

# HISTORIES OF SOCIAL WORK IN WESTERN AUSTRALIA

*As part of its celebration of the 50th anniversary of the AASW in 1996 the West Australian Branch requested a number key agencies to provide an account of the contribution made by the profession of social work in relation to that agency.*

*In this issue we present histories about the Disability Services Commission, Parkerville Children's Home, the State Geriatric Service, the Christian Welfare Centre and St John of God Hospital. Together with the five histories in this issue and the four in the February 1997 issue, it is clear that the social work profession has made important contributions across many fields.*

*The time and effort of the individual contributors and the 50th Anniversary Committee who undertook this initiative are acknowledged.*

## DISABILITY SERVICES COMMISSION

The first social worker in the field of intellectual disability was appointed in 1956 as part of the clinic team in a Slow Learning Children's Group facility (now known as ACTIV Foundation) which later became known as "Irrabeena". The word "Irrabeena" is derived from two Aboriginal words used by the Nyoongah tribe meaning "dawn" or "new beginning". In 1959 the long empty vacancies for social workers in the Mental Health Services were filled by Mrs Margaret (Teddie) Stockbridge at the Child Guidance Clinic, Mrs Sylvia Creswell at the Day Hospital, Mrs Gwillim Walters at Claremont Hospital.

In 1964, a separate Mental Deficiency Division (MDD) was created within the State Mental Health Services. At the same time the Division became responsible for running Irrabeena, a centre for the coordination of services for people with an intellectual disability.

In 1964 Mrs Margaret Stockbridge was seconded from the department (Mental Health) to help in organising the university social work diploma courses, which produced its first graduates in 1966. In 1969 country visits by MDD staff commenced and social workers participated as part of the visiting interdisciplinary team

providing assessment, diagnostic intervention and some family support services. By 1975 mental health officers were working with graduate welfare officers and qualified social workers, and Mental Health Services were employing social workers in every unit. A senior social worker, Mrs Sylvia Cresswell was appointed to organise placements in the department and to arrange training and practical work for diploma candidates.

Provision of services in people's homes started in the seventies and became a regular means of assisting families during the eighties. Social workers were mandated to be the first professionals to visit families, especially those with newborn children. The role of social workers includes, but is not limited to, the provision of social assessment, counselling support and organising practical assistance. Many community groups extended their activities to enable the participation of people with intellectual disabilities. Social workers skilled in community development and networking contributed substantially in this area. Social workers were also instrumental in establishing mothers' groups to provide support and practical assistance in these critical times.

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In 1973 the policy of the Social Work Department clearly subscribed to the philosophy that recognises the dignity and worth of people, the right to be self-determining and the right to develop one's full potential. Furthermore, respect of differing value systems and confidentiality of information was also highlighted. In the aims statement, social workers accepted intellectual handicap as being primarily a social condition and elaborated the aims so as to encourage parental acceptance, understanding and management of their feelings, of their child's overall development and of applicable services. Social workers also aimed to encourage the development of individual client potential and to encourage community awareness and acceptance.

From 1974, the Social Worker in Charge position was established and the first occupant of this position was Mr Kevin Baker. The name of this position later changed to Chief Social Worker and is now known as Principal Social Worker. Occupants in the past include Mrs Nea Ackland, Mrs Liz Walker, Mrs Pat Page, Ms Imelda Dodds, Ms Barbara Bruce, Ms Tracey Delamare and Ms Helen Lilly.

In 1978 the name of the Mental Deficiency Division changed to Division for the Intellectually Handicapped (DIH). Services were re-organised into teams to provide services for special groups of people e.g. pre-school, school age, adults, people with multiple handicaps and a team for day placement of adults. Social workers were involved in supporting these activities as part of the interdisciplinary team members.

In 1983 DIH services were regionalised in the metropolitan area and Social Work Supervisors were established to provide professional supervision and support. Supervisors appointed at that time include Ms Barbara Bruce (Northern Region), Ms Maureen Jewell (Eastern Region), Ms Sue Harris (South Western Region) and Ms Sue Phipps (South Eastern Region).

IN 1984 the Service Rationalisation Social Work Working Party was formed in response to the recommendations of the workshop for social work staff held at the Community Services Training Centre on June 20, 1984. The brief of this working party was to explore, clarify and rationalise current workload allocations and service delivery methods with a view to improving the opportunity for social work staff to deliver a more effective and professional service to the agency's clientele.

The Authority for Intellectually Handicapped Persons (AIH) commenced operations on 1 January 1986. A wide cross section of people were thus able to contribute to the formulation of AIH policies.

During the eighties and early nineties it also became increasingly evident that there needed to be a consistent, strong and recognised voice to protect and promote the rights of people with intellectual disabilities as they became more and more involved with community life. Social workers' contribution was substantial and the list too long to be fully recorded here.

While tremendous progress has been made over the years, there is still a great deal to be done before all people with

intellectual disabilities and their families will have the opportunities, choices and supports necessary for them to live as an equal part of our everyday community.

