

## Social workers

### Snapshot of findings

Social workers rated themselves highest in understanding childhood trauma and adversity, with room for improvement in the areas of infant mental health and child mental health practice.

This snapshot examines the results of **190** respondents who selected 'social worker' as their profession from **1,518** health, social and community services workers who took the survey.

### Aim of the survey

The biennial National Workforce Survey for Parent, Family and Child Mental Health (NWS) provides a snapshot of Australian workforce capability. It informs Emerging Minds' workforce development strategies and helps planners, professions, sectors, and policymakers build capacity in workforces supporting children and families.

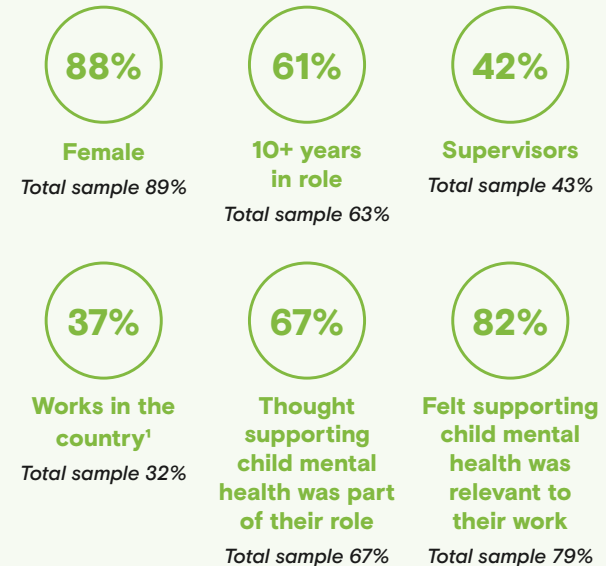
### Method

The online survey was shared across Australia by Emerging Minds, government departments, peak bodies, and participating organisations. Workers rated their agreement to 41 statements describing capabilities, and asked respondents about themselves, their work, and their engagement with Emerging Minds.

Statistical analyses grouped survey items into subscales representing six domains of child mental health capability:

- 1. Child mental health capability:** Knowledge, confidence, and skills
- 2. Child mental health practice:** Behaviours and strategies
- 3. Workplace support:** Organisational attitudes, policies, and leadership
- 4. Facilitating support:** Referring and collaborating with external service
- 5. Infant mental health:** Understanding and support in the perinatal period
- 6. Childhood trauma and adversity:** Understanding impacts and responses.

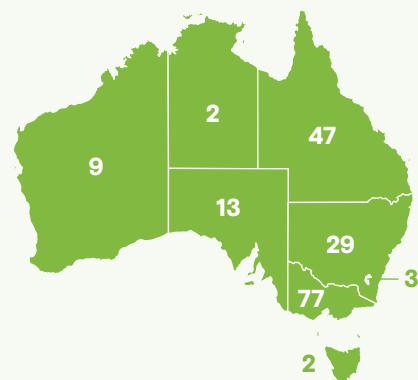
### Social workers in the 2020–21 survey were:



### Top five sectors

- 1 Child mental health 19%**
- 2 Adult mental health 18%**
- 3 Parenting and family support 17%**
- 4 Child safety (mandated and non-mandated child protection services) 14%**
- 5 Family violence services 6%**

### Where respondents work



<sup>1</sup> Works in postcode/s outside of cities. Geographic remoteness determined by [Australian Bureau of Statistics' Australian Statistical Geography Standard \(ASGS\)](#).

