Social Challenges and Policy Innovations by Social Workers in Australia

Manohar Pawar
Charles Sturt University

2014

CSD Working Papers
No. 14-10
Social Challenges and Policy Innovations by Social Workers in Australia

By summarizing the social challenges in the contemporary Australian context, this article aims to discuss policy innovations by Australian social workers. Acknowledging that the concept of policy innovation is broad and sometimes ambiguous, it looks at four examples by social workers. Drawing on secondary data analysis, it discusses how social workers played an important role in introducing legislative changes/amendments to protect children in difficult circumstances, resisted a refugee policy that incarcerates innocent children, challenged and changed procedures and policies within an organization, and influenced policymakers to revert budgetary decisions to enhance access to services. These examples show the social workers’ commitment, passion, and vision and their experiences with policy innovation. Given the nature and extent of social challenges, this paper raises questions about the limited policy innovation by social workers. The analysis has significant implications for social workers’ obligation to contribute to policy innovation in their chosen area of practice.

Some Social Challenges

Contemporary Australians are confronted with several social challenges. With an oppressive history of colonization, the country’s overarching policy climate is clouded by market philosophy, privatization, managerialism, and conservative liberalism. Irrespective of political parties’ and governments’ ideologies, people generally are experiencing an increasingly divided, unequal society in which the gap between the rich and the poor continues to widen. Growing poverty, particularly among certain groups (e.g., Aboriginal people, children, youth, refugees, and migrants), and unemployment in the midst of wealth and prosperity and a seemingly sound economy, increase the size of the cloud and diminish hopes of finding a silver lining. Social workers seem to be part of both the cloud and the silver lining, suggesting that they possess roles in facing the many difficult issues and in suggesting policy innovations.

Job cuts and unemployment

Recently, many leading industries have announced job cuts (Table 1). Including the impact on ancillary industries, more than 64,000 jobs may be lost in coming years (Gittins, 2014). This gloomy news has created general stress in Australian communities, and not just among the families likely to be impacted.

Table 1. Proposed job cuts

<table>
<thead>
<tr>
<th>Industry</th>
<th>Qantas</th>
<th>Holden</th>
<th>Toyota</th>
<th>Forge G</th>
<th>Alcoa</th>
<th>Sensis</th>
<th>WA hospitals</th>
<th>BHP Billiton &amp; MA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job cuts</td>
<td>5,000</td>
<td>2,900</td>
<td>2,500</td>
<td>1,470</td>
<td>980</td>
<td>800</td>
<td>250</td>
<td>230</td>
<td>14,130</td>
</tr>
</tbody>
</table>
Such developments exasperate an already stressed society in which one in five people experience some mental health issue. Research by the parliamentary library suggests that these job losses will cost more than $600 million and create an additional demand on healthcare and other essential services (Kenny, 2014). The national youth unemployment rate is over 12%, having grown by more than 3% in six years. In some areas youth unemployment is as high as nearly 20%. The brotherhood of St. Laurence, a nongovernmental organization, has labeled this situation “a scandal for our young people, our communities and our economy” (Dow & Booker, 2014).

Child welfare

How we treat and care children has become a vexing issue in a civilized and progressive society that is yet unable to provide necessary child welfare protection. More than 1,000 victims of child sexual abuse have informed the Royal Commission into Institutional Response to Child Sex Abuse about their experiences of abuse. Current data suggest that 14%–34% of girls and 6%–16% of boys experience child sexual abuse (Australian Institute of Family Studies, 2013), making it a significant issue for Australian families and communities.

Indigenous Australians and other disadvantaged groups

Notwithstanding the Australian government’s Closing the Gap strategy, Aboriginal people and communities remain disadvantaged from many perspectives, including education, housing, health, and incarceration (Closing the gap, 2013). Also, dealing with domestic violence, gender issues, and equal treatment of gay and lesbians poses important challenges.

