work within Queensland Health to internal and external key stakeholders; and
- support and promote research initiatives (e.g. exploring the application of the Framework and its relationship to providing safe, sustainable health care to Queensland Health’s consumers).

**POTENTIAL MISUSE**

An individual's performance review should continue to be based on the achievement of expectations associated with his/her particular role, as identified in his/her job description, Performance Appraisal & Development plan as well as relevant AASW Practice Standards. This Framework must not be used to rate an individual’s performance.

**ASSUMPTIONS**

**OVERALL**

- It is assumed that individual Social Workers have already acquired and are currently applying a wide range of capabilities having:
  - completed at least one (1) AASW accredited or recognised Social Work degree and
  - met the selection criteria associated with his/her recruitment.
- The clinical capabilities are based upon the standards of practice expected by the AASW and Queensland Health.
- This Framework does not aim to replicate Competency Frameworks, which commonly break skills, knowledge and abilities down into very specific, discrete units for training and certification purposes, such as those commonly used by Registered Training Authorities.
- When transitioning from one clinical practice domain to another, the individual is expected to ‘transfer’ his or her existing social work knowledge, skills and values, contextualise them, and apply them in the new practice setting.

**LEVELS OF CLINICAL CAPABILITIES**

- The levels are a guide to the complexity of practice within each of the capability areas. It is not intended to be used to classify individual practitioners, or specific positions, as being at level one, level two, or level three. Clearly, individuals will have capabilities across a number of levels, dependent on their experience and training. For example, a Social Worker with a strong research background and training may demonstrate level three capabilities on the Research and Evaluation capability area but demonstrate only level one capability on the Direct Social Work Practice capability area.
- Levels of clinical capability are not directly associated with particular Health Practitioner levels or any industrial agreements.

- Level 1 indicators are a description of the core capabilities expected of Social Workers and are in alignment with the AASW Code of Ethics (2010b), the AASW Practice Standards for Social Workers: Achieving Outcomes (2003) and the AASW Practice Standards for Mental Health Social Workers (2008a).

- The level of the capability required for different positions will vary depending upon the complexity of the accountabilities and challenges associated with a particular position.

- The levels are not intended to be a linear description of an individual’s progress in developing clinical capabilities.

QUEENSLAND HEALTH SOCIAL WORK CLINICAL CAPABILITIES

CLINICAL CAPABILITY AREAS: the areas of intra-professional practice described in the AASW Practice Standards (2003, 2008a).

LEVELS OF CLINICAL CAPABILITY: A description of the intra-professional activities that reflect the AASW Practice Standards and Code of Ethics in operation, within the context of Queensland Health, at various stages of professional development.

PRACTICE DOMAINS: The specialised areas of practice that Social Workers provide a spectrum of assessments and interventions to explore and address the biological, psychological, cognitive, social, cultural and environmental factors that promote or affect an individual’s well being, across his or her lifespan (Berkmana, et al., 1990).

PRACTICE SETTINGS: The geographic environments where Social Workers interact with consumers, colleagues, communities and other service providers.
### CAPABILITY AREA 1: DIRECT SOCIAL WORK PRACTICE

This section builds on Objective 1 in *AASW Practice Standards for Social Workers: Achieving Outcomes* (2003, p. 7-12) and Area 1 in *AASW Practice Standards for Mental Health Social Workers* (2008a, p. 13-20).

Direct Social Work practice is informed by professional knowledge, skills and values; theoretical frameworks, perspectives and models and ‘evidence and practice based research’ (Epstein, 2010, p. 26). The breadth of knowledge that Social Work direct practice is based upon is seen as the strength of the profession (Australian Association of Social Workers [AASW], 2008a, p. 9).

The essence of direct Social Work practice is to:

- ensure that consumers are fully involved in the planning and review of their treatment; their needs are met, their rights are upheld, their potential is developed, and control over their own life is fostered (AASW, 2003, p. 7).
- assess and develop treatment plans that acknowledge that individuals exist within a social context, where the individual and the environment dynamically affect and influence each other (Dominelli, 2004; Hare, 2004).

Direct Social Work practice within Queensland Health involves:

- psychosocial assessment,
- methods of intervention,
- interpersonal and communication skills,
- clinical reasoning,
- critical reflection and analysis,
- data collection and management and use,
- negotiation and mediation, and
- advocacy

(AASW, 2003, p. 7).

Social Workers are committed to meeting legal, organisational and professional accountabilities as they strive to deliver safe and high quality health care services to Queensland Health consumers.

#### 1.1 Conducts Comprehensive Psychosocial Assessments

Social Workers complete comprehensive psychosocial assessments with Queensland Health consumers to explore a wide range of factors that may be directly or indirectly affecting health and well being. The type of factors typically explored by Social Workers when conducting a comprehensive psychosocial assessment includes, but is not restricted to:

- physical factors (inc. diagnosis, prognosis, medication, addiction),
- social factors (inc. family, significant relationships, social contacts and supports, experience of discrimination and oppression and community involvement),
- psychological factors (inc. developmental and life span factors, significant life events, grief and loss, exposure to violence, abuse or neglect),
- risk factors (inc. suspected harm, abuse or neglect to self or others),
- environmental factors (inc. education, employment, finances, accommodation and other services with which the consumer is in contact),
- legal, education, health, employment and income security systems which impact on or
Social Workers conduct a wide range of psychosocial assessments on an ongoing basis, identifying indicators of progress, deterioration or risk.

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<tr>
<td>a) Applies Social Work values and knowledge throughout the process of assessment.</td>
<td>a) Delivers high level Social Work services in accordance with AASW values and knowledge to facilitate comprehensive assessment of complex psychosocial needs of consumers and carers.</td>
<td>a) Provides expertise as a consultant in specific specialised health contexts to help colleagues formulate a specialised assessment and or treatment plan.</td>
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<tr>
<td>b) Develops rapport and a therapeutic alliance with consumers based upon principles of professional and organisational accountability.</td>
<td>b) Applies a range of appropriate assessment methods in specific specialised health contexts (e.g. aged care assessment teams).</td>
<td>b) Is considered a clinical practice leader by peers.</td>
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<td>c) Gathers and provides information in a way that demonstrates respect for a consumer’s experience, beliefs, and feelings.</td>
<td>c) Applies specific assessment schedules within specialised contexts (e.g. determining cognitive capacity or completing mental state exams).</td>
<td>c) Develops innovative approaches to conducting assessments within specific specialised health contexts.</td>
</tr>
<tr>
<td>d) Modifies assessment processes to accommodate appropriately an individual consumer’s age, gender, culture, ethnicity, language, spirituality, cognitive capacity, acuity, diagnosis and prognosis.</td>
<td>d) Provides advice and direction to colleagues on how to appropriately proceed in complex cases based upon research, professional expertise and experience.</td>
<td>d) Influences assessment processes of other agencies outside of Queensland Health.</td>
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<tr>
<td>e) Seeks to preserve and promote a consumer’s dignity, individuality, rights and responsibilities within a framework of social justice and human rights (AASW, 2010b, p. 17)</td>
<td>e) Conducts and reports assessment outcomes for the purposes of advocacy and high risk health care decisions (e.g. eligibility for transplantation, child protection matters)</td>
<td>e) Leads development of Social Work evidence base for practice through research and evaluation.</td>
</tr>
<tr>
<td>f) Explores the consumer’s understanding of the reason(s) he or she has been referred and his/her strengths to deal with the situation.</td>
<td>f) Conducts comprehensive assessments within high risk and or complex contexts.</td>
<td>f) Coordinates the design, delivery and evaluation of clinical education activities for Queensland Health Social Workers, and other Allied Health professionals, in regards to conducting specific assessments within specialist contexts.</td>
</tr>
<tr>
<td>g) Acknowledges, respects and incorporates the strengths and capacities of the consumer in the process of mutually completing an assessment.</td>
<td>g) Participates in and conducts research to create an evidence base for specific Social Work assessments within specialist contexts.</td>
<td>g)</td>
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individuals at risk of:
- being harmed, abused or neglected,
- becoming homeless, and
- harming, abusing or neglecting themselves or others.

k) Obtains relevant collateral information to complete a comprehensive assessment, with the consumer's consent where possible.

l) Identifies opportunities to provide the Social Work perspective on psychosocial issues.

m) Communicates assessment outcomes orally, electronically and in writing, in accordance with legal, Queensland Health and AASW requirements.

n) Identifies appropriate Social Work knowledge and theory as a basis for offering a Social Work intervention.

o) Develops an intervention/treatment plan based upon assessment outcomes in collaboration with the consumer, colleagues and other parties assisting the consumer.