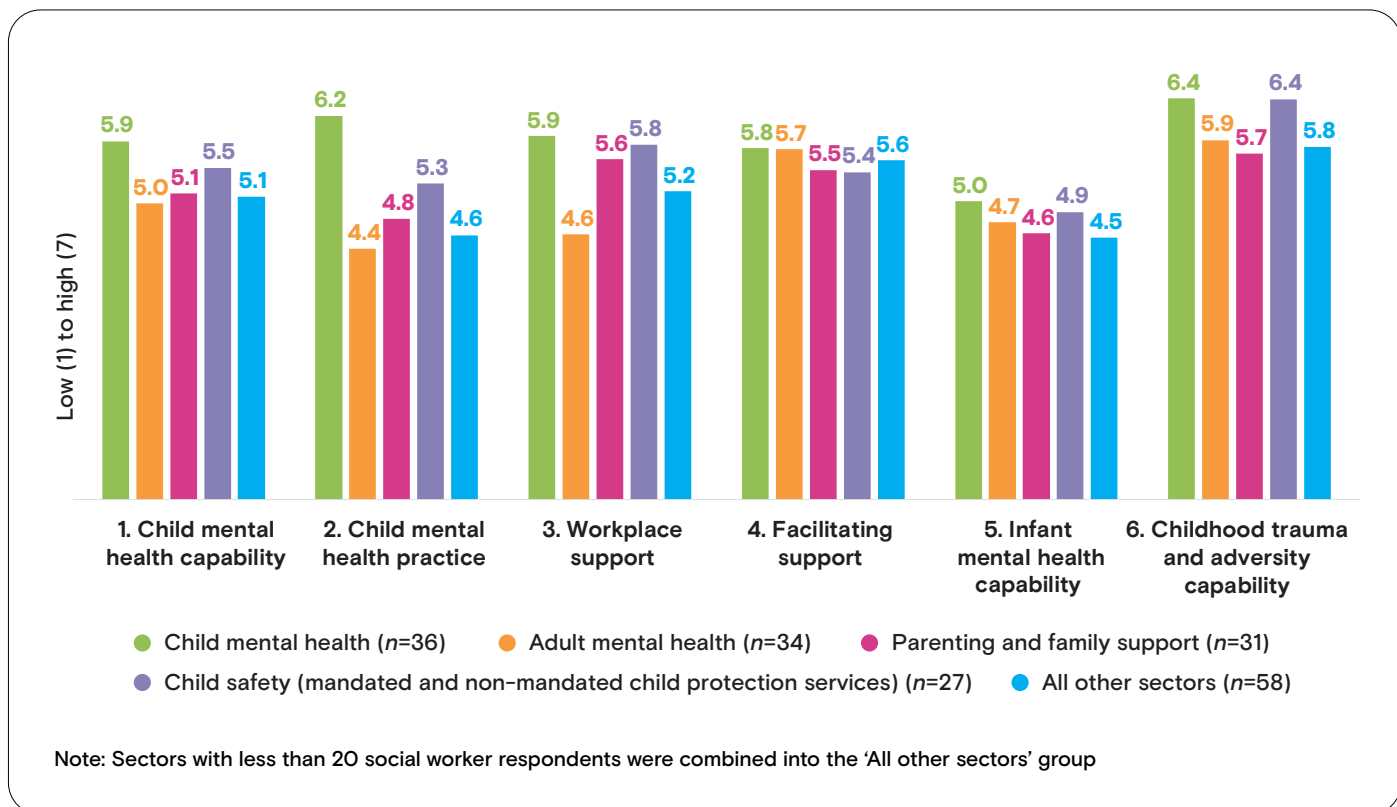
## Capability

How do **social workers** rate their child mental health capability compared to other health, social and community services workers?