In order to live an ordinary life, some people need additional opportunities to develop their skills. They also require adequate staff support, community acceptance and the adaptation of services and facilities to cater for diverse individual needs.

The service system for people with intellectual disabilities has changed profoundly since the 1960s, and programmatic models and practice concepts continue to evolve. The service has moved from a primarily institution-based model of care (before the late 1960s) to a model of community-based services (developmental model) in the 1970s and 1980s. Social workers in the intellectual disability field recognised these shifts in the philosophy of programs and adjusted their service model accordingly.

The shift of service delivery model from the institutional and medical to developmental and educational model has impacted on the roles of social workers. The emphasis of social work ethics in social justice advocacy, client self-determination and confidentiality fits well with these changes.

The characteristic of social work staff include long term commitment, dedication to the clients' well-being and pursuit of professional excellence. Social workers also moved on into other areas of work in the agency and contributed significantly in policy planning, community funding, consumer grievance, advocacy, program management and local area coordination.

Social workers with experience in the intellectual disabilities field are now occupying positions that continue to build on the goals of promoting the well-being of people with intellectual disabilities. Some of the names are Mrs Liz Walker (Perth Homecare), Ms Gay Hanley (TAFE Disability Program), Mr Ian Purdie (Workpower), Ms Sue Harris (Developmental Disability Council), Ms Maureen Jewell (Catholic Care), Mr Tony Pietropiccolo (Centercare) and Ms Imelda Dodds (NSW Autism Association). Ms Imelda Dodds is the national president of the Australian Association of Social Workers and the first social worker appointed to the office of Public Guardian in Western Australia.

In 1993 and 1995 social workers conducted professional development workshops to fine-tune their role changes in the nineties. The professional components of social work services were substantially restructured to reflect the current philosophy and political climate. Issues such as advocacy, protection and safeguarding are gaining prominent recognition. In the meantime, casework services are being adjusted to accommodate the increasing demands. No doubt boundaries of social work caseloads need to be set and professional standards must be maintained in order to survive the double squeeze of reducing resources and increasing demands.

The recent emergence of consumerism and the empowerment of people with intellectual disabilities are very much welcomed by social workers. Social workers will continue to support people with intellectual disabilities, their families and carers, to realise

the vision of the Disability Services Commission, that one day we will live in an environment that is:

- ◆ A fair and just society in which all people are valued for being themselves and have the power and means to achieve their full potential.
- ◆ A society which recognises and accepts differences and where individual needs for support and assistance are met.
- ◆ A society which is committed to the fundamental human value of positive relationships between individuals, families and their communities.
- ◆ An independent free environment which enables all people to achieve their goals.

**TIM SHAO**  
**PRINCIPAL SOCIAL WORKER**  
**DISABILITY SERVICES COMMISSION**

### **PARKERVILLE CHILDREN'S HOME (INC)**

Parkerville Children's Home (PCH) is the principal child care agency of the Anglican Church in the Diocese of Perth. PCH has been providing residential care to children and young people since 1903 when the Sisters of the Church arrived in Perth from Britain.

The growth of the social work profession in Western Australia parallels the growth of the social work department at PCH which now has a team of 10.

The recognition of the need for a distinct welfare service to the residents and families of PCH began in the early 1970s under the auspices of the then Director/Superintendent Bill Couche (teacher and social worker) and the trained Welfare Officer Gail Lantzke.

The first Social Worker, Jenny Gardiner, was appointed in 1976 (at this time the first Education Officer was also appointed).

What had led to this professionalisation was a concurrent and most significant shift in child care practice. There was a move away from congregate (same age and sex) care to cottage care in "family style" group care. Siblings were no longer separated but placed together.

Contact between children and the families was no longer discouraged and an increasing amount of "family work" was needed. As a result of this family contact, the length of stay for children in care was decreasing as they were returning home. This called for accurate assessments prior to return home and prior to admission to care. The case planning, case management and case work of social workers meant that there were better outcomes for children in care.

These developments brought with them the need for a greater social work role in

- ◆ counselling
- ◆ staff training, and
- ◆ policy development.

The networking of social workers led to contact with other social workers, agencies and professionals and the mixing of ideas and innovations. The government and the professional networks discussed accountability and standards of care issues. The community values changed and there was increased awareness of our out of home care.

This scrutiny placed additional demands on the social work team. The welfare system grew and the social work profession was increasingly required to advocate on the child's behalf with schools, welfare departments, courts and the family.

The social work niche had been firmly established.

Obviously, since that time, the numbers of social workers have increased and social workers now play a pivotal role in managing all aspects of the agency. It is difficult to assess any period in the history of social workers at PCH as being more significant than any other since social work practice at any one time usually reflects the values and attitudes that prevail in the community.

The introduction of a social work service was certainly significant, as have been policy and programme developments, research and innovation, and contribution to the continuing education of social work students which have occurred since then.