1.2 **Provides Social Work Intervention**

Social Workers provide an extensive range of evidence based interventions that assist Queensland Health individual consumers and their significant others, families, groups and communities to achieve and sustain optimal physical, emotional, and social health and well being. The type of interventions that Queensland Health Social Workers typically provide includes, but is not restricted to:

- crisis intervention and management,
- risk assessment and management (inc. child or elder abuse and neglect, domestic/family violence, sexual assault, suicide risk, carer breakdown and risks resulting from a mental illness),
- disaster and emergency response,
- bereavement management (inc. grief and loss, adjustment and trauma counselling; advice and counselling related to organ and tissue donation, autopsy and coronial procedures),
- case management,
- continuity of care management (discharge planning),
- psychosocial therapeutic interventions therapy (inc. systems therapy, brief psychotherapy, solution focused, mindfulness, narrative therapy, cognitive behavioural therapy and family therapy),
- family meetings,
- referral and service coordination,
- advocacy,
- therapeutic group work,
- counselling (e.g. adjustment counselling, grief and loss counselling, relationship counselling),
- education (psycho-education),
- referral & linking with resources and entitlements,
- resourcing and equipment allocation,
- service coordination,
- capacity building, and
- health promotion and prevention.

Queensland Health Social Workers also provide specific interventions that require additional specialist training (e.g. family therapy).

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- Encourages and supports individual consumers to fully participate in choices about their care (inc. the referral process).
- Integrates theory into practice.
- Provides brief to long term interventions.
- Articulates clinical reasoning behind the choice of intervention/s to the consumer, colleagues and other parties assisting a consumer.
- Influences others and advocates for a Social Work perspective to be incorporated into an individual consumer’s assessment and treatment planning.
- Provides a Social Work perspective in team deliberations around clinical activity at every level –
- Practices with a higher degree of professional autonomy.
- Applies practice frameworks, specialised skills and knowledge within a clinical practice domain (e.g. acute) or area within a clinical practice domain (e.g. intensive care).
- Reflects upon intervention/treatment plan during implementation and modifies plan accordingly.
- Provides specific therapeutic interventions that require additional specialist training (e.g. assisting survivors of domestic violence, sexual assault and other types of trauma).
- Provides consultation on how to proceed appropriately in complex cases based upon research, professional expertise and experience (e.g. cases where impaired capacity or child protection issues arise).
- Provides Social Work perspective where planning for continuity of care is complex.
- Provides mediation and
- Is considered a leader in a specialist area/s of intervention within Queensland Health.
- Contributes to Social Work evidence base for practice through research and evaluation.
- Provides leadership in highly complex cases (e.g. assisting a child who has witnessed their family perish in traumatic circumstances; mediating conflict in complex health care or end of life decisions).
- Provides leadership to the multi-disciplinary team in the management of conflict situations.
- Participates in evaluating culturally competent, safe and sensitive practice resources (inc. guidelines and training).
- Coordinates the design, delivery and evaluation of professional development, training and educational activities for Queensland Health (and non Queensland Health) Social Workers, and other Allied Health
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<td>h)</td>
<td>Provides information about the purpose, nature, risks and likely outcome/s of the intervention.</td>
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<td>i)</td>
<td>Develops an intervention/treatment plan with the consumer that takes account of short-term and long-term goals and the resources required to achieve these.</td>
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<td>j)</td>
<td>Applies anti-oppressive practice principles (AASW, 2010b, p. 18).</td>
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<td>k)</td>
<td>Acknowledges the influence of culture and spirituality upon health beliefs.</td>
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<td>l)</td>
<td>Endeavours to incorporate a consumer’s preferences (e.g. ethnicity, culture, language, spirituality, age, gender, health beliefs) into the intervention and continuity of care planning (AASW, 2010b, p. 17).</td>
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<td>m)</td>
<td>Consults cultural consultants (inc. community members, mentors, advisors and recognised Elders, cultural liaison officers) when appropriate (AASW, 2010b, p. 17).</td>
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<td>n)</td>
<td>Utilises qualified interpreters and other communication modalities to facilitate optimal communication where feasible and appropriate (AASW, 2010b, p. 18).</td>
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<td>o)</td>
<td>Negotiates with the consumer a timeline for intervention.</td>
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<td>p)</td>
<td>Evaluates the effectiveness of interventions for the consumer within the organisational context, using appropriate outcome measures.</td>
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<td>q)</td>
<td>Manages risk in accordance with legal, Queensland Health and AASW requirements.</td>
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<td>r)</td>
<td>Links consumers to resources, assets and conflict resolution interventions to enhance clinical treatment and continuity of care.</td>
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<td>Promotes awareness of cultural and cross-cultural issues when appropriate (AASW, 2010b, p. 18).</td>
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<td>Models culturally competent practice.</td>
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<td>Advocates with and for consumers within specialist contexts (e.g. forensic provisions of Qld Mental Health Act 2000).</td>
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<td>Participates in developing and implementing culturally competent, safe and sensitive practice.</td>
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<td>Committed to pursuing additional training to further develop specialised psychosocial interventions that address complexity.</td>
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<td>Professionals, in regards to clinical reasoning and psychosocial interventions.</td>
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supports available in the consumer’s local community.

**s)** Networks with a wide range of internal and external stakeholders to:
- learn about services available to consumers
- foster collaborative work
- share ideas on issues of common concern
- support or engage in advocacy and education activities
- share or gain access to resources, and
- facilitate and enhance continuity of care.

**t)** Advocates with and for consumers with complex needs (e.g. consumers deemed to require involuntary care under the *Mental Health Act 2000* (Qld) or consumers deemed to have impaired capacity by the Queensland Civil and Administrative Tribunal)

**u)** Negotiates with colleagues from other disciplines when differences in opinion or perspective arise re: assessment outcomes and organisational goals.

**v)** Accesses clinical guidance when working on complex cases from professional supervisor or mentor.

**w)** Participates in regular clinical supervision to continuously develop and reflect upon psychosocial intervention knowledge and skills.

**x)** Reflects on personal beliefs and history, values, views, prejudices and preferences and refrains from imposing these on consumers and colleagues (AASW, 2010b, p. 17).

**y)** Modifies intervention based upon environment/context in which intervention/treatment plan is being implemented (i.e. emergency department, inpatient unit, community clinic, home visit, public space such as a park or café).
z) Committed to engaging in additional training to begin developing knowledge of specialised psychosocial interventions within a clinical practice domain (e.g. paediatrics) or area within a clinical practice domain (e.g. pediatric palliative care).

1.3 Monitors & Evaluates the Outcomes of Social Work Interventions

Queensland Health Social Workers monitor and evaluate consumer outcomes in order to:
- capture the complexity of consumer presentations;
- identify physical, emotional, social and environmental barriers that may inhibit progress;
- recognise when and to whom a referral needs to be made;
- regularly obtain feedback from consumers in regards to their satisfaction with processes and outcomes;
- inform clinical decisions;
- collect data that promotes effective clinical care (Commonwealth of Australia, 2002, p. 35);
- advocate for further assessment, intervention and resources to be provided by Queensland Health Social Workers or from other sources;
- evaluate how significant the role of Social Work has or has not been in assisting the consumer to achieve his or her treatment goals;
- evaluate how successful the role of Social Work has been in progressing the goals of the multi-disciplinary treating team and the organisation;
- critically reflect upon his or her practice;
- ensure that his or her practice is evidence based; and
- maintain professional and organisational accountability.