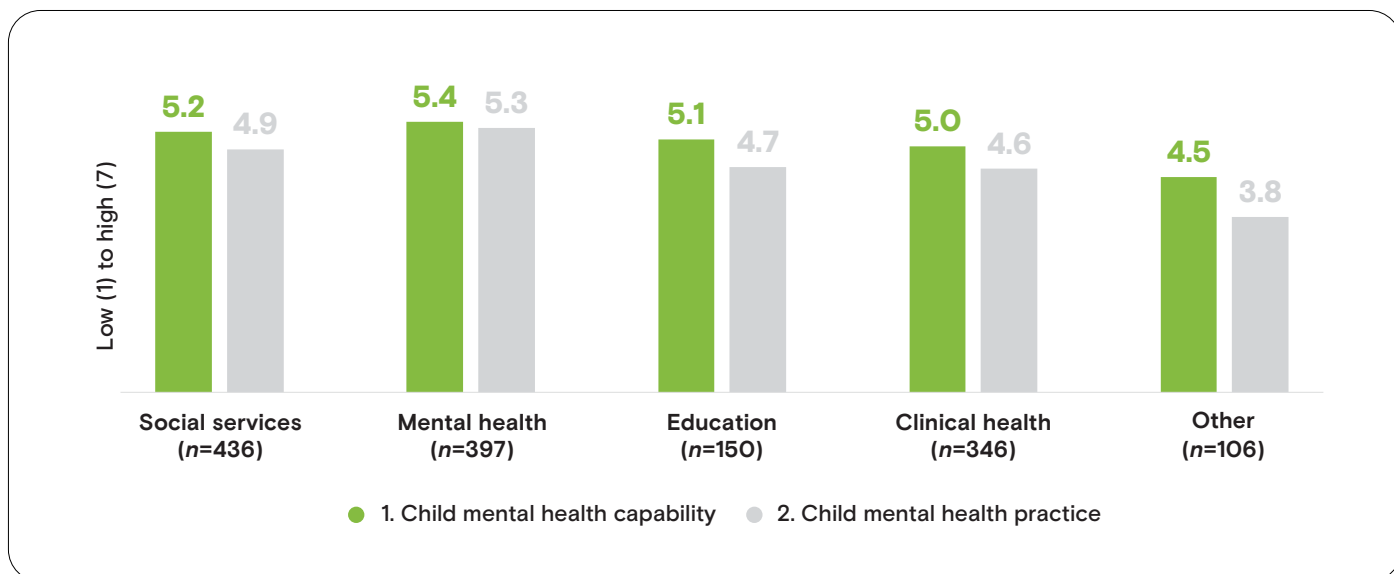


## Profession

Do **social workers** rate themselves differently by sector?



How does the **social services professional group**<sup>2</sup> (in which social workers make up 43%) rate their child mental health capability and practice compared to other professional groups?



## Engaging with children and families

On average, the Australian workforce is more confident in knowledge and theory, than interacting with children and parents – how do **social workers** compare?

