



Centre for Mental Health Learning

Victorian Mental Health Social Work Scoping Report 2021/22

Prepared by

Statewide Mental Health Social Work Educators CMHL

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Introduction

This scoping report includes a summary of data, key findings and recommendations resulting from the scoping project conducted by the CMHL Statewide Mental Health Social Work Educators (Social Work Educators) during the period of July 2021 - December 2021. The need for this scoping project was highlighted in collaboration with the Department of Health (DH), Mental Health Reform Victoria (MHRV), The Health and Community Services Union (HACSU) and social work leaders from across the sector.

During the project period, designated social work discipline leaders in all area mental health services (AMHS) in Victoria and Forensicare, were invited to participate in scoping interviews either in person or online. The scoping report identifies the social work workforce profile across AMHS participating services. In doing so, this provides a useful reference to support the ongoing growth, capability, leadership and impact of the social work profession associated with a rapidly changing service system.

Data was collected from 17 of the 24 AMHS across the state. Data from seven services was not able to be collected either because there was no identified social work leader available for interview during the project period or required data was not able to be produced within the project timeframe. In acknowledging the absence of data from AMHSs unable to participate, and the rapid rate at which the workforce is changing, this report represents a useful point-in-time data set.

This report describes:

- Staffing profiles
- Discipline specific activity
- Leadership structures
- Education, research and entry level structures
- Professional development

The report outlines

- Project background, purpose and scope
- Data collection and analysis approaches
- Key findings
- Project limitations
- Recommendations

Project Background, Purpose and Scope

Background

The Centre for Mental Health Learning (CMHL) is a Department of Health (DH) funded central agency for public mental health workforce development in Victoria. The CMHL's vision is to be the centrepiece for mental health learning in Victoria, leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery focused workforce.

The CMHL Statewide Mental Health Social Work, Occupational Therapy and Enrolled Nurse Educators joined CMHL in October 2020. The CMHL scoping comprised four parts: 1) Social Work workforce, 2) Occupational Therapy workforce, 3) Enrolled Nursing workforce and 4) CMHL Practice Development Coordinators scoping overall workforce development and training needs. This information was sought to provide a foundational understanding of mental health workforce development priorities across multiple disciplines in Victorian AMHS, identify opportunities for CMHL to contribute to workforce development, and to inform the scope of the Statewide Educator roles.

Purpose

This report is designed to articulate the data and learnings shared by social work leaders in Victorian AMHSs during the scoping interviews conducted between August and December 2021. The purpose of scoping the sector was to better understand social work workforce requirements to support leadership, collaboration, growth, learning and development of the profession within AMHSs. CMHL hopes this report will provide the following benefits:

- Assist in understanding the public mental health social work workforce professional development needs across Victoria.
- To collaboratively prioritise the CMHL Statewide Mental Health Social Work Educator focus.
- To establish a centralised comprehensive baseline data set detailing the role and function of social work within Victorian AMHS in order to inform strategic planning and leadership priorities for the social work discipline.

Project Scope

The scoping project establish a centralised, comprehensive data set, detailing the social work workforce profile across the Victorian AMHS as of December 2021. This Baseline information lays a solid foundation for strategic planning for social work workforce development in Victorian AMHS. The scoping project aims are presented in alignment with the CMHL Strategic Leadership Pillars.

- **Listen & Connect:** To provide a 'statewide helicopter view' to build understanding of the needs and desires of the social work workforce across Victoria. To create structures, processes and tools that make it easy to create connections and to find and share social work resources.

- **Align & Co-ordinate:** To develop coordinated, statewide solutions in partnership with key stakeholders (such as DH, HACSU, and statewide training providers) to assist with social work workforce development needs and gaps. To ensure training and education resources get well utilised.
- **Build evidence & Seek quality.** To complete benchmarking to provide baseline data for CMHL to ensure quality for learning and workforce development approaches. Develop structures for measuring the impact of social work, occupational therapy and enrolled nursing in Victorian AMHS.
- **Drive innovation & Systems change.** To embed knowledge translation in key CMHL activities to build capability of social work workforce to deliver high quality services and programs. To create systems that contribute to strengthening an evidence based, sustainable and recovery-focused workforce.

