Aotearoa New Zealand
Health Social Work
Scope of Practice
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Introduction

The vision of ‘strengthening health social work practice’ motivated and encouraged the collaboration between the National District Health Board (DHB) Health Social Worker Leaders Council and Aotearoa New Zealand Association of Social Workers (ANZASW) to form a working group to develop a Health Social Work Scope of Practice.

The Health Social Work Scope of Practice is jointly owned and maintained by National DHB Health Social Worker Leaders Council and ANZASW.

The Health Social Work Scope of Practice document provides an overview of the role, scope, contribution and evidence base of social work practice in the health care field.

Background

The World Health Organisation (WHO) defines health as “A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”\(^1\). The Health Practitioners Competence Assurance Act 2003 (HPCA Act) describes a health service as “a service provided for the purpose of assessing, improving, protecting, or managing the physical or mental health of individuals or groups of individuals”.

The Global Definition of the Social Work Profession (2014) developed by IFSW\(^2\), IASSW\(^3\) and ICSW\(^4\) is:

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.”


General Social Work Scope of Practice


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2 International Federation of Social Workers [http://ifsw.org/](http://ifsw.org/)
3 International Association of Schools of Social Work [https://www.iassw-aiets.org/](https://www.iassw-aiets.org/)
Registration of social workers from 27 February 2021 SWRB is developing a replacement General Scope of Practice for Social Workers.

**Social Workers as Health Practitioners**

The *Health and Disability Commissioner Act 1994 No 88* in Section 2(1) Interpretation, has the following definitions:

**Health practitioner**—
(a) has the same meaning as in section 5(1) of the Health Practitioners Competence Assurance Act 2003; and
(b) includes—
(iii) a registered social worker within the meaning of the Social Workers Registration Act 2003.

**Under section 2 of the Health and Disability Commissioner Act 1994, Authority is defined:** “has the same meaning as in section 5 of the Health Practitioners Competence Assurance Act 2003; and includes the Social Workers Registration Board established by section 97 of the Social Workers Registration Act 2003”.

**Te Tiriti o Waitangi**

*AOTEAROA* is the tūrangawaewae of Tangata Whenua, the indigenous peoples of *AOTEAROA NEW ZEALAND*. By means of Te Tiriti o Waitangi, Tangata Whenua formed a governance relationship with the British Crown (representing all immigrant persons from a variety of cultures – Tauiwi) in 1840.

Nonetheless, Aotearoa New Zealand is not governed according to Te Tiriti o Waitangi. Our Association’s Constitution recognises Te Tiriti o Waitangi as the basis of our governance. At the organisational level, the Constitution envisages a collaboration of Tangata Whenua and Tauiwi in formulating the structures, policies, practices and procedures of the Association, and a sharing of power and decision making to fulfil the aspirations of both.

The commitment to Te Tiriti o Waitangi is not optional and permeates everything we do. Our Constitution mandates a minimum (but no maximum) number of Tangata Whenua persons on the Association’s Governance Board and requires the Governance Board to:

- ensure the Association is underpinned by Te Tiriti O Waitangi; and
- promote an indigenous identity for social work in Aotearoa New Zealand.

Members of the Association give practical expression of our commitment when:

- We educate ourselves about Te Tiriti o Waitangi and its aspirations, both on entry to social work and throughout our professional lives. This includes knowledge and understanding of our own ethnicity and the Tangata Whenua and Tauiwi histories of Aotearoa New Zealand; and
- We give preference where we can to working in agencies and organisations where policies, procedures and practices reflect Te Tiriti o Waitangi: and

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5 The *Health Practitioners Competence Assurance Act (HPCA)* defines as health practitioner as “a person who is, or is deemed to be, registered with an authority as a practitioner of a particular health profession”.

Final Version: 24 April 2018; updated May 2020
Wherever we work, we actively and constructively promote change of mono-cultural perspectives, structures, policies, procedures and practices within our workplace; and

We reject monocultural control over power and resources in favour of dialogue and collaborative decision-making between Tangata Whenua and Tauiwi; and

We actively promote the right of Tangata Whenua to use indigenous practice models and ensure the protection of the integrity of Tangata Whenua in a manner which is culturally appropriate; and

We promote diversity and challenge racism in ourselves, our agencies, organisations, among our colleagues and in the community and country.\(^6\)

The Social Workers Registration Act 2003 requires that all applicants for registration are competent to practice social work with Māori and competent to practice social work with different ethnic and cultural groups in New Zealand\(^7\).