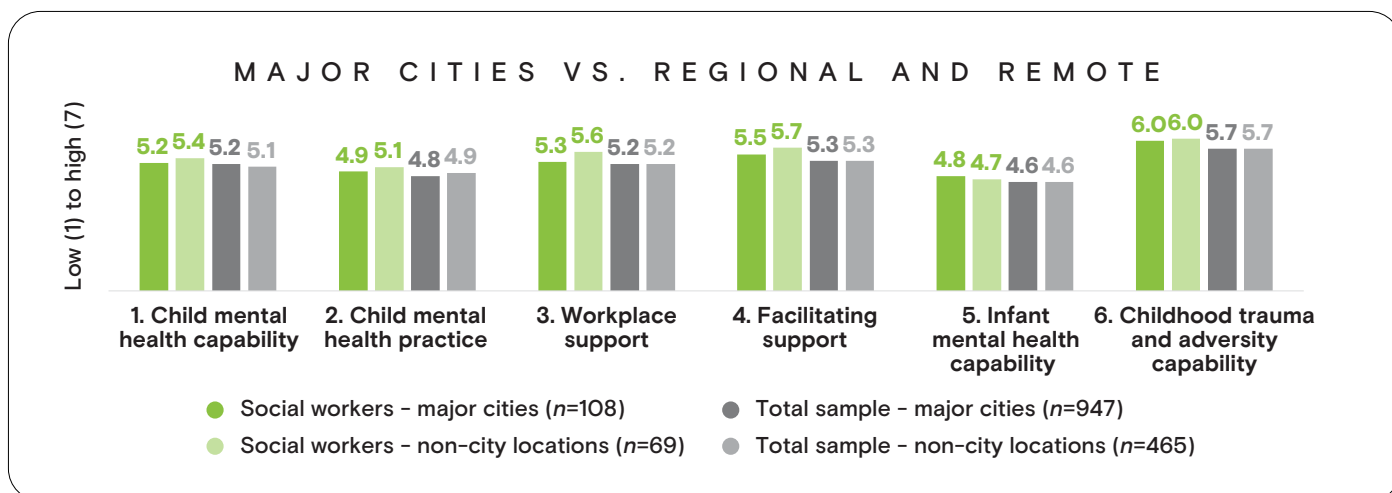
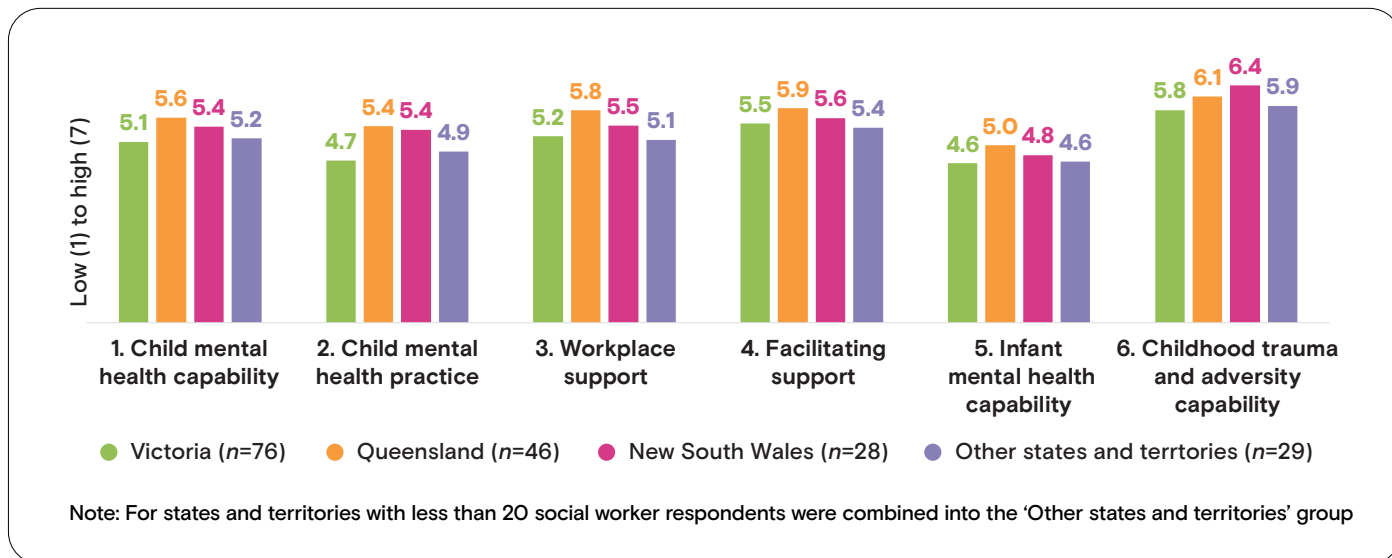
Client interactions questions	Social workers mean scores (n=187)	Total sample mean scores (n=1,437)
Q31. I am confident in responding to children that have experienced trauma and adversity.	5.5	5.2
Q6. I know how to recognise early signs of mental health symptoms in children (aged 2–12 years).	5.0	4.9
Q21. I regularly talk to parents to discuss the impact of mental health and other issues on their parenting.	5.2	4.9
Q24. I regularly talk with children about their social and emotional wellbeing.	4.8	4.8
Q14. I regularly work with children to address issues impacting on their mental health.	4.5	4.5
Q7. I know how to recognise early signs of mental health symptoms in infants (aged 0–2 years).	3.7	3.9
Knowledge and theory questions		
Q11. I understand how adult problems can have an impact on child mental health.	6.6	6.5
Q2. I am knowledgeable about strengths and vulnerabilities that impact on children’s mental health.	6.0	5.9
Q29. I am knowledgeable of the risks to children’s mental health associated with adverse childhood experiences (ACEs).	5.8	5.5
Q22. I have a good understanding of signs of optimal child (cognitive and emotional) development.	5.5	5.5
Q26. I am knowledgeable about the key things that parents can do to maintain the wellbeing (and resilience) of their children.	5.7	5.5