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<td>a) Selects appropriate methods to monitor and evaluate outcomes based upon evidence for best practice (including AASW standards, Queensland Health guidelines and the individual consumer’s clinical needs and goals).</td>
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<td>b) Identifies goals of intervention/expected outcomes in consultation with the consumer, colleagues and relevant stakeholders (inc. family, carers and other service providers).</td>
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<td>c) Identifies events that may trigger relapse, lead to premature discharge or case review.</td>
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<td>a) Identifies areas where Social Work specific approaches to monitoring outcomes could be developed and implemented.</td>
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<td>b) Analyses outcome measurement data to identify which particular types of general and Social Work specific interventions appear to be the most, and least, beneficial for which consumers, and under what circumstances.</td>
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<tr>
<td>c) Utilises data collected via outcome measures to: assist with service development, management and evaluation of services</td>
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<tr>
<td>a) Contributes to the development of Social Work specific approaches to monitoring outcomes.</td>
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<td>b) Evaluates tools and methodologies designed to monitor outcomes and provides expert opinion.</td>
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<td>c) Designs and leads consultation processes that enable consumers to participate meaningfully in the development and evaluation of Queensland Health outcome measures.</td>
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<td>d) Leads and represents Social Work’s and consumers’ interests in relevant outcome measurement forums.</td>
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d) Communicates outcomes in an objective, professional and succinct manner to the consumer, colleagues and relevant stakeholders (inc. family, carers and other service providers).

e) Plans discharge in collaboration with consumer, colleagues and relevant stakeholders based upon the consumer’s progress towards achieving his/her own goals and the treatment team’s goals/expected outcomes.

f) Negotiates to continue providing intervention/s or access to appropriate services outside QH when expected outcomes have not been reached.

g) Encourages and supports the consumer to provide feedback on the quality of the services he/she has received.

h) Applies relevant theoretical constructs to resolve practice dilemmas in regards to monitoring outcomes.

i) Advocates for the consumer to meaningfully participate in the development and evaluation of Queensland Health service outcomes.

j) Participates in the development of Social Work specific approaches to monitoring and evaluating outcomes.

k) Critically reflects upon whether expected outcomes were or were not achieved in order to improve his/her future practice.

l) Participates in relevant training to continue developing evidence-based approaches to monitoring and evaluating outcomes.

(Commonwealth of Australia, 2002, p. 9); 
- communicate outcomes in an objective, professional and succinct manner to the consumer, colleagues and relevant stakeholders (inc. family, carers and other service providers); and 
- advocate for organisational and system changes where indicated.

d) Works with consumers to participate meaningfully in the development and evaluation of Queensland Health service outcomes.

e) Advocates for additional resources and professional development, training and education for Social Work clinicians based upon an analysis of outcome measurement data.

f) Leads the development and implementation of continuous quality improvements initiatives based upon a thorough evaluation of data collected via outcome measures.
CAPABILITY AREA 2: CLINICAL SERVICE MANAGEMENT

This section builds on Objective 2 in AASW Practice Standards for Social Workers: Achieving Outcomes (2003, p. 13-16) and Area 2 in AASW Practice Standards for Mental Health Social Workers (2008a, p. 21-23).

Social Workers utilise their knowledge, skills and resource to met consumer needs, organisational goals and community expectations in the most appropriate manner.

2.1 Manages Own Service Provision

Social Workers, regardless of their position or the context of their clinical practice within Queensland Health, have a responsibility to manage their own service provision and practice in a way that is consistent with organisational and professional values and standards.

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<td>a) Articulates the role and duty of Social Work within Queensland Health.</td>
<td>a) Reviews organisation policies and practices regularly to identify any elements that could be considered discriminatory.</td>
<td>a) Influences the development, implementation and evaluation of non-discriminatory policies and practices.</td>
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<td>b) Articulates the Social Work role within their practice domain.</td>
<td>b) Identifies policies and practices that need to be developed, implemented or evaluated in order to prevent discrimination.</td>
<td>b) Reviews policies and procedures to ensure that they: • conform to relevant legislation; • are consistent with the 5 basic values of Social Work practice (i.e. human dignity and worth, social justice, service to humanity, integrity, and competence); and • are updated, as needed.</td>
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<td>c) Strives to carry out the stated aims and objectives of Queensland Health in a manner that is consistent with the ethical values and responsibilities of the profession’s Code of Ethics (AASW, 2010b, p. 32) and Queensland Health’s Code of Conduct.</td>
<td>c) Ensures that all staff, consumers and other relevant parties have access to relevant policies and procedures.</td>
<td>c) Develops mission statements and business plans that clearly articulate Social Work values and principles.</td>
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<td>d) Educates colleagues, consumers and relevant others about Queensland Health’s values and the principles of Social Work practice.</td>
<td>d) Educates colleagues about the AASW Code of Ethics (2010b), its principles, objectives and implications for Social Work practice within Queensland Health.</td>
<td>d) Ensures that a Social Work perspective is incorporated in service planning, delivery and evaluation, as well as quality improvement.</td>
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<tr>
<td>e) Ensures that consumers participate in decision-making processes and have access to information regarding their healthcare.</td>
<td>e) Reviews staffing level requirements and provides timely feedback to those engaged in service planning and evaluation.</td>
<td>e) Leads service development improvements in those areas most appropriate to Social Work knowledge and skills (e.g. developing strategies to deploy and manage Allied Health teams in areas that have been affected by a disaster;</td>
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<td>f) Aspires to address consumer needs and preferences.</td>
<td>f) Implements and regularly reviews processes that are designed to create acceptable working conditions (inc. occupational health and safety).</td>
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<td>g) Advocates for resources to meet individual consumer rights and needs.</td>
<td>g) Promotes the value of effective teamwork and communication.</td>
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<tr>
<td>h) Participates in the development and implementation of non-discriminatory policies and practices.</td>
<td>h) Implements strategies that promote effective teamwork.</td>
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<tr>
<td>i) Critically reflects upon personal values, stereotypes</td>
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</table>
or biases to ensure that they:

- do not negatively impact upon services to Queensland Health consumers or professional relationships with colleagues
- are consistent with legal, Queensland Health and AASW requirements.

j) Refers consumers to appropriate internal and external service providers (inc. colleagues from other disciplines, Centrelink, and specialist services such as Indigenous healthcare providers).

k) Adheres to organisational and professional standards and protocols on clinical documentation, sharing information, internal and external communication, assessing and managing risk, decision-making and accountability (Zwanenberg, in Social Work Scotland, 2005, p. 9).

l) Values teamwork within the Social Work service and across the organisation.

m) Engages respectfully with colleagues.

n) Uses Queensland Health resources for the purposes for which they are granted and accounts accurately for their expenditure.

o) Participates in regular professional supervision.

p) Seeks psychological first aid and on going support when he or she has experienced difficult or traumatic circumstances during the course of his or her work.

q) Identifies resources necessary to meet his or her professional development and training needs.

r) Participates in continuous quality assurance and improvement initiatives and practice based research.

s) Documents quality assurance and improvement activities.

t) Engages in action to improve

i) Implements processes that assist Social Workers to fulfil Queensland Health and professional accountabilities.

j) Ensures that Queensland Health Social Workers have appropriate access to regular supervision and on going professional development.

k) Develops and implements a collaborative supervision contract for each Social Worker they professional supervise.

l) Addresses staff education and training needs.

m) Encourages other Social Workers to pursue post-graduate training opportunities.

n) Provides or arranges timely psychological first aid and ongoing support for staff when they experience difficult or traumatic circumstances during the course of their work.

o) Identifies issues requiring quality improvement and initiates the service improvements.

p) Develops practice based research initiatives.

q) Advocates for Social Workers to have access to resources and opportunities that will enable them to undertake valuable practice based research.

continuity of care pathways in sub acute care settings).

f) Ensures that Queensland Health services, policies and practices do not prohibit Social Workers from adhering to the AASW Code of Ethics (2010b)’sprinciples and objectives.

g) Ensures that staff utilise finances and other resources for the purposes for which they are granted and accounts accurately for their expenditure.

h) Advocates for adequate resources and acceptable working conditions for all Queensland Health staff, including appropriate clinical treatment space.