Healthcare and an aging population

Australia’s well-known universal healthcare system, known as Medicare, has come under threat as the current government’s Commission of Audit is contemplating compromises to the existing system, which appears to be unsustainable and could become unmanageable. Many groups have already expressed serious fears and concerns that any changes in favor of private health insurance companies inevitably will create a two-tier healthcare system that will further deepen inequality in an already unequal society. The socioeconomic implications of Australia’s growing population and growth in the aging population are profound. By 2060, the Australian population will be about 38 million people, and the number of those older than 75 years is expected to grow from 6.4% in 2012 to 14.4% (Australian Government Productivity Commission, 2013). Decreasing labor participation and productivity and increasing life expectancy all call for effective policy measures. These projected demographic changes will produce significant social-economic pressures on families and communities and on governments.

Global warming and climate change

Australia is one of the driest continents in the world. Global warming and climate change and their effects on natural resources, biodiversity, and ecological systems pose new challenges, cutting across physical, social, economic, political, and international aspects of Australian communities. Many policy changes and programs need to address climate change mitigation and adaptation.
The Concept of Innovation

Extensive conceptual research conducted by Grimm, Fox, Baines, & Albertson (2013) shows that the concept of social innovation is ambiguous and vague and can be understood differently from various disciplinary perspectives (e.g., Pol & Ville, 2009). It has been defined by focusing on goal (Phills, Deiglmier, & Miller, 2008; Young Foundation, 2007), process (Mumford, 2002; Howaldt & Schwarz, 2010), and both goal and process (European Commission, 2010; Murray, Caulier-Grice, & Mulgan, 2010). For example, with a focus on the goal, Phills et al. (2008) define social innovation as “a novel solution to a social problem that is more effective, efficient, sustainable or just than existing solutions and for which the value created accrues primarily to society as a whole rather than private individuals.” With a focus on process, Howaldt and Schwarz (2010) state that social innovation is a “new combination and/or new configuration of social practices…with the goal of better satisfying or answering needs and problems than is possible on the basis of established practices.” Here the word practice seems to suggest the focus on the process. Capturing both the goal and the process, Murray et al. (2010) state that social innovations are those “innovations that are social in both their means and their ends.” According to Grimm et al. (2013), in the field of social policy, “social innovation generally describes new forms of governance and hierarchies. New user-provider relationships such as public consultation and participation in decision-making processes etc. are also central to social innovation debates in public administration.”

These broad definitions of social innovation seem to suggest that the concept is not limited to new policy but also includes, often in an incremental way, amending and changing an existing policy, resisting and opposing certain policies, questioning and changing organizational policies and practices, or lobbying to change policy decisions that significantly contribute to enhancing the well-being of people and communities.

Policy Innovation by Social Workers

Four examples of policy innovation by social workers presented below include (1) enacting the Australian Child Sex Tourism law, (2) resisting and critiquing Australian asylum seeker and refugee policy, (3) changing policies and procedures in organizations, and (4) restoring the government Medicare rebate under the Better Access to Mental Health Care program. These innovations are discussed by detailing the nature of the issue, the methods used to initiate policy changes, and the outcomes of social workers’ efforts.

Enacting the Australian Child Sex Tourism law

The issue

Trafficking and sexual exploitation of children is a local and global problem. According to the United Nations Office on Drugs and Crime (2000), child trafficking is the recruitment, transportation, transfer, harboring, or receipt of children for the purpose of exploitation. It is a violation of the children’s rights and well-being and denies them the opportunity to reach their full potential. The International Labour Organisation’s 2002 estimate suggests that about 1.2 million children are trafficked every year (UNICEF, 2012). According to UNICEF, 6 million children were trafficked in 2005. No adequate policy or legal measure existed in Australia to take action against those who
contributed to child trafficking and exploitation overseas, resulting in a clear gap in the protection of children found in exploitative conditions.

**Methods used to enact laws/policies**

Bernadette McMenamin, a trained social worker who worked in public housing in Australia for over ten years, was exposed to the shocking sexual exploitation of children and women by foreign sex tourists in her travels to Thailand. To address the injustice and exploitation, McMenamin volunteered to start an international campaign in Thailand known as ECPAT (End Child Prostitution, Pornography, and Trafficking), and she became one of its founding members. After a year, she returned to Australia to carry out a similar campaign. In 1993, she established an ECPAT campaign in Australia, which is now known as Child Wise and operates in 15 countries.

