



Aotearoa New Zealand Association of Social Workers Submission for Review of HPCAA Act 2003

1. Introduction

- 1.1 The Aotearoa New Zealand Association of Social Workers (ANZASW) welcomes the opportunity to comment on the recommendations included in the report of the Director General of Health to the Minister of Health about the review of the Health Practitioners Competency Assurance Act 2003 (HPCAA). Although social workers are not registered under the HPCAA, ANZASW has followed this review closely and participated fully in the review process. In particular ANZASW has been concerned about the relationship between the HPCAA and the Social Workers Registration Act 2003 (SWRA) and the negative impact of restricted activities on social workers. ANZASW is pleased to note that some of its concerns have been addressed in the report to the Minister of Health but is concerned that no recommendations have been made regarding a link between these two comparable pieces of legislation.
- 1.2 In particular ANZASW is pleased to support recommendation 11 which indicates the need for removal of the restricted activity concerned with psychosocial interventions for people with serious mental illness. This recommendation addresses the concerns ANZASW had raised with the Ministry of Health commencing in August 2007 about the impact of this restricted activity on the legitimate practice of social workers.
- 1.3 However, it only in part addresses the concerns raised in the Association's submission from December 2007. Specifically, ANZASW recommended that a link be created between the HPCAA and the SWRA in relation to restricted activities. This would ensure that Registered Social Workers would be recognised within health settings as being subject to a comparable system of regulation to that of Registered Health Practitioners under HPCA, and would therefore not be discriminated against in any way. The Association remains most concerned to discover that no recognition of this issue has been included in the report to the Minister of Health, not even to explain why such a link could not be created.

2. Review of History

- 2.1 ANZASW reminds the Ministry of Health of the following important points raised in its original submission for the review of HPCAA, lodged in December 2007
 - 2.1.1 The SWRA was passed in April 2003. At this time the Health Practitioners Competence Assurance Bill was proceeding through the final stages of the select committee process. Both pieces of legislation have 'protection of the public' as a primary purpose and have the dual registration criteria of qualification and competence assessment. In this sense they can be considered comparable



Aotearoa New Zealand Association of Social Workers Submission for Review of HPCA Act 2003

regulatory systems despite the obvious difference of one being a voluntary scheme and the other being mandatory.

- 2.1.2 At that time, the then Minister for Health, Hon Annette King and Minister for Social Development, Hon Steve Maharey, made the decision to register all social workers under the SWRA rather than dividing the profession between the SWRA and the HPCAA, recognising that social work covered not only health but broader areas of practice. ANZASW received assurances from both Ministers that the two ministries would work together to ensure that members of the social work profession who work in health would not be disadvantaged by this decision.
 - 2.1.3 In March 2003 representatives of ANZASW met with officials of the Ministry of Health in Wellington, to discuss the implications of the Health Practitioners Competence Assurance Bill on the members of the social work profession who work in health. ANZASW was most concerned about the potential negative effects of not having clear linkages between the SWRA and the HPCAA for members working in health.
 - 2.1.4 The ANZASW submission on the Health Practitioners Competence Assurance Bill, also expressed these concerns and urged for there to be a strong linkage between the two pieces of legislation.
 - 2.1.5 The ANZASW oral submission to the Health Select Committee on 3 March 2003 again re-iterated the need for a direct linkage between the two pieces of legislation and urged the Select Committee not to exclude health social workers from being regarded as health practitioners under the HPCA Bill.
 - 2.1.6 Both the ANZASW written and oral submissions outlined the roles and tasks undertaken by social workers and referred to the Ministry of Health's documents describing social work.
 - 2.1.7 At the time of the passing of the HPCA legislation social workers were the largest professional group within the allied health grouping. This remains the same situation today, with figures published in the Future Workforce Development Group document "The Allied Health Workforce Employed in DHBs"¹, listing health social workers as making up 18.1% of the allied health workforce. However, it is difficult to rely on the size and importance of the health social work workforce alone as a protection from any unintended negative impact from the HPCAA or restricted activities.
- 2.2 As can be seen from this brief history, ANZASW has been concerned about the need for a link between these two pieces of legislation from the original drafting of the Bills. However, despite the similarities between the