i) Develops processes to review staffing level requirements.

j) Advocates for adequate numbers of Social Work positions within Queensland Health to be established and maintained.

k) Intervenes in situations where staff have not utilised finances and other agency resources for the purposes for which they are granted or are unable to accurately account for their expenditure.

l) Advocates for adequate resources to meet staff development needs.

m) Assists others to complete post-graduate training.

n) Contributes to the development of psychological first aid guidelines.

o) Develops strategies to enable Social Workers to undertake practice-based research as an integral part of their role within Queensland Health.

p) Fosters a practice based research culture within Queensland Health’s Social Work workforce.

q) Incorporates practice based research outcomes into the development of quality
services or working conditions in accordance with the AASW Code of Ethics (AASW, 2010b, p. 33), Queensland Health Code of Conduct for the Queensland Public Service (2010) and relevant legislation.

u) Challenges, reports and works to improve policies, practices and service provisions which:
   - are not in the best interests of consumers;
   - are inequitable or unsafe;
   - are in any way oppressive, disempowering or culturally inappropriate;
   - are not in the best interests of Social Workers or other colleagues;
   - demonstrate unfair discrimination; and/or
   - demonstrate known or suspected incidents of improper or corrupt conduct (AASW, 2010b, p. 32)

2.2 Manages Social Work Services

As Managers within Queensland Health, Social Workers bring a clear set of values about the role of public services, particularly in relation to addressing the healthcare needs of consumers who are “neglected, marginalised, vulnerable, excluded, disadvantaged, alienated or have exceptional needs” (AASW, 2010b, p. 8); combined with the ability to lead professionally, politically, strategically and academically.

NB: A wide range of operational management capabilities have not been incorporated as Queensland Health has established guidelines that all staff must adhere to.

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<th>LEVEL 1 INDICATORS</th>
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<tbody>
<tr>
<td>a) Utilises a high level of interpersonal and consultative skills.</td>
<td>a) Utilises a management perspective that is reflective of core Social Work values and philosophy; and the National Health Service (NHS) Leadership Qualities Framework.</td>
<td>a) Articulates the role of Social Work within the context of health.</td>
</tr>
<tr>
<td>b) Utilises a high level of negotiation and conflict management skills when tensions arise.</td>
<td>b) Articulates the role of Social Work within Queensland Health across different clinical domains.</td>
<td>b) Provides authoritative counsel to relevant internal and external stakeholders on Social Work and health related matters.</td>
</tr>
<tr>
<td>c) Articulates a management perspective that is reflective of core Social Work values and philosophy.</td>
<td>c) Applies highly developed Social Work clinical</td>
<td>c) Utilises an “accountability framework” that is based upon organisational and professional standards (Social Work Scotland, 2006, p. 3) to</td>
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<tr>
<td>d) Contributes to sustaining a working environment that</td>
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<tr>
<td></td>
<td>Knowledge and skills when providing assistance to manage Social Work services.</td>
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</tr>
<tr>
<td>d</td>
<td>Promotes practice that is consistent with the AASW’s <em>Code of Ethics</em> (2010b) and various professional practice standards.</td>
<td></td>
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<tr>
<td>e</td>
<td>Exercises advanced independent professional judgement to facilitate complex professional and clinical decisions in accordance with Queensland Health policies and guidelines, and the latest evidence for best practice.</td>
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</tr>
<tr>
<td>f</td>
<td>Allocates work responsibilities to other Social Work staff.</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Participates in creating a working environment that supports contemporary human resource management requirements and practices.</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Participates in leading the development, implementation and review of Social Work clinical procedures, processes and resources (inc. professional education models and clinical practice guidelines) to enhance service delivery and clinical outcomes within their clinical domain.</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Plays a key role in leading the development, implementation and review of Social Work clinical initiatives and resources within their clinical setting by collaborating with colleagues and consumers.</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Participates in creating a working environment that supports contemporary human resource management requirements and practices.</td>
<td></td>
</tr>
<tr>
<td>k</td>
<td>Maintain Performance Appraisal and Development Plans.</td>
<td></td>
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<tr>
<td>l</td>
<td>Plays a key role in local and state-wide Social Work projects.</td>
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</table>
| m | Initiates “adaptive and
|   |  
|---|---|
| n) | Provides ideas and invites feedback from staff in regards to innovating services to produce optimal consumer outcomes (Brody, 2005, p. 4). |
| o) | Participates in the recruitment of Social Work staff and ensures that they are fit to practise, hold appropriate qualifications, provide references (inc. evidence that there is no risk to Queensland Health consumers or colleagues) and that they understand their roles and responsibilities, including their ethical duties (AASW, 2010a). |
| p) | Utilises organisational and professional tools to appraise performance and promote professional growth. |
| q) | Draws upon professional values and ethics when managing employment challenges (e.g. taking corrective action to address issues associated with underperformance) (Brody, 2005, p. 139). |
| r) | Inspires, motivates and instils confidence in others to excel via supervision and mentoring. |
| s) | Creates an environment in which staff can develop reflective practice, professional skills and the ability to make judgements in complex situations (Social Work Scotland, 2005, p. 6). |
| t) | Analyses staff development needs and plans how to meet these in line with Queensland Health performance appraisal and development guidelines. |
| u) | Initiates and manages quality assurance programs. |
|   |   |
2.3 *Practices as a Member of a Multi-Disciplinary Team*

As a valued member of many multidisciplinary teams within Queensland Health, Social Workers significantly contribute to the creation of safe, quality and sustainable consumer outcomes by providing their unique discipline specific knowledge, skills and values.

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<tr>
<th>LEVEL 1 INDICATORS</th>
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<tbody>
<tr>
<td>a) Articulates the purpose, roles and activities of Social Work within Queensland Health.</td>
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<tr>
<td>b) Respects the profession of Social Work and the disciplines of other Queensland Health clinicians within his or her multi-disciplinary team/s.</td>
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<tr>
<td>c) Supports the activities of other clinicians within his or her multi-disciplinary team/s.</td>
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<tr>
<td>d) Applies a range of skills in problem solving, education, and conflict resolution to the management of day-to-day professional Social Work activity within his or her multidisciplinary team/s.</td>
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<tr>
<td>e) Participates in team reviews and discharge planning.</td>
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<tr>
<td>f) Promotes a culture within the multidisciplinary team that reflects the core values of Social Work and focuses on collaborative, consumer centred care (Asquith, Clark, &amp; Waterhouse, 2003, p. 8).</td>
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<tr>
<td>g) Seeks to understand and value the different approaches utilised by other disciplines particularly, in relation to their:</td>
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</tr>
<tr>
<td>▪ education and training,</td>
<td></td>
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<tr>
<td>▪ professional values and</td>
<td></td>
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</tr>
<tr>
<td>a) Promotes the contribution of Social Work to inter-professional practice within Queensland Health at a strategic level.</td>
<td></td>
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<tr>
<td>b) Provides a Social Work perspective on complex cases being managed by colleagues from other disciplines.</td>
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<tr>
<td>c) Provides educational resources to assist other Social Workers to manage his or her role with his or her multidisciplinary team/s.</td>
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<tr>
<td>d) Promotes an understanding of and collaboration between all disciplines.</td>
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<tr>
<td>e) Promotes full scope of practice for Social Workers within the service area and or the District.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Defines the purpose, roles and activities of Social Work in inter-professional practice within Queensland Health in collaboration with other Social Work leaders and the AASW.</td>
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<tr>
<td>b) Develops strategies and resources to assist Social Workers within Queensland Health to:</td>
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<tr>
<td>▪ effectively manage their role within a multidisciplinary team environment;</td>
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<tr>
<td>▪ maintain their distinct professional identity and boundaries;</td>
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</tr>
<tr>
<td>▪ retain their Social Work values; and</td>
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<td></td>
</tr>
<tr>
<td>▪ preserve a high profile for Social Work within a multidisciplinary team environment (Asquith, et al., 2003, p. 35).</td>
<td></td>
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<tr>
<td>c) Provides effective leadership and management for Social Work services:</td>
<td></td>
<td></td>
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<tr>
<td>▪ “within mixed teams and across ‘separate governance arrangements’;</td>
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</table>
| ▪ in the context of inter-service and inter-
ethics,
- clinical practice experience,
- areas of interest and or specialisation,
- roles and responsibilities within the team, and
- clinical governance.

h) Engage in regular reflective practice in regards to the effectiveness of his or her role and contribution to the multi-disciplinary team.