Methodology

Participant Selection

Social work leaders with a responsibility for discipline specific leadership and workforce development across Victorian AMHS were identified via the CMHL Workforce Development Committee. The CMHL statewide Social Work Educator then approached these representatives with a standardised CMHL letter inviting participation in CMHL initiated scoping projects across disciplines.

Scoping Tool

Data was collected via Microsoft Excel (see Appendix 1 for reference). Participants were provided with clear written instruction on how to complete the question set. These instructions were explained again during the consultations to ensure that participants understood how to complete the four sheets within the broader Excel spreadsheet. The four domains included within the Excel spreadsheet were:

1. Introduction & Instructions
2. Quantitative Data was collected about the social work workforce profile. Organisations were encouraged to commence completion prior to the scheduled meeting.
3. Qualitative Data was gathered during interviews about discipline specific activity, leadership, education and professional development.
4. Feedback & evaluation questions were asked in the fourth sheet of the data collection spreadsheet.

Pilot Testing

The data collection spreadsheet and procedure were reviewed by the CMHL Allied Health and Enrolled Nursing Educator Team prior to initial use. A decision was made to pilot the data collection tool with two services prior to commencing full scoping to ensure the interface was user-friendly and questions clearly articulated. The tool was piloted with Peninsula Health and Eastern Health in December 2020. Following feedback from both organisations

and minor modifications the tool was then used in the broader scoping project with all AMHS.

Data Collection

All Area Mental Health Services and Forensicare were invited to engage in the scoping process from August 2021 to December 2021. Each service was provided with the scoping spreadsheet prior to scheduling virtual interviews allowing for quantitative data to be placed in the data collection Microsoft Excel spreadsheet prior to interview (see Appendix 1). Follow up interviews were then conducted via Microsoft Teams and would range from 60-120 mins. These interviews were a chance to confirm quantitative data and follow up with qualitative questions that helped understand the social work workforce profile and workforce needs in more depth. Following the interviews, some services then requested additional time to review and complete the quantitative data collection spreadsheet and returned to the Social Work Educator. All completed data sets were provided within a week of the interview occurring to ensure consistency of information being provided.

It is important to note that initial scoping commenced in December 2020-February 2021. However, a change in the Social Work Educator personnel meant there was a pause in scoping activities which then recommenced in August 2021 with the employment of a new Social Work Educator. On resuming scoping in August 2021, the Social Work Educator encouraged those services who had previously completed a quantitative data spreadsheet to validate the data set rather than starting again. Follow up interviews were centred around the confirmed, and in some cases updated, spreadsheets.

Key Findings



Workforce Profile

Scoping data collected from the 17 participating services identified a total of 897 social workers employed within these services for a total EFT of 640. Social workers are employed in services across the lifespan though the overwhelming majority are employed in adult mental health (66%) with significantly fewer in child and youth mental health (18%) and older persons mental health (9%). It is important to note that data was not collected for two child and youth services and one older person's mental health service.

The total number of social workers employed at the time of scoping is anticipated to be much larger with the data set not reflecting the services unable to participate. Furthermore, since this scoping activity occurred there has been a further influx of social workers associated with DH workforce initiatives including the allied health graduate program and transition to practice roles, including social work clinical educators employed within AMHS to support these initiatives.

Table 1 provides a snapshot of total number of social work EFT and distribution of grades across Victorian AMHS at the time of the scoping project, for the participating services.

Table 1: Participating Services Social Work Headcount and EFT Spread Across Grades.