On reflection, probably the next significant shift in philosophy (since moving to cottage based care) has been the development of the Family Preservation programme. That is, the recognition that children do not necessarily need to be removed from home in order for them to have access to nurturing care and appropriate development opportunities.

A new generation of social workers oversees this new phase in PCH's development, as we look forward to responding effectively to the needs of the children and families we serve well into the future.

**CLARE MACRAE**  
**SOCIAL WORKER**

### **STATE GERIATRIC SERVICE** **(INCLUDING MOUNT HENRY AND SUNSET HOSPITALS)**

In 1963 the State Government Department of Public Health appointed its first Geriatric Physician, Dr R.B. Lefroy to initiate a State Geriatric Service. The only resources were Sunset and Mount Henry Benevolent Homes and a waiting list of many hundreds. The most recent 100 patients on each list were asked to provide information outlining any problems contributing to their wish for change and they were assessed at home by the Geriatrician. Inevitably this revealed that social factors formed part of the need and part of the resolution of the problems. Consequently, the

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first social worker, Jennifer Page was appointed in 1964.

Initially, the social worker was involved in assessment of new people presenting with problems and assistance to residents of Mt Henry and Sunset now reclassified as nursing homes. Already it had been necessary to establish a restorative unit at Mt Henry, since the two main teaching hospitals could each make only two or three beds available, and the people there were helped with continuing assessment and in planning their future. A group emerged who were considered unable to live in the community but who would be disadvantaged by nursing home care.

The State Government was persuaded to institute a subsidy to voluntary organisations if they would provide care and an environment which were essentially domestic and of an agreed standard. The social worker was involved at all levels, planning architectural design, staffing, budgeting and approval of residents for subsidy in what was to be the precursor of the Commonwealth hostel subsidy. Consultation with staff and management committees led to the organisation of conferences for these people.

Meanwhile, as it became apparent that the geriatric service was interested in assisting people to find help other than Mt Henry and Sunset, calls for assistance were increasing, not only in the city, but also from rural areas. There was a need for casework at both institutions as well as advice about improving the social ambience for residents. The latter was often at a very basic level. (For example, Sunset residents were termed inmates and each person had a 'conduct sheet'.) Consequently, a second social worker, Anne O'Ryan, was appointed, together with another physician in 1966.

Mary Sharkey was appointed to Sir Charles Gairdner Hospital in 1968 to set up a social work service and gave the social work help necessary for people admitted to the geriatric beds there and from there to the Restorative Unit. She gave considerable support to both the philosophy and practice of the State service. A year later, in 1969, the three major teaching hospitals set up their own services including social work and Anne O'Ryan transferred to Fremantle Hospital. The work of the State Department changed as these hospital services developed with more emphasis on policy and planning, particularly in rural areas. Towns and shires were encouraged and assisted to provide services appropriate to the needs of their community, backed up by the resources of the hospital.

The social worker was involved in helping community groups to investigate need and to institute appropriate services. These included country hospitals providing home care, day care and permanent care (with the provision of better resources) as well as support services to small hostels. The information gained in this work enabled evidence to be given to Committees of Inquiry set up at various times by the Commonwealth Government.

The first social worker in a country hospital, with special responsibility for improving aged care, Jenny Stevens, was appointed to Geraldton in the early 1970s and appointments to other regional centres followed. All were professionally responsible to the social worker in what was by then called the Extended Care Department, emphasising their responsibility for services to the

elderly. In the late 1970s, the first geriatric service at a metropolitan peripheral hospital was set up at Osborne Park with Lynne McGuigan as the social worker. Others gradually followed.

During this time, social work students were accepted for supervision and Jennifer Page lectured at both Schools of Social Work and was on their Board of Studies at various times as well as participating in conferences. There was extensive participation in nurse education. Social workers also participated in committees within the State Department, in the State nursing homes and were included in those of external bodies including the Commonwealth Government.

Casework services continued to be provided at Mt Henry and Sunset (extra staff having been appointed earlier) together with assistance in improving the social ambience. Assistance with problems was still provided to hostels although the Commonwealth Government had assumed responsibility for subsidy and country services were expanded and monitored including social work. Carina Green joined in 1981 to assist with supervision and clinical services.

In the early 1980s, a change in senior staff marked the beginning of a change of function. Assessment in the country devolved to a large extent on the teaching hospitals and clinical work diminished. Commonwealth funding for aged care changed radically soon after with the institution of the Home and Community Care Program. Kerry McDougall was appointed to the State Aged Care Bureau and later transferred to Extended Care when Carina Green left. While she retained some element of clinical work in long term care and advisory work (including studies of need) in the country, probably the main work undertaken was in completing the contribution initiated by Carina Green to Nursing Home Standards with the Commonwealth Government, working on Hostel Standards and planning the location and deployment of Aged Care Assessment teams in Western Australia.