<table>
<thead>
<tr>
<th>professional collaboration” (Asquith, et al., 2003, p. 4).</th>
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<tbody>
<tr>
<td>d) Contributes to, and or initiates, the development of Models of Care which maximise the outcomes of inter-professional collaboration (e.g. Advanced Health Practitioner roles in Emergency and Rehabilitation facilities).</td>
</tr>
<tr>
<td>e) Promotes full scope of practice for Social Work across the state.</td>
</tr>
</tbody>
</table>
Social Workers significantly contribute to the development of innovative approaches to improve Queensland Health service delivery to ensure that they are:

- consumer-centred, high quality, safe, accountable and responsive to the specific needs of consumers (AASW, 2010b); and
- respectful of “consumers’ beliefs, values and culture” (Queensland Health, 2010, p. 3)

NB: This capability area does not include policy aspects of organisational development as these are included in the Policy capability area.

### 3.1 Contributes to Organisational Development

Social Workers contribute to a wide range of organisational development initiatives designed to improve service delivery throughout Queensland Health.

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<tr>
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<tbody>
<tr>
<td>a) Articulates organisational development processes.</td>
<td>a) Initiates and participates in the review of key Queensland Health policies, processes and procedures.</td>
<td></td>
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<tr>
<td>b) Articulates the role of Social Work in organisational development.</td>
<td>b) Identifies specific service needs through assessment and consultation with internal and external stakeholders (e.g. Queensland Health Social Workers in remote areas, non government agencies assisting Deaf or visually impaired consumers or consumers from an indigenous background).</td>
<td></td>
</tr>
<tr>
<td>c) Articulates how own work contributes to the achievement of Queensland Health’s goals.</td>
<td>c) Analyses the evidence for options to improve service delivery to meet the identified needs of Queensland Health consumers.</td>
<td></td>
</tr>
<tr>
<td>d) Articulates how, when and where broader societal systems and processes impact upon key Queensland Health policies, processes and procedures.</td>
<td>d) Develops funding proposals to acquire additional resources to address the specific needs of internal and external stakeholders.</td>
<td></td>
</tr>
<tr>
<td>e) Facilitates the interface between consumers and key Queensland Health policies, processes and procedures.</td>
<td>e) Identifies the need for further evidence or research prior to initiating change.</td>
<td></td>
</tr>
<tr>
<td>f) Works with Queensland Health’s and other key service providers’ (e.g. Centrelink, Department of Communities) policies, processes and procedures (inc. eligibility criteria; application processes; referral procedures; guidelines; decision making, review and appeal processes) to ensure high quality outcomes for</td>
<td>f) Analyses and identifies options for achieving organisational change and</td>
<td>a) Influences the development of new Queensland Health policies, processes and procedures.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Facilitates the ongoing identification, implementation and evaluation of initiatives designed to improve service delivery throughout Queensland Health.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) Analyses resource implications for alternative approaches to improve service delivery throughout Queensland Health.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) Contributes to Social Work evidence base in regards to systems and organisational theory, action research and the role of Social Work in organisational development.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e) Plays a key role in organisational change processes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f) Identifies the need for change in wider societal systems and raises this appropriately for consideration and possible action by the AASW, and other internal and external key stakeholders (e.g.</td>
</tr>
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</table>
Social Work Clinical Capability Framework

3.2 Engages Consumers in Organisational Development

Social Workers are committed to “strengthening the consumer perspective” (www.health.qld.gov.au/hcq/default.asp) in Queensland Health’s development.

<table>
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<tbody>
<tr>
<td>a) Articulates the role of consumers in organisational development.</td>
<td>a) Contributes within the limits of ethical considerations, to the development and implementation of formal and informal processes to involve consumers in organisational change and development.</td>
<td>a) Plays a key role in developing, implementing and evaluating consumer engagement initiatives within and external to Queensland Health.</td>
</tr>
<tr>
<td>b) Advocates for consumer participation in Queensland Health development (inc. training, changes in guidelines and procedures).</td>
<td></td>
<td>b) Facilitates “behavioural and environmental</td>
</tr>
<tr>
<td>c) Identifies mechanisms within, and external to, Queensland Health that aim to “strengthen the consumer</td>
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consumers.

g) Applies quality assurance methodologies utilised by Queensland Health to develop, implement and evaluate its key policies, processes and procedures.

h) Utilises evidence informed approaches to assess how accessible, equitable and responsive Queensland Health services are to the unique needs of consumers.

i) Participates in initiatives designed to improve service delivery throughout Queensland Health.

j) Contributes to the development of team goals, and strategies designed to improve service delivery.

k) Identifies appropriate people and mechanisms through which to channel concerns or initiate change when:
   - issues of accessibility, equitability and responsiveness arise; and/or
   - policies or procedures conflict with professional standards.

l) Participates in relevant training to continue developing knowledge and skills in regards to organisational development, systems theory and action research.

g) Monitors change processes against established evaluation criteria.

h) Contributes to the development of change processes to minimise the impact of wider societal systems upon the accessibility, equitability and responsiveness of Queensland Health services.

i) Assists others to work professionally and maintain consumer focus during organisational change (Woodrow & Ginsberg, 1997, p. 243).

j) Coordinates the design, delivery and evaluation of professional development, training and education activities for Queensland Health Social Workers, and other Allied Health professionals, in regards to:
   - innovative approaches to improving service delivery (inc. action research);
   - leading, creating, adjusting to and managing change;
   - assisting consumers to adjust to changes within Queensland Health; and
   - evidence-based approaches to obtaining feedback from consumers.

g) Advocates for professional development, training and education activities to be provided to Queensland Health Social Workers, and other Allied Health professionals, in regards to:
   - innovative approaches to improving service delivery
   - leading, creating, adjusting to and managing change;
   - assisting consumers to adjust to changes within Queensland Health; and
   - evidence-based approaches to obtaining feedback from consumers.

g) Monitors change processes against established evaluation criteria.
<table>
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<tr>
<th>d)</th>
<th>Ensures that consumers are provided with information regarding how, when and why Queensland Health engages in organisational development; in addition to how consumers can participate in these processes.</th>
</tr>
</thead>
</table>
| e) | Assists and empowers consumers, especially those who are marginalised, to appropriately and ethically:  
  - engage in organisational development; and  
  - utilise internal organisational review, complaint and appeal processes, as well as external administrative and other appeal processes when necessary. |
| f) | Articulates the factors that impact upon a consumer’s decision to engage in organisational development (i.e. nature and integrity of the activity; their legal, economic, housing, health, cultural and social circumstances at the time; and their perceptions of whether the activity will improve health outcomes (Queensland Health, 2010, pp. 6-7). |
| g) | Identifies and facilitates appropriate channels for communication between consumers and Queensland Health. |
| h) | Provides timely feedback to consumers about the changes to the way in which services are provided. |
| i) | Identifies local, state and national bodies that support consumers to participate in health services policy, systems and service reform and improvement. |
| j) | “Promotes a holistic approach to person-centred healthcare that incorporates promotion, prevention and early intervention with a focus on wellness and responsive treatment” (Queensland Health, 2010, p. 5). |
| k) | Promotes the use of organisational development and change processes that encompass transparent mechanisms for accountability to consumers. |
| l) | Recognises that consumer engagement may not always have the influence that consumers wish or result in the exact changes they may processes within Queensland Health. |
| b) | Develops resources for staff and consumers regarding Queensland Health organisational development and change processes; including how staff and consumers can participate/can be engaged to participate in these processes. |
| c) | Develops funding proposals to support consumers to engage in organisational change and development processes. |
| d) | Coordinates the design, delivery and evaluation of professional development, training and education activities for Queensland Health Social Workers, and other Allied Health professionals, with regards to consumer engagement. |

Changes” towards improving the health of consumers, “through coalitions and partnerships which can mobilise resources, influence systems and change relationships” between internal and external key stakeholders (Queensland Health, 2010, p. 4). |

C) | Contributes to Social Work evidence base in regards to holistic and person-centred approaches to consumer engagement. |
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<tr>
<th></th>
<th>have put forward (Queensland Health, 2010, p. 6).</th>
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<tr>
<td><strong>m)</strong></td>
<td>Supports the development of mutual support and advocacy groups among isolated and marginalised individuals who access Queensland Health services.</td>
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CAPABILITY AREA 4: POLICY

This section builds on Objective 4 in AASW Practice Standards for Social Workers: Achieving Outcomes (2003, p. 21-24) and Area 4 in AASW Practice Standards for Mental Health Social Workers (2008a, p. 26-27).