The SWRB Core competencies reflect this statutory requirement and include:

1. Competence to practice social work with Māori
2. Competence to practice social work with different ethnic and cultural groups in Aotearoa New Zealand.\(^8\)

Health Social Workers demonstrate an ability to apply the principles of Te Tiriti o Waitangi to practice. Health Social Workers use the principles of Te Tiriti o Waitangi to address the effects of inequalities in the health sector for their clients/patients and their family / whānau.

Health Social Workers demonstrate an understanding of cultural diversity in particular how it relates to clients/patients’ interactions with health services. Health Social Workers practice in a culturally competent manner that reflects their awareness of cultural diversity among client/patients and their family/whānau.

Whānau Ora is a whānau centred framework implemented by Te Puni Kokiri, Ministry of Health and Oranga Tamariki Ministry for Children to improve health and wellbeing outcomes for NZ families/whānau. Health Social Workers work across sectors aligning their outcomes to the framework of Whānau Ora.


**The Code of Ethics and Codes of Conduct**

A Code of Ethics is a guide of the desired values and standards to use when making decisions or taking action (for example, ‘try to work for social justice’), whereas a Code of Conduct is more specific about what actions are appropriate and inappropriate (for example, ‘never discriminate’).\(^9\)

\(^6\) ANZASW Code of Ethics (2019) P6
\(^7\) Social Workers Registration Act 2003 Sections 6 & 7
\(^8\) SWRB Core Competences 1 & 2
\(^9\) Social Workers Registration Board Code of Conduct March 2016
All social workers are expected to comply with the

- ANZASW Code of Ethics\textsuperscript{10} \url{https://anzasw.nz/code-of-ethics-2019/};
- IFSW Statement of Ethical Principles (\url{http://ifsw.org/policies/statement-of-ethical-principles/});
- The Social Workers Employer’s Code of Conduct and / or Standards of Practice where these are not in conflict with ethical social work practice

**Social Work Qualifications & Registration**

In health settings, social workers should be registered with the SWRB and therefore must hold a current Annual Practicing Certificate. This means that social workers hold a recognised social work qualification or their practical experience has been assessed as being equivalent to the knowledge and skill gained by completing a degree; they are competent and fit to practice social work and are accountable for the way in which they practice.

From 27 February 2021 registration of all social workers under the provisions of the Social Workers Registration Act 2003 will be mandatory.

**Scope of Practice of Health Social Workers**

Health Social Workers:

- Identify relevant bio-psychosocial factors that impact on health, disability or wellbeing
  And
- Respond to health and disability needs that impact on the wellbeing of individuals and their family/whānau
- Address these factors by assisting people through social work interventions.

The Health Social Workers’ role includes assisting clients and their families/whānau to be safe in their environment, to be self-determining and to manage the personal, family / whānau and/or social effects of life changes due to ill health and/or disability.

Health Social Workers undertake a range of statutory functions and responsibilities relevant to legislative requirements, this may include child protection mental health services and vulnerable adults.

\textsuperscript{10} SWRB Code of Conduct Page 2: This Code complements the legal obligations social workers have under the Act as well as other relevant applicable laws, practice standards, and guidelines. They include but are not limited to: the Code of Ethics – published by the Aotearoa New Zealand Association of Social Workers (ANZASW); competence standards (issued by the SWRB) and practice standards (issued by ANZASW)
Health Social Workers engage with people, including the healthy and unwell, across the ages and stages of life from conception to death. They encounter diverse client-related issues in their day-to-day practice.

**Scope of Practice Includes:**

1. Bio-psychosocial assessment;
2. Risk Assessment, safety planning and risk mitigation;
3. Bio-Psychosocial Interventions
4. Crisis Intervention;
5. Responding to Trauma;
6. Interventions to protect vulnerable people;
7. Complex Problem Solving;
8. Socio-legal Issues & Ethical Decision Making;
9. Advocacy in relation to social justice and inequality / stigma;
10. Therapeutic Social Work Practice (Group Work, Therapy, Counselling);
11. Grief and Loss Intervention & Support;
12. Discharge Planning;
13. Leadership Collaboration & Professional Supervision;
14. Research & Education.