By this time the State responsibility for aged care was largely devolved to individual country areas and to Mt Henry and Sunset. Initially, extra resources were given to the latter including social work positions, enabling studies to be carried out to assist planning and more help to be given to residents. Unfortunately, the tide gradually turned and the decision was made to hive off many services from country hospitals and to close Mt Henry and Sunset.

The social workers were essential in helping residents find suitable alternative accommodation. The central department virtually ceased to exist even earlier with the departure of Kerry McDougall in 1990. The opportunity for the State to pioneer policies and the contribution of social work to these initiatives is now lost as the State rejects participation in direct clinical care and no longer has a department composed of professionals who have specialised in aged care.

## JENNIFER PAGE

## CHRISTIAN WELFARE CENTRE

In 1959 the Sunday Times approached Churches of Christ Social Services to be one of many clearing depots for a newly instigated Winter Blanket Appeal.

Women from local churches gave the project support. They worked out of a small room above a Tailor shop in Barrack Street. This soon became over-crowded with the influx of clothing, bedding and kitchen utensils. A shift to the hall of the Inglewood Church of Christ was a stop-gap measure until the Christian Centre was built in 1960. Basement space was reserved for this activity.

Money raised from selling rags was invested in materials to make children's pyjamas. Patterns of various sizes were designed and clothes were sewn in volunteers' homes. The fledgling agency was named Christian Welfare Centre. In 1963 George Smith was appointed Director and with a small part-time staff and many volunteers there was speedy growth in material aid with diversification into counselling and migrant work.

Social workers who contributed over the years include Carey Drake Brockman (1971), Merva McMorrow, Denis Hale, Graham Chapman, Elizabeth Capill, John de Jongh, Elizabeth Ladbrook and Malcolm Albrook.

Students from UWA and Curtin Schools of Social Work were an important ingredient during their "observations" short-term involvement and their "three-month" student placements.

Many went on to contribute much to social work practice in Western Australia.

The major strength of the Christian Welfare Centre was the volunteer staff. Up to 120 volunteers gave their skills at any one time. These included phone and office; sorting; sewing; interviewing; food parcel preparation; transporting; electrical and furniture repairs etc.

A major contribution played by the Agency was to be a springboard to more global social action.

The Director, George Smith, was invited to represent the volunteer arena on the Legal Aid Commission, the Alcohol and Drug Authority, Consumer Affairs and many other significant joint bodies in Perth.

Projects were conceived and born through the Christian Welfare Centre initiatives. These included Aged Homes; GROW; Volunteer Task Force; Lone Fathers Home Support Service; Richmond Fellowship; North Fremantle Post-release Hostel; Youth Hostels; 6PR Off-air Counselling (later Nightline and now Lifeline), Christians Without Partners; Life Reconstruction Groups; and Drug Rehabilitation resources.

George Smith remained Director from 1963-1982 from which he and his wife Willi left to establish the Mobile Counselling Service. During his time at the Christian Welfare Centre (1967-

1972) the agency gave support for him the complete his BA (part-time) and his Masters in Social Work (full-time) at UWA.

In 1990 the agency changed its name to Life in Focus. In the mid 90s the Lone Fathers Home Support Service, Food and Clothing distribution, and Phone Counselling came under the umbrella of Livingstone Foundation, now more familiarly known as Lifeline.

## GEORGE SMITH

## ST JOHN OF GOD HOSPITAL (SUBIACO)

### Early days

Sr Pauline O'Connor was the first social worker at St John of God Hospital, Subiaco in 1982 and 1983. She was a St John of God Sister and worked closely with the Hospital Chaplains. She provided counselling, resource information and assistance with social security claims, assistance with legal issues, nursing home and other placements, accommodation for country patients and families. She also provided support to families who had children with serious illnesses and grief support for those who had lost a friend or relative.

When Sr Pauline moved from Subiaco there was no social work service.

### Planning

In March 1991 the then Director of Nursing at Subiaco, Sr Eileen O'Grady, identified a need for a social work service. A year later the Catholic Archbishop of Perth, the Very Reverend Barry Hickey, suggested to the Director of Centrecare Marriage and Family Service, that his agency might explore with St John of God Hospital, Subiaco, the possible development of joint services.

After several meetings between the two agencies over a period of two years, a planning committee was established. This committee completed the details of a contract for the social work service to be provided and managed by Centrecare for St John of God Hospital, Subiaco.

### A new service

The position of Senior Social Worker was established and Wendy Butler commenced work at Subiaco in March 1994. The service was to cover the whole hospital (370 beds), with an emphasis on patients in the medical, surgical, oncology and orthopaedic units. The social work office was situated in Pastoral Care with Silver Chain staff to provide support, mutual consultation and access to secretarial services.

The differences in working in a private setting became apparent very early and it was important to identify the needs of different customers. Maintaining a physical presence on as many wards as possible, keeping up to date, clear notes on the medical file and constant liaison with nursing staff, doctors, Silver Chain and other staff became essential.