Note: Scores from responses to a 7-point Likert scale (1=strongly disagree to 7 = strongly agree)

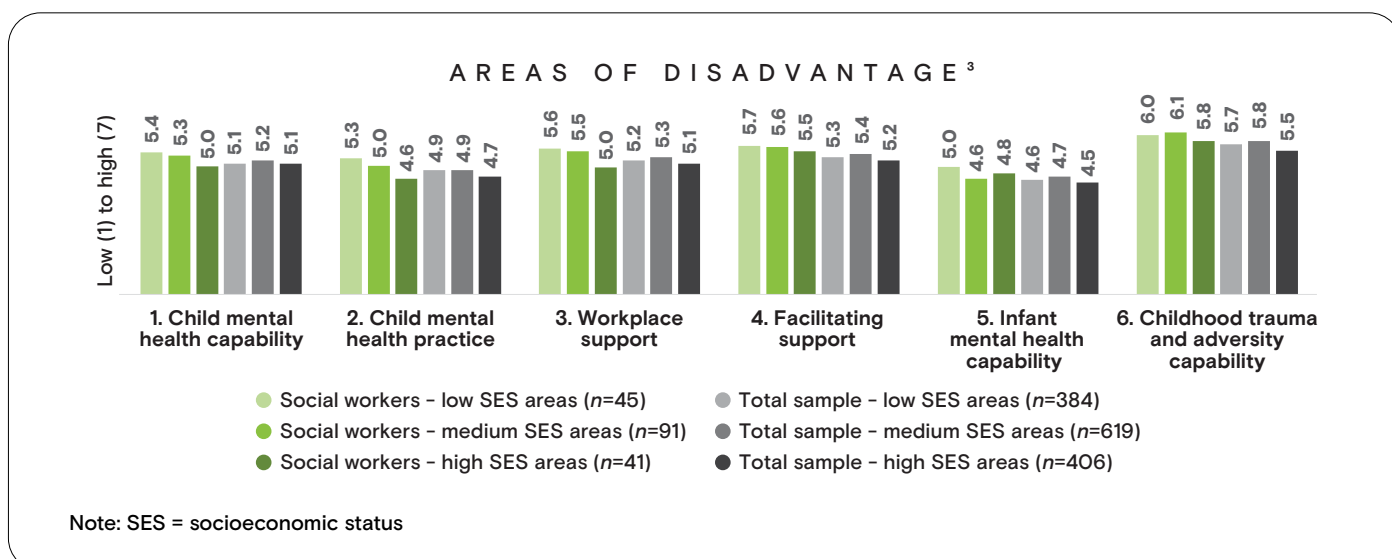
<sup>2</sup> Professions were grouped according to assumed similarities in their practice, focus and level of existing mental health expertise into five categories: clinical health, education, social services, mental health and other.

## Location

Do **social workers** rate themselves differently by geographical location?



Do **social workers** rate themselves differently when working in varying areas of relative socioeconomic disadvantage?



<sup>3</sup> Calculated by SEIFA IRSD

## Benefits

How can **social workers** benefit from engaging with Emerging Minds?