**Advanced Scope of Practice**

“At a systems-level, advanced scope of practice means optimizing workforce capacity and effectiveness through:

- validating and maintaining current best practice
- developing new roles and innovative approaches to practicing
- ensuring that policy, provider, and service environments support these new roles and practices to succeed
- Providing supervision, management and/or governance.

At an individual and practice level, advanced practice scope means enhanced opportunities and capacity to utilise specialised knowledge and expertise in a way that is efficient, adaptive, collaborative, holistic and ethical, and fundamentally supports the service user and their wider family and whānau.”

**Contribution of Social Work in Health**

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12 Scope it right – Working to top of scope literature review – Mental Health and Addiction Workforce

Final Version: 24 April 2018; updated May 2020
Health Social Workers provide a significant contribution to care by maintaining an ecological focus on the individual and family/whānau and their environment, and it is this understanding that distinguishes social work from other health professions. Health Social Workers are regularly involved with individuals and families/whānau experiencing complex social, psychological, relational and institutional dynamics that are physical, mental, intellectual health or disability related. Health Social Workers offer a unique and valuable contribution by undertaking evidence-informed assessments and providing appropriate social work interventions which contribute significantly to the provision of effective health services and outcomes.

**Conclusion**

Health Social Workers work in inter-professional, inter-disciplinary teams, multi-disciplinary health teams, multi-agency and inter-sectorial settings. Within these teams, Health Social Workers recognise and address the multiple factors contributing to the specific context of an individual, family or group within the community. In assessing and intervening in the bio-psychosocial factors affecting the relationship between the clients, their significant others and the wider community, they make a significant contribution to the field. Accordingly, the profession of social work has a clear role in the continuum of health services, health outcomes and wellbeing.

**Review**

The document is to be reviewed no later than 18 months after ratification and a minimum of every three years thereafter.

Parties involved in the review will include:

- The National DHB Health Social Work Leaders Council
- Aotearoa New Zealand Association of Social Workers
- Tangata Whenua Social Workers Association
- Social Workers Registration Board.
Appendix 1
This Appendix provides further details about how the activities listed in the section *Scope of Practice of Health Social Workers* are carried out. As new models of care emerge the associated roles will be accompanied by new ways of practicing.

Health Social Work occurs in a range of settings including but not limited to public and private hospitals, primary health care settings, residential care settings and community settings.

Health Social Work is provided in the context of inter-professional, inter-disciplinary teams, multi-disciplinary teams, multi-agency and Inter-sectorial settings.

1. **Bio-psychosocial assessment**
The biopsychosocial approach systematically considers biological, psychological, spiritual, cultural and social factors and their complex interactions in understanding health, illness, wellbeing and health care delivery.

2. **Risk Assessment, safety planning and risk mitigation**
Risk assessment and social work interventions in relation to harm to self or others. This includes but is not limited to:
   - child abuse and neglect
   - domestic and family violence
   - intimate partner violence
   - vulnerable adult abuse, neglect and/or exploitation
   - elder abuse, neglect and/or exploitation
   - mental health
   - care-giver stress
   - strengths and resilience factors.

3. **Bio-Psychosocial Interventions**
   - Psycho-education for patients and their families in a range of health care settings;
   - Therapeutic intervention in relation to a range of chronic health conditions including mental health, trauma, adjustment to diagnosis/treatment and disability
   - Family / Whānau intervention and support, which includes Family Therapy and family / whānau meetings
   - Recovery and rehabilitation planning.

4. **Crisis Intervention**
Health Social Workers will often use Crisis Intervention to support clients. “A crisis is usually seen in terms of someone’s reaction to a stressful situation, or event and/or experience that causes upset and a sense of vulnerability, of things being shaken-up and out of the usual pattern. Crisis intervention is an approach that, while acknowledging the possibility that things may deteriorate further and focusing on providing immediate relief, sees a crisis as an opportunity to turning things round, as many people are more amenable
to assistance during such periods”\textsuperscript{13}.

5. Responding to Trauma
Health Social Workers use a range of interventions to work with individuals, whānau and communities who have experienced trauma and who are currently experiencing trauma. In its broadest sense, the consequences of trauma can be destabilising and significantly affect functioning and ability to cope. Trauma can be caused by a range of events including injury, abuse, natural disasters or events caused by human agency. People can often experience multiple episodes of trauma over a lifetime. It is recognised that the experience of trauma can significantly impact on health, mental health and wellbeing of individuals, family / whānau and communities. Trauma Informed Practice is a way of addressing these issues and improving outcomes.