## Setting up

The development of a database also proved essential for providing a review of the service provided and planning for the future. The development of resource information for use by patients and staff, combined with liaison with community agencies, has been very important in the development of the social work service. Education sessions at ward level were used to promote the service and to ensure that appropriate referrals were made.

## Referrals

Referrals to social work were initially all approved by the treating doctor, unless a patient referred themselves. The social worker made a concerted effort to make contact with as many doctors as possible to clarify the social work role. As there are 600 accredited doctors to the hospital this was a huge task. It was assumed that as the social work service became more established, doctors would agree to a blanket referral system. This proved to be the case in most areas of the hospital.

The majority of referrals have been for psychosocial assessments and discharge planning. However, there has been quite a demand for resource information, nursing home/hostel placement and respite as well as for counselling and staff consultation. Given the nature of the hospital, casework has been short term with the outcome often measured in terms of discharge. Many patients are referred on to other agencies or discharged with information to follow up themselves.

Despite this short-term intervention, there has been a great variety of work: grief and loss issues associated with injury/illness or changing mental status, decision making associated with lifestyle or accommodation changes, bereavement, terminal illness, relationship difficulties, mental illness, childbirth and child protection.

## Supervision

Centrecare has a very strong commitment to supervision and provided fortnightly and then monthly management supervision, as well as fortnightly clinical supervision. Both these services provided the vital professional support needed for a sole practitioner in a large agency and have assisted greatly in the development of the social work service.

## Teamwork

One of the major achievements since the establishment of the social work service has been the development of some multidisciplinary teams. These have been in the areas of oncology, palliative care, medicine and neurology/neurosurgery. These have become very good forums to review patient management, identify particular needs and to plan for discharge.

## Opportunities

The social work position at St John of God Hospital, Subiaco, has been a unique opportunity to create and develop a new service. There has been a great deal of autonomy in the position and this has allowed for the initiation of services throughout the Hospital, a great deal of community networking, the development of

policies in the areas of nursing home and hostel placement and child protection, and consultation in the areas of aged care, discharge planning and children's services.

Opportunities for education of ward staff about the implications of illness, injury and hospitalisation and the role of social work have been presented regularly as well as the provision of talks to new parents about role changes and relationships.

The development of a Quality Improvement Programme for the social work service has been another very important component in its establishment at St John of God Hospital, Subiaco. Learning about tools and techniques and implementing improvements have provided a very positive focus to social work intervention.

## Student education

St John of God Hospital, Subiaco has been a very good agency for student practicums. It provides a broad range of learning opportunities in a structured organisation, working with a multi-disciplinary focus with clients dealing with loss and change. There have been three students on practicum here who have found it to be a very rewarding experience.

## Looking back

When the current social worker started at St John of God Hospital, Subiaco, she arrived with enthusiasm and experience gained in other hospitals, in the hope of creating something worthwhile in a new environment. The hospital had a similar vision and together they moved to where the service is today - a well accepted, broad, short-term social work service for patients and staff.

The social worker has kept a journal which has been invaluable to look back on how the service has developed and changed as needs have become more defined and opportunities developed. The social worker had to do a great deal of networking inside and outside the hospital in order to promote the service and this proved to be very challenging and enjoyable.

## The future

The Hospital and Centrecare are now planning further development of the service to cope with shorter hospital stays and increasing pressure on community resources. The social worker looks forward to new opportunities for service development in the private sector.

**WENDY BUTLER, SENIOR SOCIAL WORKER**

## Grace Vaughan Memorial Lecture

The 1997 lecture will be on 13 May at 7.30 pm in the Octagon Theatre. The lecture will be given by Professor Fay Gale AO, Vice Chancellor. The title of Professor Gale's lecture will be *Women on the move*.

# Net Watch

In this issue information is provided about Women's Wire, an American based internet site. This site is very well organised, and has the added attraction of a subscribed list to ensure that subscribers are regularly notified of updates to the broad range of news, social commentaries, humour and ideas that originated from this organisation. The following text, from Women's Wire latest posting also contains details of how to subscribe to their list (see page 9). (The cartoon is from an excellent archive at Women's Wire of Nicole Hollander's weekly comic strip.)



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**WOMEN'S WIRE**  
<http://www.women.com>

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Updated daily

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**WHAT'S NEW @ WOMEN'S WIRE**  
March 21, 1997

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- 1) Why no "ER" and other forums
- 2) Tax day looms
- 3) Investing with a conscience
- 4) Making a living as a writer
- 5) Chat
- 6) Your daily dose

Press clips: New York mag just called us "Leading Ladies" of the web...And The Wall Street Journal visited our new site, Beatrice's Web Guide (<http://www.bguide.com>), and noted that "few web guides dare to be so choosy" (B's tagline is: "Only the Good Stuff"). Hey, we know you're busy and that your time is valuable....