Within Queensland Health there are many policies that impact upon Social Work practice. To practice effectively it is essential to:

- understand how and why policies are developed;
- identify the policies that impact upon practice;
- interpret and apply policies to practice; and
- promote the implementation of policies that align with core Social Work values, consumer needs and social justice principles.

4.1 Identifies Relevant Policy and Their Impact upon Practice

Effective Social Work practice within Queensland Health is informed by a comprehensive understanding of policy development in addition to being aware of which policies have a direct impact upon practice.

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<tbody>
<tr>
<td>a) Identifies the sources and drivers of policy (e.g. legislation).</td>
<td>a) Identifies policies that promote and affect Social Work practice within Queensland Health.</td>
<td>a) Articulates how and why particular policies are relevant to Social Work practice within Queensland Health.</td>
</tr>
<tr>
<td>b) Refers back to relevant legislation to inform practice (e.g. Queensland Mental Health Act, 2000 and Queensland Child Protection Act, 1999).</td>
<td>b) Contributes to the development of Queensland Health and AASW policies and procedures.</td>
<td>b) Leads the development of Queensland Health and AASW policies and procedures.</td>
</tr>
<tr>
<td>c) Identifies relevant policies from other areas of health, housing, income security and family welfare and the impact of these policies on the lives and well being of Queensland Health consumers.</td>
<td>c) Facilitates professional development activities on policy development, implementation and analysis.</td>
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4.2 Interprets and Applies Policy

Social Workers are able to articulate, interpret and apply relevant policies to their practice within Queensland Health.

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<tbody>
<tr>
<td>a) Interprets and articulates policies relevant to Social Work practice in Queensland Health.</td>
<td>a) Analyses how effectively relevant policies align with Social Work values, consumer needs and social justice principles effectively.</td>
<td>a) Provides expert knowledge pertaining to interpreting and applying policies (Rocha, 2009: 2).</td>
</tr>
<tr>
<td>b) Refers to policy to inform</td>
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<td>b) Leads the development and</td>
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<tr>
<td><strong>c)</strong> Prioritises work by applying policies specific to Social Work practice within Queensland Health.</td>
<td><strong>b)</strong> Identifies and documents areas where policies conflict with each other or conflict with the AASW Code of Ethics (2010b), or where policy is deficient in addressing the needs of consumers.</td>
</tr>
<tr>
<td><strong>d)</strong> Evaluates how relevant policies align with Social Work values, consumer needs and social justice principles.</td>
<td><strong>c)</strong> Refers to the appropriate governance processes when policy conflicts and deficits are identified.</td>
</tr>
<tr>
<td><strong>d)</strong> Identifies how and why particular policies are relevant to Social Work practice within Queensland Health.</td>
<td><strong>d)</strong> Develops service responses to policy imperatives.</td>
</tr>
<tr>
<td><strong>e)</strong> Reflects upon practice to determine how effectively they are complying with relevant policies.</td>
<td><strong>e)</strong> Identifies and applies policies to the activities of planning, delivery and evaluation of services.</td>
</tr>
<tr>
<td><strong>f)</strong> Provides consumer/s with information on pertinent policy issues.</td>
<td><strong>f)</strong> Develops work instructions to support the implementation of policy (i.e. procedures, protocols or guidelines).</td>
</tr>
<tr>
<td><strong>g)</strong> Participates in processes to bring about systemic change.</td>
<td><strong>g)</strong> Assists others to utilise work instructions consistently to provide high quality health care services to Queensland Health consumers.</td>
</tr>
<tr>
<td><strong>h)</strong> Identifies policies that are relevant to practice within Queensland Health.</td>
<td><strong>h)</strong> Responds to requests for information and comment on policy issues.</td>
</tr>
<tr>
<td></td>
<td><strong>i)</strong> Evaluates service delivery against policy implementation.</td>
</tr>
<tr>
<td></td>
<td><strong>j)</strong> Provides detailed feedback to management in relation to policy implementation.</td>
</tr>
<tr>
<td></td>
<td><strong>k)</strong> Develops information for consumers in regards to pertinent policy issues.</td>
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<tr>
<td></td>
<td>Implementation of strategies to address issues associated with policies not in alignment with Social Work values, consumer needs and social justice principles.</td>
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<tr>
<td></td>
<td><strong>c)</strong> Promotes the implementation of policies that are in alignment with Social Work values, consumer needs and social justice principles within Queensland Health.</td>
</tr>
<tr>
<td></td>
<td><strong>d)</strong> Evaluates the effectiveness of work instructions.</td>
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<td></td>
<td><strong>e)</strong> Advocates for Social Workers to be involved in the analysis of Queensland Health policy.</td>
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### 4.3 Contributes to Policy Development

Queensland Health Social Workers strive to promote social justice with and on behalf of consumers, carers and communities. Their contribution to policy development is based upon the following core values:

- empowerment and advocacy,
- dignity and worth of the person,
- importance of human relationships and their complexity,
- the interplay between people and the environment in which they live,
- professional integrity and competence,
- the right of individuals to have their privacy respected,
- valuing diversity and difference,
belief in collaboration as the cornerstone of effective practice, individual choice and both personal and collective responsibility, and the promotion of human rights


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<tr>
<td>a) Articulates models and frameworks used to analyse and develop policy.</td>
<td>a) Leads the development of alternative policy options.</td>
<td>a) Evaluates alternative policy options and provides expert opinion.</td>
</tr>
<tr>
<td>b) Assists consumers to meaningfully participate in the analysis and development of Queensland Health policy.</td>
<td>b) Develops alternative policy options based upon research, practice wisdom and feedback from a wide range of key stakeholders internal and external to Queensland Health.</td>
<td>b) Designs and leads consultation processes that enable consumers to participate meaningfully in the analysis and development of Queensland Health policy.</td>
</tr>
<tr>
<td>c) Participates in the development of alternative policy options.</td>
<td></td>
<td>c) Advocates for Social Workers to be involved in the analysis and development of Queensland Health policy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) Contributes to the development of Queensland Health policy.</td>
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<td></td>
<td></td>
<td>e) Identifies needs and issues for consideration and possible action by the AASW and other relevant bodies.</td>
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<td>f) Leads and represents Social Work's interests in relevant policy forums.</td>
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<td></td>
<td>g) Develops criteria for predicting emerging issues.</td>
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CAPABILITY AREA 5: RESEARCH & EVALUATION

This section builds on Objective 5 in AASW Practice Standards for Social Workers: Achieving Outcomes (2003, p. 25-26) and Area 5 in AASW Practice Standards for Mental Health Social Workers (2008a, p. 28-30).

Research provides Social Workers with the opportunity to acquire knowledge to inform their practice, evaluate social policy, plan and implement research projects as well as critically evaluate their own practice. Bringing together individual personal qualities with the knowledge, skills and values of the profession helps inspire Social Workers to interrogate their work with a view to identify the activities of practice and the connections to theory (Fook, 2002).

5.1 Approaches Social Work Practice with a Critically Reflective Lens

One of the defining characteristics of Social Work practice is a commitment to, and capacity for, critical reflection (Schön, 1983). A critically reflective approach leads to an evaluation of theories that inform practice, Social Work practice traditions and one’s own practice (Higgs & Cherry, cited in Higgs, Horsfall & Grace, 2009, p. 4).