As the highly motivated leader of Child Wise/ECPAT and with a clear vision, McMenamin spearheaded a program of campaigning and lobbying the Australian Government to enact the extraterritorial Child Sex Tourism Law and the Sex Trafficking Law. To achieve that end:

The practical steps included raising awareness of the problem through the media, effective use of the media, writing to politicians to advocate for law reform and attention to this issue, exposing the problem by highlighting the solution, working closely with politicians of all parties and involving them, encouraging individuals and agencies to form a campaign, establishing a legal entity and forming a board of directors, fund raising and telling everyone who would listen about the problem of children being sexually exploited. Most importantly, believing in oneself and being optimistic about change. She did not receive any salary for the first three years of ECPAT and worked as a waitress at night while working seven days a week to make her vision a reality. (Bernadette McMenamin, 2012)

**Outcome**

McMenamin’s efforts resulted in the successful enactment of the Child Sex Tourism Law in 1994. According to the Australian Government Attorney-General’s Department (Child sex tourism, 2014):

Laws ensure that Australians who travel overseas to sexually abuse children will not escape the tough penalties they would have received if the offences were committed at home. The offences apply to Australian citizens, residents and bodies corporate even if they commit child sex tourism offences whilst overseas. Depending upon the nature of the offence, a convicted person can be imprisoned for up to 25 years.

Other innovative outcomes include lobbying for the tighter immigration regulations for unaccompanied minors, child-friendly legal procedures for child witnesses in child sex tourism cases, a specialized Australian Federal Police team to enforce the Child Sex Tourism Law and the Sex Slavery Law, and a police hotline for people to report child sex tourism crimes. Several innovative national education campaigns to prevent child sex tourism also have been launched. The Child Wise Tourism program has been implemented in nine South Asian countries to prevent child sex tourism and has been recognized as a model of international best practice. Several innovative education and training programs have been designed and offered to prevent and deal with child abuse. This innovative work has attracted state and national awards.
Resisting Australia’s asylum seeker and refugee policy

The issue

According to the Australian Human Rights Commission (Asylum seekers and refugees guide, n.d.), “Australia has international obligations to protect the human rights of all asylum seekers and refugees who arrive in Australia, regardless of how or where they arrive and whether they arrive with or without a visa.” Yet Australia continues its policy of mandatory detention for onshore asylum seekers. Under the Migration Act 1958, asylum seekers who arrive in Australia without a valid visa must be held in immigration detention until they are granted a visa or removed from Australia (Asylum seekers and refugees guide, n.d.). A large number of people are in mandatory detention, including children, who are referred to as unaccompanied minors. Other children are in closed detention with their parents. The core of the issue is the violation of human rights of the detained people, despite the fact that the Australian government has obligations under various international treaties to ensure that asylum seekers’ and refugees’ human rights are respected and protected.

Methods used to resist and amend laws/policies

Professor Linda Briskman, a social work practitioner, educator, and researcher, under the auspices of the Australian Council of Heads of Schools of Social Work (ACHSSW), led the campaign to resist and change Australia’s asylum seeker and refugee policy and show to the public the deleterious consequences of the policy on detained people and children. In addition to Professor Briskman’s personal commitment to the cause, Mendes (2013, p. 29) notes that “the campaign was motivated by the social work commitment to social justice and human rights as reflected in both national and international social work codes of ethics.” (See also Briskman, Latham, and Goddard [2009] and Briskman & Fiske [2009]). In addition to making frequent commentary in the media, Professor Briskman led a citizen-driven People’s Inquiry into Detention with the support of the ACHSSW and Australian Association of Social Workers (AASW). The inquiry focused on (a) accountability of detention policies and practices to government and community, (b) well-being and mental health of detainees, (c) deportation methods and outcomes, and (d) alternative policies and methods.

To conduct the enquiry, the campaign mobilized volunteers with backgrounds in social work, law, media, mental health, and other similar areas. The inquiry involved 54 panel members and public hearings in 10 cities and towns, where 200 people affected by the policy—including asylum seekers and refugees, refugee advocates and activists, lawyers and migration agents, and health professionals—testified. The inquiry also received 200 written submissions. Analysis of the inquiry depicted the suffering experienced by people in detention. It was published in two volumes: We have Boundless Plains to Share (Australian Council of Heads of Schools of Social Work, 2006), which was released at a social work conference in Perth, and Human Rights Overboard: Seeking Asylum in Australia (Briskman, Latham, & Goddard, 2008), which was launched in four cities. A reviewer of the second volume commented, “this book has the capacity to shock, distress and enrage” (Penovic, 2009).