TOTAL	EFT	HEAD COUNT
GRADE 1	46.3	49
GRADE 2	333	375
GRADE 3	263.5	235
GRADE 4	25	33
GRADE 5	4.8	5
GRADE 6	1	1
OTHER	8.2	9

The distribution of social work resource across the state was varied and positively skewed towards metropolitan services. Figure 1 highlights data suggesting metropolitan services employ more senior clinicians and professionals in social work leadership roles when compared to regional services. Qualitative analysis suggested that many regional services do not feel they have the EFT profile or service structures to support social work leadership positions. However, it was also noted by many participants that the absence of discipline specific leadership roles and senior positions led to recruitment and retention challenges associated with ambiguous role clarity and professional identity and reduced uptake in supervision. Considering how to support and develop social work leadership capacity within regional services is seen as a key priority for the discipline moving forward.

Another significant point considering distribution of social work roles and resource across the state is the disparity between head count and EFT. The data shows metropolitan services employ more social workers to part-time senior positions when compared to the regional profile which shows most social workers, irrespective of grade, are likely to be employed on a full-time basis. Further exploration of this would be worthwhile and may reflect increased options for experienced social workers in metropolitan services to be utilising increasingly available private work options associated with accredited mental health social work as a preferred balance to full-time employment in the public mental health system.

Figure 1: Total Social Work Grades Across Metro and Regional Areas

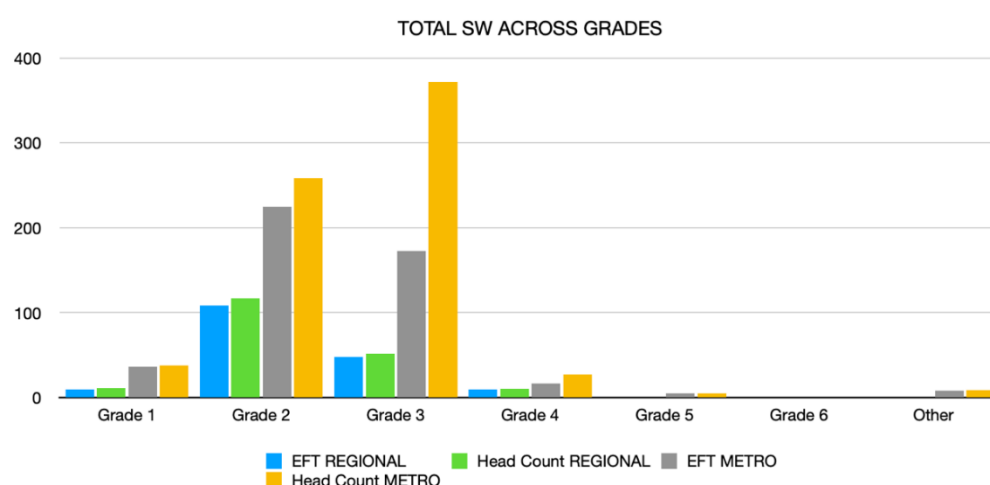


Table 2

REGIONAL	EFT REGIONAL	Head Count REGIONAL	EFT METRO	Head Count METRO
Grade 1	10	11	37	38
Grade 2	108	117	225	258
Grade 3	48	52	173	372
Grade 4	10	10	16	27
Grade 5	0	0	5	5
Grade 6	1	1	0	0
Other	0	0	8	9

The data in this scoping exercise also highlighted that most social workers employed in Victorian AMHS are in 'generic roles' within the service system. More specifically, within participating services, only 9.9% of social workers are in roles that are discipline specific. This means that the vast majority of social workers are trying to define their practice and professional identity in care coordination, assessment, leadership, education, project and research positions where position descriptions are broad and not specific to social work. Social work education, training and practice frames support working with complexity from an intersectional lens and likely explains the high number of social workers able to flourish in these generic roles. However, a challenge for the discipline in a service system likely to prioritise discipline specific interventions moving forward is to clearly articulate and advocate for social work knowledge and interventions from graduates to advanced levels of practice.

Entry Level Clinicians

The scoping data highlighted the need for increased entry level positions, pathways and opportunities for mental health social workers. Data also highlighted the need to support experienced social workers from other sectors transition to mental health. Services also shared that there is a need for increased support structures, educational capacity and active supervision for current and potential entry level positions. A barrier for services, especially regional services, in supporting entry level programs and clinicians was the lack of chief or discipline leads, senior clinicians and social work educators to support the supervision processes.