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<tr>
<td>a) Examines own practice against practice and research based evidence.</td>
<td>a) Models critically reflective practice.</td>
<td>a) Designs, implements and evaluates research projects.</td>
</tr>
<tr>
<td>b) Shares critical reflections on practice in professional supervision and for supervision sessions with colleagues.</td>
<td>b) Applies relevant theoretical constructs to resolve practice dilemmas.</td>
<td>b) Contributes to the knowledge, skills and values of the Social Work profession by presenting and publishing on Social Work practice.</td>
</tr>
<tr>
<td>c) Participates in research projects.</td>
<td>c) Plans and implements research projects.</td>
<td>c) Contributes to the design, delivery and evaluation of clinical education and professional development activities on the topic of critical reflection.</td>
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5.2 Practice is Informed by Practice and Research Based Evidence


Queensland Health Social Workers draw upon the best available evidence to maintain their ability to provide safe, high quality and ethical services.

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<tr>
<td>a) Converts information needs into answerable questions</td>
<td>a) Consults regularly and critically evaluates research</td>
<td>a) Contributes to building the evidence base for Social</td>
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</table>

1 The research literature as defined here includes books, journals, governmental and agency reports and publications, film and video resources, newspapers and other media, as well as computer databases and Internet resources and includes information specifically based on the lived experience. It also includes attending conferences, workshops and seminars.
b) Finds the best evidence with which to answer these questions (Fielding, et. al, 2009, p. 157).


d) Involves consumers as informed participants and considers their values and expectations (Fielding, et. al, 2009, p. 157).


f) Evaluates outcomes of action taken using standardised measures.

g) Provides practice related research findings to consumers and colleagues (Fielding, et. al, 2009, p. 157).

h) Consults and critically evaluates research literature relevant to practising as a Social Worker within a health context.

i) Improves knowledge and skills in integration of theory and research by participating in relevant training.

j) Updates knowledge and skills for practice through a range of professional development activities (e.g. systematic research of research literature, participating in journal clubs and peer supervision groups, attending conferences, etc).

k) Communicates the connection between Social Work practice and the knowledge base for practice effectively.

l) Communicates the connection between Social Work practice and the knowledge base required to practice successfully within a health context.

m) Draws upon rational (validated through scientific methods) and relational knowledge (acquired through relationships with unique individuals or groups) to make decision regarding Social Work interventions in complex cases (Fielding, et. al, 2009, p. 155).

n) Communicates the connection between Social Work practice and the knowledge base for practice within a health context.

b) Informs the development of research based upon extensive practice experience.

c) Establishes processes to facilitate easy access to relevant practice and research-based evidence that informs practice.

l) Coordinates the design, delivery and evaluation professional development, training and education activities for Queensland Health (and non Queensland Health) Social Workers, and other Allied Health professionals, in regards to evidence based practice.

m) Explores what works in practice and how this can best be documented to provide evidence to shape Social Work curricula, service funding and delivery across diverse contexts.
5.3 **Participates in Research and Evaluation Projects**

Queensland Health Social Workers participate in a wide range of research and evaluation projects. Their approach to research and evaluation is underpinned by core Social Work values which include:

- empowerment,
- dignity and worth of the person,
- importance of human relationships and their complexity,
- the interplay between people and the environment in which they live,
- professional integrity and competence,
- the right of individuals to have their privacy respected,
- valuing diversity and difference,
- belief in collaboration as the cornerstone of effective practice,
- individual choice and both personal and collective responsibility, and
- promotion of human rights.


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<tbody>
<tr>
<td>a) Participates in research and evaluation projects.</td>
<td>a) Communicates the application and limitations of specific qualitative and quantitative research and evaluation methods effectively.</td>
<td>a) Applies advanced knowledge and skills in qualitative and quantitative research methods.</td>
</tr>
<tr>
<td>b) Applies basic knowledge and skills in qualitative and quantitative research methods.</td>
<td>b) Identifies and establishes the need for research and evaluation projects as part of the ongoing process of improving service delivery to Queensland Health consumers.</td>
<td>b) Develops new approaches to creating practice and research-based evidence.</td>
</tr>
<tr>
<td>c) Consults researchers or others with specialist knowledge to:</td>
<td>c) Initiates research and evaluation projects.</td>
<td>c) Initiates and leads research and evaluation projects.</td>
</tr>
<tr>
<td>▪ strengthen the design of a research and/or evaluation project;</td>
<td>d) Ensures that research is underpinned by core Social Work values.</td>
<td>d) Assists others to strengthen their research and/or evaluation project design.</td>
</tr>
<tr>
<td>▪ explore ethical issues associated with conducting research and/or evaluation; and</td>
<td>e) Publishes and presents research and evaluation findings.</td>
<td>e) Reviews research and evaluation findings critically prior to publishing and/or presentation.</td>
</tr>
<tr>
<td>▪ identify meaningful ways to engage key stakeholders in a research and/or evaluation project.</td>
<td>f) Encourages and supports colleagues in the instigation of research and evaluation projects.</td>
<td>f) Contributes to the resolution of complex ethical issues associated with conducting research and evaluation projects.</td>
</tr>
<tr>
<td>g) Positions Social Work as a leader in allied health research and evaluation.</td>
<td>h) Promotes opportunities to participate in research and evaluation projects.</td>
<td>g) Positions Social Work as a leader in allied health research and evaluation.</td>
</tr>
<tr>
<td>i) Develops and contributes to professional research and evaluation.</td>
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CAPABILITY AREA 6: CLINICAL EDUCATION & PROFESSIONAL DEVELOPMENT


Prior to entering the Queensland Health workforce, Social Workers must have successfully graduated from an AASW accredited Bachelor of Social Work, AASW accredited Master of Social Work (qualifying program) or had their overseas tertiary qualifications recognised by the AASW. They must also be considered eligible for AASW membership.

Once employed, a Queensland Health Social Worker is expected to engage in regular clinical education and professional development (inc. supervision) to continue increasing their professional knowledge and skills, and if an AASW member, maintain their membership status.

6.1 Practices within the Ethical Guidelines of the AASW & Code of Conduct for Queensland Health Public Service

The AASW Code of Ethics (2010b) and Code of Conduct for Queensland Health Public Service (2010) provide detailed information about:

- the principles, purpose and practice responsibilities of the Australian Social Work profession;
- the professional obligations of Australian Social Workers, and Queensland Health employees; and
- the appropriate ethical behaviour that complies with the AASW and Queensland Health standards.

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<tr>
<td>a) Practices within the AASW’s guidelines for ethical practice.</td>
<td>a) Contextualises the AASW Code of Ethics (2010b) to his or her own practice within Queensland Health.</td>
<td>a) Contributes to professional development activities designed to assist:</td>
</tr>
<tr>
<td>b) Fulfils the professional standards of ethical and professional behaviour outlined in the Code of Conduct for Queensland Health Public Service (2010).</td>
<td>b) Models ethical and professional behaviour.</td>
<td>• Social Workers contextualise the AASW Code of Ethics (2010b) within their Queensland Health practice; and</td>
</tr>
<tr>
<td>c) Consults a more experienced colleague/s to resolve ethical dilemmas.</td>
<td>c) Assists others to resolve ethical dilemmas.</td>
<td>• Social Workers and other Allied Health clinicians contextualise the Code of Conduct for Queensland Health Public Service (2010) to their own clinical practice.</td>
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<tr>
<td></td>
<td></td>
<td>b) Contributes to the development, implementation and evaluation of policies, plans and legislation that impact upon Social Work practice within Queensland</td>
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6.2 Participates in Social Work Supervision

Social Work supervision in Queensland Health generally includes administrative, educational, supportive and discipline-specific dimensions. These 4 interrelated dimensions ensure that a Social Worker’s practice is:

- safe, sustainable, ethical and of the highest possible quality
- critically reflected upon in order to keep evolving
- enhanced by cognitive and emotional support
- in line with legal, professional, organisational and consumer expectations and constraints.