**66% of social workers in the survey had already engaged with Emerging Minds, while 17% were aware but had not used resources yet.**



Learned something new  
Total sample 83%



Could apply learning at work  
Total sample 56%



Parents I work with are often worried about what will happen to their children if they are hospitalised or incapacitated in some way. Using the care plan documents has allowed these conversations to take a concrete form and for plans to be commenced re this eventuality. The child version of the plans has given children a sense of security and control in lives which may otherwise feel very uncertain at times.

SOCIAL WORKER, 2020-21 SURVEY

How survey respondents said they had engaged with Emerging Minds.

		Social workers	Total sample
Not engaged	<b>Control</b> Not aware of Emerging Minds (EM) or the National Workforce Centre (NWC) prior to the survey	<b>33 (17%)</b>	<b>377 (25%)</b>
	<b>Aware</b> Aware of EM and/or the NWC, but has not 'actively' accessed resources, courses or been in contact with a consultant	<b>32 (17%)</b>	<b>312 (21%)</b>
Engaged	<b>Exposed</b> Aware of EM and/or the NWC, and have accessed a course, resource <sup>4</sup> , and/or has been in contact with a consultant	<b>125 (66%)</b>	<b>829 (55%)</b>

**Social workers** who engage with Emerging Minds resources and learning have higher capabilities across all domains.



<sup>4</sup> 'Active' access to a resource was classified as downloading/streaming/accessing a short article, research paper, webinar, podcast, or toolkit. Only viewing the website or receiving e-news was not included as an 'active' access to a resource.

## Summary

- Social workers reported higher capability in all subscales when compared to the total survey population. Highest scores were reported for understanding childhood trauma and adversity, and for good knowledge, confidence and skills in child mental health capability and practice. Social workers also reported higher facilitating and workplace support than the total population.
- Survey results indicate social workers could strengthen their support for children by improving regularity of child-focused practices and increasing capabilities in infant mental health.
- Variation was observed for mental health capability by the top four social work sectors by response (adult mental health, child mental health, child safety, and parenting and family support), where child mental health tended to present highest scores and adult mental health presented the lowest.
- When comparing capability by the highest responding states and territories<sup>5</sup>, Victoria scored lower than New South Wales and Queensland.
- Social workers tended to rate themselves higher than the total sample population in varying areas of relative socioeconomic disadvantage, generally with higher scores in low relative socioeconomic disadvantage to higher areas.
- Social workers who had used Emerging Minds resources demonstrated the material is well suited to this workforce.

## Emerging Minds recommendations for this group

- [Keeping the Infant and Toddler in Mind](#) can be a useful course to help those working with parents of infants and toddlers build confidence in working with families in the perinatal period and recognising early signs of mental health challenges among infants. This can be followed by the [Supporting infants and toddlers](#) course. Social workers can also explore skills in the [Practice strategies for infant and toddler assessment](#) course and building parental capabilities with the [Promoting infant and toddler mental health with parents](#) course.
- The [Engaging children](#) series of courses are a great way for social workers who work directly with children to build capability interacting with children and their families.
- Social workers in child mental health roles may also be interested in Emerging Minds' suite of three [Practice Strategies](#) courses.
- Social workers working with adults could boost their consideration of clients' children by understanding [Parenting with a mental illness](#) and [Intergenerational mental health](#).
- To support implementation of child aware practices, services and managers can select from a range of [resources for organisation leaders](#) and can refer to this practical [checklist for organisations](#).
- Find out more about working with organisations, systems or policy to improve child aware and parent sensitive practice by [contacting our Partnerships and Implementation team at info@emergingminds.com.au](#).

Check out the Emerging Minds website for the many [free child mental health practice courses and resources](#). For questions or a copy of the detailed report [contact the Research and Evaluation team](#). To stay up to date subscribe to our [e-news](#).