It is important to note that following the completion of the data collection phase of the project DH announced and implemented the Victorian Allied Health Mental Health Graduate and Transition Programs. The findings being reported on were prior to this project being announced and implemented across the state. These initiatives have been widely supported by the sector and over time will support meeting the identified needs above.

Workforce Development Priorities

Social work education and training grounds social work graduates in values widely supported by the DH Workforce Capability Framework. Respect for people, professional integrity, social justice and rights-based practice are highlighted in the Australian Association of Social Workers Code of Ethics and are readily integrated by social workers into mental

health best practice principles including trauma-informed care, cultural sensitivity, recovery-orientated practice and allyship with service consumers and their families, carers and supporters.

Social work maintains a contextual frame to practice that encourages deep considerations of social determinants of health and family systems. This enables an intersectional appreciation of presenting issues for service consumers and the ability to work with complexity and support consumers and their families, carers and supporters towards a place of recovery.

The accentuation of this practice frame is often easier defined in discipline specific social work roles, typically held in inpatient, acute, sub-acute and residential services within Victorian AMHS. While these roles can often be fast-paced and centred around discharge planning, data gathered for this project shows that social workers in these settings are leading practice change and responses to family violence, supporting vulnerable children, offering brief family therapy interventions and considering social support and linkage. Advocating for consumer and family, carer and supporter rights within these roles is also significant.

As noted above, however, the majority of social workers are employed within 'generic' roles. Despite this, data indicated several ways in which social workers in both discipline specific and generic roles attempt to advocate for discipline identity and service consumer outcomes including:

- Advocating for family inclusive practice focusing on single session family consultation, family violence screening and identification, supporting vulnerable children and family therapy. Data in this project supports the notion that social work professionals not only deliver these interventions but are leaders within their AMHS to improve capability to respond to the needs of families, carers and supporters.
- Embodying strengths-based and recovery-oriented practice within their work, team environments and service systems. This orientation to practice consistent with social work fundamental values is seen to align with best practice and improve team culture.
- Have a deep understanding of social determinants of health and social prescribing opportunities to promote citizenship and the rights of service consumers.
- Advocacy for supported decision-making and supporting consumers and their families, carers and supporters to be full partners in care.
- Strongly valuing lived experience, promoting consumer self-determination and connecting with co-production and co-design as a preferred methods to develop services.
- Have a strong understanding of systems theory to guide how social workers work with consumers, families' carers and supporters and influence clinical discussion in multi-disciplinary teams.

To strengthen the contribution of social work practice within integrated multidisciplinary teams, scoping data has uncovered the following priority areas for training and practice development:

1. Family work, with a focus on therapeutic interventions
2. Supervision and reflective practice training
3. Focused psychological therapies
4. Family violence
5. Foundations of mental health social work

These areas of practice are relevant to social workers across all roles and will form a central focus for CMHL education, training and practice development.

Leadership, Structure and Governance

Social work leaders across the state were engaged to take part in this scoping activity. Within the scoping process they were able to provide data and reflect on the social work discipline leadership and governance structures across their organisations.

In general, data supports the idea that there is low resource in discipline specific social work leadership roles across participating services. Larger metropolitan services were more likely to have social workers employed in discipline lead roles and chief social worker roles when compared to regional AMHS. It was suggested in the interviews that within smaller regional services there is not the size, organisational structure or social work workforce requirements to support such roles. However, the absence of clear social work leadership was also seen as an impediment to growing the social work workforce.

The scope and requirements of social work specific professional leadership roles often varied from service to service. This was seen to influence the impact these roles were able to have. Nonetheless, the absence of designated social work leadership was associated with more significant issues around workforce retention and low workforce satisfaction by participants.

Central to social work leadership positions was the intention to 'manage up', bringing social work practice priorities and workforce needs to the executive leadership level. Without this voice, participants reported that social work as a discipline was less visible and not prioritised by the AMHS with increased unrealistic expectations around workload and loss of professional identity contributing to retention issues.