So here's a quick look at what's happening on Women's Wire:

## 1) Talk

Share your 2c in our discussion forums. We added a forum for all of us "ER" fans who are totally annoyed that the show is on hiatus for five weeks (Anita in South Africa just wrote to say that they're still watching last season's episodes. "Hope you can all hold out," she says). When the doc-drama resumes, so will our Friday morning recap in Soapdish: <http://women.com/buzz/soap.html>

Drop into our other forums to post your thoughts on movies (who will win the Oscars?), relationships, news, careers, money and other topics: <http://women.com/guide>

## 2) Tax day looms

Yuck. Tax time here in the U.S. Check out our tips in Countdown to Tax Day in the CASH channel: <http://women.com/cash/taxtips>

For advice from our resident expert, Cash Flo, come to a live chat, 3 pm ET Thursday, March 27. For location and other details, see our chat schedule: <http://women.com/chat/sked.html>

## 3) Investing with a conscience

Can you really make money while investing in socially responsible funds? See Cover Your Assets: <http://women.com/cash/cya.html>

## 4) Making a living as a writer

Tons of you have asked us how to make it as a writer. Stop what you're doing and find out what Naomi Wolf and others say in Getting There, the WORK channel feature that gives you the lowdown on great careers: <http://women.com/work/go>

## 5) Chat

If chat is your thing, drop by our chat area to meet other Women's Wire visitors : <http://women.com/chat>

## 6) Your daily dose

Visit us for your daily dose. Every weekday, you'll find news, where women make the front page every day: <http://women.com/news/how.html>

Your horoscope (there's also a weekly one, as devotees know...) : <http://women.com/buzz/horoscope.html>

Sylvia, Nicole Hollander's great comic strip: <http://women.com/news/sylvia.html>

And now we're pleased to also feature daily health news: <http://women.com/body/hlthnews.html>

To find out what else is going on today, check the GUIDE page: <http://women.com/guide>

Here's a hint: Friday-BUZZ (<http://women.com/buzz>), Monday-CASH (<http://women.com/cash>), Tuesday-STYLE (<http://women.com/style>), Wednesday-WORK (<http://women.com/work>), Thursday-BODY (<http://women.com/body>).

Thanks for visiting.

**LAURIE KRETCHMAR**  
**EDITOR IN CHIEF**

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## Branch Ethics Activities

Ethics continues to be a major focus of the Branch for this year. This is reflected in such things as:

- the planned Hypothetical on confidentiality
- the decision to have ethics as the main theme of the State Conference
- the busy work program of the Branch Ethics Committee (BEC), and
- developments at national level through the National Ethics Committee (NEC) and liaison between the NEC and BEC.

### Hypothetical

The Hypothetical which takes place on 29 April will address the question of *Professional Ethics and Confidentiality*. It is a joint initiative of the Standing Conference of Senior Social Workers and the Branch Continuing Professional Education Committee. Members of the BEC will form a panel and join the outstanding "cast of players" in commenting on and debating ethical issues surrounding confidentiality.

### State conference

Ethics has been chosen as the main theme of this year's State Conference to be held in August. The BEC will present the plenary session and a one day workshop and it is anticipated that a member of the NEC will also take part. The BEC is currently working on the preparation of these sessions with the aim of involving practitioners both as presenters and participants. The sessions will be practical and interactive.

### Branch Ethics Committee

The BEC has had a very busy program in recent months and this year will continue in that vein.

The members of the Committee are:

- John de Jongh (Convenor)
- Virginia Scott (Vice President Ethics and Professional Practice)
- zTed Mildern
- Vere Berger
- Carole Kagi
- Julie Roberts

Profiles on the members will be included in a future newsletter.

The Committee meets on the second Wednesday of each month and also has special purpose meetings to work on projects. Members would be pleased to hear from you if you have concerns or queries or would like to contribute in some way to the Committee's activities. In addition to the Hypothetical and the State Conference, other things before the Committee at the present time include:

- provision of support for social workers dealing with crisis situations
- considerations for a social worker when appearing as a witness
- recording of complaints.

A member of the Committee also recently contributed to an agency discussion on case recording.

### Liaison with the National Ethics Committee

Liaison with the NEC has been another important part of the BEC's activities, both through correspondence and, more recently, teleconference.

Teleconferences were held in October last year and again early in March. They have involved members of the NEC and also BECs from each State. Ethics is clearly an area of keen interest across the States and there has been an enthusiastic response to proposals in two main areas:

- the development of a national strategic plan to progress ethics issues, and
- the review of the AASW Code of Ethics.

Having canvassed ideas and comment from the BECs through the teleconference, the NEC proposed to finalise a draft strategic plan by the end of March. The main elements of the plan are likely to be:

- record keeping;
- Education and Training Kit (This is available now and will be developed further from feedback received. BEC members have copies if you would like to look at one. A draft will also be available soon);
- resource collection (on ethics matters);
- involvement with the International Federation of Social Workers (an Ethics Committee is likely to be established in the IFSW);
- training for Investigators (Two members of the NEC have been conducting training in other States. They are considering the possibility of coming to WA and also putting the program on disk);
- review of the Code of Ethics and By-Laws; and
- preparation of position papers on key ethical issues.