6. Interventions to protect vulnerable people
- Interventions to ensure the safety of a child, having due regard for the paramountcy of the child principle
- Interventions to ensure the safety of a ‘vulnerable adult’, (Crimes Amendment Act (No. 3) 2011, (1)) ‘a person unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person’
- Interventions to assist the safety of people who are made vulnerable by their behaviour or circumstances and are in unsafe situations
- Interventions to assist the safety of persons in situations of family violence and persons experiencing intimate partner violence or elder abuse and neglect
- Interventions may be provided in the inpatient or community environments across the spectrum of health services.

7. Complex Problem Solving
- Assistance with complex problem solving for people facing adversity.

8. Socio-legal Issues & Ethical Decision Making
- Socio-legal issues and ethical decision making, including but not limited to: advanced care planning; enduring power of attorney applications under the PPP&R Act\textsuperscript{14}; end-of-life decision making; cessation of medical procedures and organ donation; actions under the Crimes Amendment Act No.3 2011; the Oranga Tamariki Act 1989, Children’s and Young People’s Well-being Act 1989; Vulnerable Children’s Act; Contraception, Sterilisation, and Abortion Act 1977 (Reprinted 24 March 2020); the Mental Health (Compulsory Assessment and Treatment) Act 1992 and any

\textsuperscript{14} Also refer to the ANZASW Practice Note for Social Workers working with the PPP&R Act 1988
subsequent amendments to any relevant legislation

- Undertaking a range of statutory functions relevant to local legislative requirements, this may include child protection mental health services and vulnerable adults.

9. **Advocacy in relation to social justice and inequality / stigma**
   - Advocacy in relation to health inequalities to improve health outcomes for individuals, families, groups and populations in relation to social issues that may affect the health outcomes
   - To reduce barriers brought about by economic and cultural system, which can result in exploitation of the most vulnerable people in society. Health Social Workers have a responsibility to actively work to support the exploited and marginalized and ensure health services are aware of and responsive to their needs.\(^{15}\)

10. **Therapeutic Social Work Practice (Group Work, Therapy, Counselling)**
    - Counselling using a variety of models and techniques appropriate to the person’s situation
    - Short term, with a specific therapeutic focus
    - Interwoven into all aspects of health social work practice
    - Group work: working with groups and communities to provide health information and education on a wide range of biopsychosocial factors that impact on wellbeing.

11. **Grief and Loss Intervention & Support**
    Bereavement, grief and loss support work in order to improve coping and biopsychosocial outcomes, in relation to chronic sorrow, cumulative loss, disability, suicide, mental health, sudden and traumatic death.

12. **Discharge Planning**
    Comprehensive discharge planning where there are complex biopsychosocial issues.

13. **Leadership Collaboration & Professional Supervision**
    - To provide professional and operational leadership in health
    - Policy development, innovation and research
    - Multi-agency cooperation and collaboration to assist best outcomes for individuals experiencing complex emotional, social, and or physical/health related difficulties
    - Leadership in case management and in the coordination of services both within and external to the health care service
    - Participates in professional supervision and adheres to professional ethics and standards of practice.\(^{16}\)

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\(^{15}\) Michelle Derrett Developing a National Health Social Work Competency Framework; A thesis submitted to fulfil the requirements of the degree Master of Social Work, University of Otago 2011

\(^{16}\) Ibid
14. Research & Education
- Participates in continuing professional development
- Provides continuing professional development opportunities for social workers, other professionals and in community settings
- Engages and initiates in research-informed practice and practice-informed research
- Distinguishes, appraises and integrates multiple sources of knowledge, including new information and communication technology, research-based knowledge, practice wisdom and indigenous knowledge.

15. Health promotion, prevention and early intervention
Health Social workers recognise the impacts of the social determinates of health by:
- Assisting individuals, whānau and communities to have access to health promotion and prevention information and services
- Participating in service development initiatives to enable early intervention
- Promoting wellness by encouraging healthy behaviour
- Promoting maximizing the quality of life when health cannot be restored
- Promoting and protecting the health of people and the communities where they live, learn, work and play.