It is hoped moving forward that clearer leadership structures and that the benefit of discipline specific leadership can be experienced across all Victorian AMHS. Participants currently employed in Victorian AMHS have also identified the following workforce priority areas to advance their leadership ability and impact:

1. Increased EFT for social work specific leadership roles.
2. A focus on building professional identity and leadership development.
3. More opportunities for advancement and career progression.
4. Expansion of workforce and positions dedicated to social work specific roles.
5. An articulated plan and goal for social work as a profession across the sector.
6. More social work specific educator roles.
7. More opportunities for social workers in research.

To promote social work workforce development priorities the Victorian Public Mental Health Social Work Leadership Network (SWLN) was established in September 2020, a period coinciding with this scoping project. At the time of writing the SWLN has become an established network actively connecting people, ideas and information, advocating for social work workforce development priorities and promoting professional development opportunities.

Project Scoping Limitations

This scoping project occurred during a period of time in which many health services were struggling with the impact of COVID 19 and staffing resources were limited. This created a scenario where there was significant staff movement to cover roles and high levels of attrition. Significant attempts were made to engage all services though it is acknowledged that the absence of data from seven services softens the ability to generalise data across all Victorian AMHS. CMHL was not immune from these conditions with a change in the Social Work Educator role also leading to a six-month pause in scoping interviews during this project.

It is also noted that not all data sets were completed in full and a wide variety of opinion about the role of social work and workforce priorities for the discipline was noted to be present. This likely represents some geographical and contextual differences in what is required for effective social work practice. However, it also speaks to the inherent tension in social work being a discipline centred on values, with broad practice standards, a contextual frame for practice that enables effective work with complexity and a theoretical knowledge base that is exceptionally broad. Diversity of opinion is typically supported and encouraged within the social work discipline but it does lead to some difficulty bringing together clear themes and priorities.

In light of the above, it is concluded that the data contained in this report is beneficial and provide a solid foundational snapshot of the social work workforce at the time of the scoping activity. However, it is acknowledged that the data was captured over a period of significant workforce change and would likely look somewhat different if repeated.

Recommendations

This scoping study has provided valuable and significant point-in-time baseline information regarding social work workforce and workforce development priorities across Victorian Area Mental Health Services. This information establishes a collective understanding of how social workers are distributed across the sector, how they go about their work, and importantly the facilitators and challenges that help or hinder their work.

Based on the analysis of data obtained, and in response to issues that emerged from this data, the following recommendations for CMHL Statewide Social Work Educator work priorities have been determined.

Leadership and Governance

Scoping data supports the notion that social work leadership and governance needs to be strengthened across the Victorian AMHS. Participants in this scoping project identified the importance of social work specific leadership positions in promoting the discipline internally, supporting professional identity and aiding in social worker wellbeing and retention.

The Statewide Social Work Educator will work with the CMHL Leadership team to explore leadership development opportunities specific for social work and promote the leadership opportunities including professional development opportunities available via CMHL.

Social Work Scope of Practice

This scoping project identified that approximately 90% of social workers across Victorian AMHS are employed in 'generic roles'. Within these positions it has been too easy for discipline identity and practice skills to be lost within the general practice and administrative positions of the role.

The Statewide Social Work Educator will work with the Social Work Leadership Network to identify workforce development opportunities to support social workers further develop their practice skills.

Workforce Learning and Professional Development

With such rapid change in the sector associated with Royal Commission Reform the social work workforce education and professional development needs will continue to evolve. It has been noted that a limitation of this scoping activity is that the data can quickly become dated and not reflect the needs of the evolving social work workforce.

The Statewide Social Work Educator will continue to connect and listen to social workers via the Social Work Leadership Network and feedback from social work events to identify social work workforce development needs and priorities.

The workforce development priorities as listed below will inform the Statewide Social Work Educator's work and workforce development areas. They will work with the internal CMHL team and Statewide Training Providers to provide workforce development for social workers across these five areas.