Professors Briskman and Chris Goddard also creatively and innovatively critiqued the Australian asylum seeker policy. Their latest attack on the policy included a media commentary titled Australia Traffics the Asylum Seeker Children (2014, p. 20) in which they comment:
In effect, the government is moving children for profit, exactly what they accuse people smugglers of doing. The profit is not only financial for the range of stakeholders, but unashamedly political. Those colluding with exploitation of children for political and financial gain include the government departments, ground and air transport personnel, private security companies and “humanitarian” organizations. In this tangled web, ritualized abuse of children is shrouded by the shrill, simplistic message of Stop the Boats, unconsciously punishing these children to deter others.

Our national cruelty continues as we fail to imagine what it would be like if our own children were harshly imprisoned without cause, without limit and without hope.

Outcome

It is difficult to point out exact outcomes of innovative methods used to demonstrate resistance to and argue for changes to Australian asylum seeker policy. Even if any change in the government thinking has occurred, full credit cannot be taken for this action alone as there are many other players (e.g., lawyers, human rights organizations, community groups, refugee agencies, and others) who have been actively seeking change. With these qualifications, it is reasonable to suggest that this innovation policy action has some good outcomes. The Migration Act 1958 was amended in 2005, and a number of asylum seekers and refugees have been placed in community detention and offered bridging visas with restrictions, including no right to work. Some children were freed from mandatory detention, but a recent report suggests that over the period of 10 years, the number of children in mandatory detention has increased by ten times (Briskman & Goddard, 2014). The people’s inquiry, media commentary, and book launches kept the issue alive, which is very important in any policy change process, and it raised awareness of the issue. Most importantly, the actions gave a voice to people who would otherwise not have had one. Within the social work community, this process has enhanced practitioners’ confidence to engage actively in policy change action.

The text analyzing the inquiry was conferred to the prestigious Australian Human Rights Commission literature award, which suggests that this innovative action has created at least some impact. Certainly, the book has placed on the public record firsthand accounts of detention that will form part of Australia’s national history. This work may motivate others to engage in such activities. The continued action, though sometimes appear to have lost the original zeal, is contributing to enhancing the government’s guilt that something is seriously wrong with the policy and it needs to be changed.

Changing policies and procedures in organizations

The issue

This is a broad area for social workers to introduce innovative policies and procedures into their immediate work. Certain rules, practices, procedures, policies, and programs may not serve target communities and people well, and social workers can suggest changes to existing policies and procedures or new policies or programs. In fact, social workers in some organizations are expected to identify and document policy problems and procedural defects and create change by informing internal bureaucracies. For example, in the national-level Department of Human Services (formerly known as Centrelink), where about 500 social workers are employed, one of the key tasks is
“influencing the development of effective social policy and service delivery.” Not all organizations that employ social workers have such an explicit requirement, but it is always their professional obligation to contribute to policy development and change. In some organizations, the administrative bureaucracy itself may be an issue for social workers to address.

Dr. A.W. (Bill) Anscombe, a social work practitioner, educator, and researcher, headed child protection and welfare services in an area of 588,000 square kilometers with a dispersed population of about 400,000. Within this division, 1,000 children were in out-of-home care, and the office received 14,000 reports of child abuse and neglect per year. One hundred sixty-eight staff provided services at 25 locations, though some small, remote locations had only one or two staff members. Its operating budget was about $14 million, and its grant budget was about $39 million. Anscombe identified two important issues through critical experiences and reflections: (1) the urbecentric resource allocation model was unsuitable, unrealistic, and disadvantageous to nonmetropolitan, rural, and remote service delivery areas and (2) recruiting and retaining skilled, qualified, and experienced staff was a major issue, particularly at difficult-to-fill positions in rural and remote areas (Anscombe, 2009; Pawar & Anscombe, 2015).