Aotearoa New Zealand Association of Social Workers Submission for Review of HPCAA Act 2003

HPCAA and SWRA and assurances from Ministers at the time, no link was created between the two pieces of legislation. Ultimately some members of ANZASW, especially in mental health services, reported that certain District Health Boards had begun to question the standing of social workers because they are not regulated under HPCAA. Despite the size of the workforce adversely affected and in the absence of proper consultation with those affected as legally required by HPCAA, a restricted activity was also introduced that directly related to the core work undertaken by social workers in mental health settings.

- 2.3 ANZASW raised these concerns with the Ministry of Health in August 2007 and then again in its submission for the review of HPCAA in December 2007. Although the concerns about the restricted activity have been responded to, the root cause of this problem has not been addressed. No explanation has been provided to date as to why a link between HPCAA and SWRA could not be created at the level of Clause 9 which sets out the operation of restricted activities. ANZASW remains concerned that without such a link, the difficulties experienced by social workers in health in recent years could recur.
- 2.4 ANZASW recognises and accepts the complications and undesirability of a general link between HPCAA and SWRA since this may result in social workers being subject to all the provisions of both pieces of legislation. However, ANZASW believes that it would be both possible and helpful for registered social workers to be identified in Clause 9(4) as being able to perform restricted activities if that activity is recognised by the Social Workers Registration Board, in consultation with the professional association, as being a social work activity.

3. **Other Issues**

- 3.1 ANZASW notes that Recommendation 2 proposes that the Ministry of Health should make information about registered practitioners freely available. Given the comparable nature of the HPCAA and SWRA and the significant workforce in health who are social workers, ANZASW believes it is important for this recommendation to be inclusive of all registered professional groups in health, including social workers.
- 3.2 ANZASW requests that under Appendix 2 of the report to the Minister of Health the typographical error is corrected so that the name of the Association reads "Aotearoa New Zealand Association of Social Workers" rather than "Australia and New Zealand Association of Social Workers".

4. **Conclusion**

- 4.1 Whilst ANZASW welcomes the removal of the restricted activity related to psychosocial interventions, it remains concerned that, without a link



Aotearoa New Zealand Association of Social Workers Submission for Review of HPCAA Act 2003

between the HPCAA and SWRA, a further restricted activity could be introduced in future that would have a similar unintended but nevertheless negative impact on social workers. In addition, the absence of a link creates the potential for social workers to be seen by employers as somehow outside the health service rather than an essential and important part of the overall registered health workforce.

- 4.2 ANZASW respectfully requests the Ministry of Health to reconsider the need for a link between HPCAA and SWRA. Although the Association recognises the difficulties in creating such a link, no information has been provided to date to suggest that a link cannot be created. ANZASW does not seek a general link between 'registered health practitioners' and 'registered social workers'. Rather ANZASW recommends that under Clause 9(4) 'registered social workers' are identified as able to perform restricted activities if the activity is recognised by the Social Workers Registration Board, in consultation with the professional association, as being a social work activity. It is the opinion of ANZASW that it is appropriate and necessary for the profession of social work to be registered under separate legislation, since social work is practised in many settings outside of the health sector. However, since social work is indeed practised in many health settings, it is essential that registered social workers are treated as registered health practitioners in relation to any restricted activities under HPCAA.
- 4.3 ANZASW offers to participate in any work that may be required to define the nature of social work or any specific fields of social work practice so that appropriate protection for the public is maintained in the operation of restricted activities.
- 4.4 ANZASW remains both keen and willing to assist the Ministry of Health in finding appropriate solutions that enable the continued safe practice of social work in health settings, whilst removing the potential for limitations on the social work profession through the operation of the HPCAA legislation as it stands.