1. Family work, with a focus on therapeutic interventions
2. Supervision and reflective practice training
3. Focused psychological therapies
4. Family violence
5. Foundations of mental health social work

Resource Sharing

Scoping data highlights the resource discrepancy between larger metropolitan services and regional services across the state. This can be observed in workforce profiles, availability and quality of internal training and access to supervision. It is recommended that increased efforts be made to distribute this resource more evenly across the state for the benefit of service consumers and their families, carers and supporters by:

- Creating an allied health supervision database where services with a large number of experienced supervisors can share their expertise with services that are not able to provide sufficient supervision.
- Provide secretariat support to the Social Work Leadership Network to promote connection and collaboration across AMHS.
- Explore opportunities for further connection between AMHS, e.g., establish connection points for social workers working in isolated roles such as in SECUs or Mother Baby Units.

Appendix 1 Scoping Spreadsheet

Victorian Area Mental Health Services Scoping [OCCUPATIONAL THERAPY/SOCIAL WORK/ENROLLED NURSING]

Thank you for taking the time to complete this spreadsheet. Completion time will vary depending on the size of your discipline workforce and organisation.

CMHL scoping of the Victorian mental health system will be conducted in four parts: 1) Occupational Therapy workforce, 2) Social Work workforce, 3) Enrolled Nursing workforce, and 4) Practice and Development Leads will scope the clinical educator workforce and training and development needs.

Purpose

This scoping data seeks to identify the OT/SW/EN workforce profile across Victorian area mental health services to support leadership, collaboration, growth, learning and development of our profession.

Objectives

The information you provide will assist CMHL with understanding the Public Mental Health workforce professional development needs across Victoria. The learnings are crucial for developing work priorities of the CMHL Statewide mental health OT/SW/EN Educators. We aim to:

Listen and connect:

- Produce a report that provides a 'statewide helicopter view' to build understanding of the needs and desires of the OT/SW/EN workforce across Victoria
- Create structures, processes and tools that make it easy to create connections, and to find and share OT/SW/EN resources

Align & Coordinate:

- Develop coordinated statewide solutions in partnership with key stakeholders (DHHS, HACSU, Statewide Training Providers) to assist with OT/SW/EN workforce development needs and gaps
- Ensure training and education dollars and resources are used well

Build evidence and seek quality:

- This baseline data will be used by CMHL to ensure quality for learning and workforce development approaches
- Develop structures for measuring the impact of OT/SW/EN in public mental health services
- The AMHS specific data will be provided back to the service. A deidentified report will be provided at the end of the scoping which summarising statewide discipline workforce findings

Drive innovation & systems change:

- Knowledge translation is embedded in key CMHL activities to build capability of OT/SW/EN workforces to deliver high quality services and programs
- Create systems that contribute to strengthening an evidence based and sustainable recovery-focused workforce

How do you fill in the survey?

Your participation is divided into two parts:

- 1) Part 1 is providing quantitative EFT/HEADCOUNT data on worksheet 1. This can be completed by you or your colleagues prior to our scheduled meeting or soon after.
- 2) Part 2 we will complete together during our meeting. This is qualitative data covering Leadership, and Education & Professional Development

Completion and return

Please note that this spreadsheet contains drop down box options that may not appear on devices that do not have Excel.

We would appreciate that you return the completed survey within 7 days of our consultation

If you have any questions, please contact:

OT Educator: Phoebe Williamson, Statewide Mental Health Occupational Therapy Educator, Centre for Mental Health Learning via email (phoebe.williamson@cmhl.org.au)

SW Educator: Wayne Wright, Statewide Mental Health Social Work Educator, Centre for Mental Health Learning via email (wayne.wright@cmhl.org.au)

EN Educators: Shaina Serelson & Julie Lemieux, Statewide Mental Health Enrolled Nurse Educators, Centre for Mental Health Learning via email (shaina.serelson@cmhl.org.au)

Appendix 2 Social Work Scoping Infographic