This type of supervision supports Social Workers to become valued members of the Queensland Health Social Work community of practice (Smith, 2009).

Social Workers seek supervision internally and externally. When sought externally this often done the pursuit of developing specialised skills and knowledge.

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<tr>
<td>a) Contracts a mutually agreeable, professional supervisory relationship with another Social Worker/s (i.e. either on an individual and/or peer group basis).</td>
<td>a) Provides supervision to students, new graduates and colleagues.</td>
<td>a) Provides supervision to supervisors.</td>
</tr>
<tr>
<td>b) Negotiates and implements specific goals and processes within the professional supervisory relationship, including the frequency and structure of the supervision meetings.</td>
<td>b) Provides supervision in a manner that is consistent with the National Practice Standards for the AASW: Supervision (2000) and relevant Queensland Health policies.</td>
<td>b) Contributes to the design, delivery and evaluation of Supervision training for supervisees and supervisors.</td>
</tr>
<tr>
<td>c) Negotiates the learning goals for supervision.</td>
<td>c) Fosters a commitment to life-long learning and continuing professional education.</td>
<td>c) Presents and publishes work relating to the giving and receiving of Social Work supervision within a health context.</td>
</tr>
<tr>
<td>d) Negotiates appropriate timeframes to review supervision contract (e.g. once every 6 months).</td>
<td>d) Utilises adult learning principles.</td>
<td>d) Is considered a leader within the Queensland Health Social Work community of practice.</td>
</tr>
<tr>
<td>e) Prepares what she or he wants to discuss in supervision in advance.</td>
<td>e) Models reflective behaviours (Hawkins &amp; Shohet, 1989).</td>
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<tr>
<td>f) Communicates the values that are integral to Social Work practice within Queensland Health effectively.</td>
<td>f) Models ethical and professional conduct.</td>
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<tr>
<td>g) Is aware of the knowledge, skills and values the AASW and Queensland Health expects Social Workers to utilise in their roles and functions.</td>
<td>g) Discusses practice issues specific to providing Social Work services with a Queensland Health context.</td>
<td></td>
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<tr>
<td>h) Adheres to the requirements of ethically sound and</td>
<td>h) Offers a number of appropriate alternatives on how to proceed in a particular practice situation.</td>
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<tr>
<td></td>
<td>i) Provides theoretical insights associated with utilising particular intervention strategies.</td>
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<td></td>
<td>j) Cultivates the supervisee’s</td>
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accountable Social Work practice within a Queensland Health context.

i) Reflects on his or her own practice critically to build theory, attend to feelings and values, explore strengths and weaknesses in practice competence, and examine how they may continue to cultivate their clinical capability (Smith, 2009).

j) Shows increasing understanding of interpersonal processes (Bates, 2008, p. 305).

k) Strives to deliver the best possible Social Work services to Queensland Health consumers in accordance with organisational, legislative and professional requirements (Kadushin, cited in Smith, 2009).

l) Invites feedback on how to improve developing clinical capabilities (Bates, 2008, p. 304).

m) Manages the stress related to assuming the responsibilities of a Social Work position within Queensland Health successfully.

n) Consults another designated staff member before deviating significantly from an agreed upon work plan (Bates, 2008: 304).

o) Participates actively in the Queensland Health Social Work community of practice.

p) Engages in relevant training to improve knowledge and skills in receiving supervision.

appropriate “use of self” in clinical practice.

q) Encourages the supervisee to express his or her feelings and their interpretation of practice experiences in concrete and specific terms (Carkhuff, cited in Bates, 2008, p. 242).

r) Shows respect for the supervisee’s experiences and their ability to grow (Carkhuff in Bates, 2008, p. 243).

s) Assists the supervisee to identify his or her own strengths and limitations in practice competence in a supportive manner; enabling them to identify their own growth areas (Leddick, 2001).

n) Facilitates the development of clinical capabilities and autonomy in the supervisee (Bernard & Goodyear, 1992).

o) Shares expert knowledge and practice wisdom with the supervisee and other members of Queensland Health Social Work community of practice (Holloway, 1997).

p) Identifies when the supervisee is delivering the best possible Social Work services to Queensland Health consumers in accordance with organisational, legislative and professional requirements (Kadushin, cited in Smith, 2009).

q) Gives keen and continuous attention to discrepancies and inconsistencies, pointing out their implications whenever they appear (Carkhuff, cited in Bates, 2008, p. 244).

r) Utilises problem-solving models to resolve difficulties experienced in practice or in the supervisory relationship. Develops plans to overcome difficulties collaboratively.

s) Keeps a confidential record of each supervision
**6.3 Engages in Regular Clinical Education & Professional Development**

Queensland Health Social Workers maintain their ability to provide safe, high quality and ethical Social Work services by engaging in regular clinical education and professional development.

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<tr>
<td>a) Determines his or her learning needs, formulates learning goals and negotiates these with a supervisor (Bates, Bates &amp; Bates, 2006).</td>
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<tr>
<td>b) Becomes familiar with available resources (e.g. libraries, on line modules, training calendars, etc) (Bates, 2008: 304).</td>
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<tr>
<td>c) Engages in clinical education and professional development activities in order to:</td>
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<tr>
<td>▪ further develop Social Work practice and research based knowledge, skills and values attained in their tertiary education course</td>
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<tr>
<td>▪ begin integrating theory into practice</td>
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<tr>
<td>▪ begin contextualising his or her own practice to Queensland Health</td>
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</tr>
<tr>
<td>▪ maintain AASW membership eligibility</td>
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<tr>
<td>▪ provide optimal clinical services to Queensland Health consumers.</td>
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<tr>
<td>a) Integrates theory and research into practice.</td>
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<tr>
<td>b) Contributes to Social Work practice and research based knowledge by presenting at conferences, workshops and seminars; in addition to publishing his or her work in professional journals.</td>
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</tr>
<tr>
<td>c) Participates in clinical education and professional development activities in order to:</td>
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<tr>
<td>▪ develop expertise in a particular area/s of Social Work practice within a Queensland Health context;</td>
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<tr>
<td>▪ maintain AASW membership eligibility/accreditation; and</td>
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<tr>
<td>▪ provide optimal clinical services to Queensland Health consumers.</td>
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<tr>
<td>d) Participates in postgraduate studies and advanced level courses to acquire further professional qualifications and extend existing clinical capabilities.</td>
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<tr>
<td>e) Participates in the delivery of clinical education and professional development activities.</td>
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<tr>
<td>f) Contributes to the field education of Social Work students on placement and the orientation of new graduates.</td>
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</tr>
<tr>
<td>a) Assists others to contribute to Social Work practice and research based knowledge having already made their own significant contributions.</td>
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</tr>
<tr>
<td>b) Participates in clinical education and professional development activities in order to:</td>
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<td></td>
</tr>
<tr>
<td>▪ maintain AASW membership eligibility/accreditation;</td>
<td></td>
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</tr>
<tr>
<td>▪ maintain expertise in a particular area/s of Social Work practice within a Queensland Health context</td>
<td></td>
<td></td>
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<tr>
<td>▪ provide optimal clinical services to Queensland Health consumers.</td>
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<tr>
<td>c) Has practice expertise acknowledged within academia, the AASW and Queensland Health.</td>
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<tr>
<td>d) Coordinates the design, delivery and evaluation of clinical education and professional development activities for Queensland Health Social Work and other Allied Health professionals.</td>
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<tr>
<td>e) Contributes to the design, delivery and evaluation of AASW accredited Social Work education programs.</td>
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ADDITIONAL RESOURCES

KEY DOCUMENTS

Australian Association of Social Workers:
- Code of Ethics (2010)
- Constitution (2008)
- Practice Standards for Mental Health Social Workers (2008)
- Continuing Professional Education Policy (2009)

WEBSITES

The Australian Association of Social Workers: http://www.aasw.asn.au/
Allied Health Professions Australia: http://www.ahpa.com.au
Indigenous Allied Health Australia: http://www.indigenousalliedhealth.com.au
Services for Australian Rural and Remote Allied Health: http://www.sarrah.org.au/site/index.cfm
REFERENCE LIST