The approach to be taken with the Review of the Code of Ethics has been outlined in the latest National Information Bulletin, February 1997.

Elsewhere in this newsletter you will find other items relating to ethics. Branch Ethics Committee members will provide regular updates on their activities in future newsletters as well as articles and ethics related information.

It is hoped that you will find these of interest and useful in your own work and that they will also stimulate discussion of ethical issues arising in our professional practice.

**VIRGINIA SCOTT, VICE PRESIDENT (ETHICS AND PROFESSIONAL PRACTICE)**

## NOT QUITE A BOOK REVIEW

*Ethical Decisions for Social Work Practice.* Frank M Loewenberg/Ralph Dolgoff (1992).

While this is an American book with many practice examples relevant to that country, the ethical dilemmas in decision making are universally applicable. Excerpts from this book have even been quoted by some of our esteemed social work colleagues in this State when giving talks and seminars. Many of us want answers to our ethical dilemmas and look for answers from the Code of Ethics. We are disappointed when we don't find the 'how to' of the decision making process in the Code. This book goes some way towards addressing this issue.

The book is well set out with the first section focussing on 'Introduction to Ethical Decision Making' with a chapter on 'Ethical Choices in the Helping Professions' and another on 'Values and Professional Ethics'. This chapter explores the differences between Law and Ethics. 'Guidelines for Ethical Decision'

discusses the value base of different workers and how these can influence decisions made. The authors argue that it is possible to go through a rational thought process using certain criteria to reach an ethical decision. It describes how a general decision making model can be used. Their arguments are illustrated by many examples. Two screens are used to support the worker in her or his decision making:

### Ethical rules screen

- 1) Examine the Code of Ethics to determine if any of the code rules are applicable. These rules take precedence over the worker's personal value system.
- 2) If one or more code rules apply, follow these.
- 3) If the code does not address itself to the specific problem, or if several code rules provide conflicting guidance, use the Ethical Principles Screen

Quite often we find ourselves faced with a dilemma in which two principles are at stake and we have to ask ourselves to which do we give priority. I have found the following rank ordering of Ethical principles very helpful; often to confirm my decisions.

### Ethical principles screen

- 1) *Principle of the protection of life.*
- 2) *Principle of equality and inequality.*
- 3) *Principle of autonomy and freedom.*
- 4) *Principle of least harm.*
- 5) *Principle of quality of life.*
- 6) *Principle of privacy and confidentiality.*
- 7) *Principle of truthfulness and full disclosure.*

The authors then demonstrate how the ethical decision making screens can be applied.

The second section, *Ethical dilemmas in Professional Practice*, contain such tantalising chapters as: *Confidentiality and Informed Consent, Equality, Inequality and Limited Resources, Bureaucratic and Work Relationship* and much more.

In case you haven't worked your way through enough examples in reading the book, there is an appendix with additional examples (exemplars in Americanese).

### Examples of ethical dilemmas based on my own and other's experiences

*What action would you take if any and what ethical principles would you apply. If more than one principle is involved how would you prioritise this?*

*Your client is a young woman separated from her husband of whom she is terrified since he has made violent threats towards her. He has an unlicensed fire-arm and has told her that if she tells the police, he will come after her and shoot her and her family. She says to you that the extended family will 'take care of things' and has asked you not to contact the police.*

*Your client is chronically ill with a life-threatening disease. He lives with his mother with whom he has a poor relationship but there is some stability and routine in the self management of his treatment. His condition and circumstance are such that he is likely to die if he lives on*

his own.. You have discussed with him the risks of living on his own but he is insistent that you advocate on his behalf for Homeswest accomodation.

Your client is eligible for DSS benefits. She has three children, one of whom is disabled. She has considerable debts and is likely to be evicted from her Homeswest house. She has been denied a new benefit and wants you to advocate on her behalf. Some weeks ago she told you that she now has a de-facto living with her but she has not told DSS.

You have become aware that a colleague's boundaries with one of his clients are suspect in that they are seen together outside work hours (not on a committee in a country town) and you suspect that they are having a sexual relationship.

You receive information which leads you to believe that your boss is 'fudging' her research findings.

**VERE BERGER**

## INTERVIEW WITH TONY MORRISON

Tony Morrison is an independent social work trainer and consultant in the United Kingdom. His specific areas of expertise include professional supervision, interagency cooperation in the delivery of services and risk management issues to do with professional practice. He has a background in child protection and was the immediate past chair of the National Association for Development of Work with Sex Offenders. Tony has also written books on supervision and working with offenders.

Tony was interviewed by Carole Kagi, a member of the Branch's Ethics Committee when he was in Perth recently presenting training to professionals working at Family and Children's Services and other agencies.

**CK** What does the concept of ethics mean to you?

**TM** For me ethics is very closely related to the importance of values in understanding and leading practice. It is essentially about understanding the assumptions, beliefs and frameworks that I use in my work, but linking them to wider professional beliefs. Though ethics can sound like a rather mysterious branch of philosophy, it is actually very very fundamental to understanding why people make the decisions they do.