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<sup>5</sup> Where there were 20 or more respondents

# The National Workforce Survey of Parent, Family and Child Mental Health 2020–21 – all items

Questions (ordered highest to lowest for total sample)	Social workers (n=187)	Total sample (n=1,437)
I understand how adult problems can have an impact on child mental health.	6.6	6.5
Supporting child mental health is a relevant part of my work.	5.9	5.9
I am knowledgeable about strengths and vulnerabilities that impact on children's mental health.	6.0	5.9
My current organisation is supportive of practices to promote children's mental health.	6.0	5.7
If I needed to refer a parent for additional mental health support, I am confident I would know when and how to do so.	6.0	5.7
I am confident that I can identify children at risk of experiencing mental health issues.	5.8	5.6
I demonstrate trauma-informed care in my practice with children and/or parents.	6.1	5.6
I am knowledgeable of the risks to children's mental health associated with adverse childhood experiences (ACEs).	5.8	5.5
I am confident in talking to parents about risk factors to their children's mental health.	5.9	5.5
Most others in my organisation demonstrate the belief that incorporating a child's perspective in our work is the right thing to do.	5.6	5.5
I know the steps involved to access resources to support parents who need additional support.	5.9	5.5
I have a good understanding of signs of optimal child (cognitive and emotional) development.	5.5	5.5
I am knowledgeable about the key things that parents can do to maintain the wellbeing (and resilience) of their children.	5.7	5.5
I regularly work collaboratively with other professionals or co-workers to support child mental health in my work.	5.7	5.4
I am aware of support services available to refer parents or their children in need of additional support.	5.7	5.4
I know the steps involved to access resources to support children who need additional mental health support.	5.6	5.4
If I needed to refer a child for additional mental health support, I am confident I would know when and how to do so.	5.6	5.3
Most others in my organisation demonstrate consideration for the impact of parent, child and family factors on children's mental health.	5.3	5.3
I feel equipped to be able to provide support to a parent and/or family to help promote the resilience of their children.	5.6	5.2
The way my organisation operates enhances my capacity to operate in a trauma-informed, child-focused way.	5.4	5.2
I regularly discuss strategies with parents and/or families to support their children's mental health needs.	5.5	5.2
I am confident in responding to children that have experienced trauma and adversity.	5.5	5.2
I regularly work collaboratively with parents to support child mental health in my work.	5.4	5.1
I am able to determine the quality of attachment/bond that parents have with their infants or children.	5.4	5.1
I know how to assess children's strengths and vulnerabilities.	5.3	5.1
I am knowledgeable about approaches to assess the impact of risk factors to a child's mental health.	5.2	5.0
I am confident in working with children aged 0–12 at risk of mental health issues and their families.	5.1	5.0
I know how to recognise early signs of mental health symptoms in children (aged 2–12 years).	5.0	4.9
I regularly record information about a family's strengths and vulnerabilities that might impact on children's mental health.	5.2	4.9
I regularly talk to parents to discuss the impact of mental health and other issues on their parenting.	5.2	4.9
I feel supported in my workplace to implement new practice approaches to better support children's mental health.	5.3	4.9
I regularly talk with children about their social and emotional wellbeing.	4.8	4.8
I know the steps involved in connecting family members with appropriate support services during the perinatal period.	5.0	4.7
My organisation has a shared language around child and infant mental health.	4.8	4.7
I know of strategies to support the mental health and wellbeing of parents during the perinatal period.	4.8	4.7
I am confident I can identify the impact of perinatal mental health issues on parenting, infants and children.	4.8	4.6
Local support services are available to refer parents or their children in need of additional support.	4.8	4.6
When I assess the mental health of children I regularly use evidence-based assessment tools.	4.6	4.6
I regularly work with children to address issues impacting on their mental health.	4.5	4.5
I regularly provide information about mental health issues to children.	4.3	4.2
I know how to recognise early signs of mental health symptoms in infants (aged 0–2 years).	3.8	3.9

Note: Average score out of 7 (1 = strongly disagree to 7 = strongly agree).

- Workforce score is higher than total average score
- Workforce score is lower than total average score
- Workforce score is equal to total average score