Ethics is at the heart of social work practice. Social work practice is, with a small p, very political, in that so many decisions and the power that social workers have to exercise involves key judgements, which may have big consequences for clients, and also because social work is given tasks by society that I think are quite conflictual. Child protection is an obvious example of society wanting it to go away but not wanting to own a part in it.

**CK** Over the years have you changed your views or understanding of ethics?

**TM** In general terms, over the years I have been increasingly aware of the importance of values to social work practice, and to my practice in particular, and it has become much more transpar-

ent over the last five to ten years. A lot of that is to do with, as a British social worker, the impact of anti discriminatory research, teaching and learning. It really helps one recognise and confront ways in which the attitudes that one is socialised with influence the way you work and are perceived, often at a level you don't realise exists. For example, being a white male, you begin to realise that regardless of the attempted sensitivity of your own practice, symbolically that's a very socially powerful role. So I think I've become more in tune with that.

**CK** Could you outline any significant event that has affected your attitude, values and practice?

**TM** Two sources have been a big influence. One is the research done on clients experiences of power and authority used by helping agencies, and what that meant to them. Connected to that is a lot of the research on gender and race mediated processes. Also personal experiences of having to confront or be confronted about attitudes that I wasn't conscious that I was portraying. They were quite painful learning experiences but I think necessary. It is still a journey that all professionals need to carry on being on, it's never done, as values are constantly in flux and society wants different things from social work at different times.

**CK** Is there a standard approach by the profession to ethical issues or practice?

**TM** I can only speak for British social work. The British Association of Social Workers has a code of ethics, but it isn't that well known even to its members, let alone to people outside. In general terms ethics is very poorly taught in qualification training, however a good supervisor will use it in their supervision, but in general it isn't included in training as the focus is more on doing.

**CK** Do you think ethics should be a mandatory part of training in professional development programs at a tertiary level?

**TM** For tertiary level professional training it is essential. To be fair, some social work schools in the UK have introduced ethics training with the emphasis on getting students to think during their professional training of how their own socialisation might influence their practice.

The difficulty sometimes is that the question of ethics in professional practice is becoming a very academic debate. The anti discriminatory debate has also affected people's ability to think about ethics. This is because it has not been sensitively articulated, which has meant that people have backed off from a reevaluation of their attitudes and practice, and felt that if they didn't say the right thing they would be shouted at. That type of response only makes the attitudes of rigid people more rigid.

**CK** Do you think social workers are exposed to ethical dilemmas not encountered in other professions?

**TM** Social work has its own key ethical dilemmas which really flow from the fact that social work so often has more than one client at one time. Obvious examples of this are where one is working with both parents and children, or consideration of the welfare of individual versus accountability. In this context social

work is invested with quite wide reaching powers. The nature of social work practice is not exact, in the sense we don't have exact answers to complex problems, so workers are always having to exercise judgement, and they must always continuously check what the value basis underpinning that judgement is. They also need to recognise how bound they may be by their own perspective, as they may not actually realise that. I don't think that professional training makes one objective, it makes one less subjective.

**CK** How does one make ethics meaningful in the context of social work practice?

**TM** The simplest way of doing that is to teach a very simple model about thinking, feeling and doing, and saying that's a very basic way of understanding practice. The thinking part of the triangle is about cognitions and cognitions are rooted in attitudes, values, beliefs, assumptions and prejudices. It is also important to say that they cannot be a private domain any more. So much research evidence show how those areas dictate practice, and therefore we need to bring that alive by helping people continually link what they think with what they do.

## OBITUARY

Dear friends of Elizabeth McBroom

I am sorry to have to inform you that Elizabeth died recently at her Pasadena home from pancreatic cancer. She made a special request before she died that all of her "out of town" friends receive notification of her passing and a copy of her obituary which appeared in the 22 February edition of the Los Angeles Times.

I know she treasured all of her friends, especially those she met on her many far flung adventures. Thank you for helping to celebrate her life.

Thomas C McBroom (Elizabeth's nephew)

*Elizabeth McBroom died on 20 February 1997. The daughter of William Hugh and Margaret Morris McBroom, she was born in Spokane, WA on Thanksgiving Day, 1909. She earned degrees from Washington State University, University of Chicago and University of California - Berkley. She was Professor Emerita of Social Work at University of Southern California, had been a Fulbright Lecturer at Thammasat University in Bangkok and visiting professor at Royal Perth Hospital and at the Western Australian Institute of Technology.*

### ALL STUDENT MEMBERS

The WA Branch is keen to see increased participation in the Branch's activities from its student members. The Committee of Management invites students with a specific interest in becoming members of any of the Branch's various subcommittees to contact the appropriate committee convenor. These are listed on page 2 of this newsletter. Your participation will be welcomed.

**Art work not available**