Methods used to change policies and procedures

During the initial few months, Anscombe identified basic inequity and unfairness in the resource allocation model derived from and for urban centers and conducted a simple cost analysis to (a) advocate for change, (b) educate about rural social work practice, and (c) negotiate a just outcome for rural areas. For example, 15% of the salary was allocated for operational budget both in rural and urban centers. While officers in urban centers were located in one office, officers in rural centers had to travel long distances (i.e., 48,000 kilometers per year). Of the six office locations, four required officers to stay overnight. Similarly, new staff attended six full weeks of training provided at a central location but paid for (capital city allowance and a minimum of six return airfares) by regional offices. Officers at metropolitan offices accessed training through a daily train journey and did not incur such costs. In quarterly financial reviews, Anscombe systematically pointed out that these equations were not part of resource allocation followed so far (Anscombe, 2009; Pawar & Anscombe, 2014).

Anscombe examined recruitment criteria (e.g., merit, mobility, experience, morale, and availability of casual staff) and employed new strategies (e.g., incentives, tenure, sabbatical leave, spouse/partner transfer, alternative work schemes, directed transfers, and partnership arrangements with local communities and organizations) to recruit personnel, particularly Indigenous personnel at difficult-to-fill locations. These strategies were used to modify the job description, advertise in local and Indigenous newspapers and through Indigenous radio, identify local people in the community with relevant skills and abilities, develop appropriate information packages, nominate an Aboriginal contact person for the position, convene the selection panel with more Aboriginal people, conduct interviews in friendly places, develop culturally appropriate questions, run information sessions, organize an orientation day over barbecue lunch and opportunity to interact with panel members before the interview, and develop a culturally sensitive mentoring program. These approaches were contrary to the centralized recruitment process (Anscombe, 2009; Pawar & Anscombe, 2015).
Outcome

These innovative, out-of-the-box methods yielded expected results. The resource allocation model was revised to meet the budgetary requirements of nonmetropolitan, rural, and remote areas. The revised recruitment methods helped appoint personnel at difficult-to-fill locations. An individualized mentoring program helped staff members and generated positive feedback (see Anscombe, 2009; Pawar & Anscombe, 2015).

Restoring the Medicare rebate under the Better Access to Mental Health Care program

The issue

In 2006, under the Australia’s universal medical care (Medicare) system (some elements, private insurance, have been introduced to compromise such a system), through the Better Access to Mental Health program, accredited mental health social workers were able to provide services to people by taking the service fee from the Medicare system. At the time, about 1,100 mental health social workers provided services under this program, and 37% of users lived in rural areas. Without such a program, about half of service users with low incomes would not be able to access care. The purpose of the program was to provide preventive mental health care to those with a high prevalence of less severe mental health disorders (e.g., anxiety, depression, and traumatic disorders). With a rationale of cost cutting and diverting resources to people with the most severe mental health disorders via flexible care packages, Medicare program administrators announced their decision to withdraw the Medicare rebate from social workers and occupational therapists beginning in July 2010. The consequence of the decision was that those who are often marginalized and have highly complex needs would no longer have access to services, and that 1100 social workers would no longer be paid to provide services to such people, though the cost of the program was relatively small (It would save 4 percent of the Better Access program budget. In 2008–2009, the social work mental health service cost less than $9 million (4% of the entire $666 million Better Access to Mental Health Care program budget). As such, moving funds from an early intervention program to a chronic disease program was not justifiable. The decision had significant implications for social justice to which social workers and the AASW are so much committed (see Allen-Kelly, 2010a; Mendes, 2013).

Methods used to change the policy decision and restore the program

Ms. Kandie Allen-Kelly, social work practitioner, educator, and chief executive officer of the AASW, spearheaded the campaign to reverse the decision and restore the program. The AASW successfully mobilized people and organizations from several quarters to create cumulative pressure on decision makers. Campaign methods included involving newsmakers or key figures (e.g., Professor Pat McGorry), briefing journalists, informing supporting organizations, sending e-bulletins to members, using social networking, writing letters to members of parliament (MPs), meeting with MPs (including those in opposition) and ministers, providing questions for Senate Estimates Hearings, asking people to call local members, seeking support from interests groups (e.g., general practitioners, psychologists, psychiatrists, nongovernmental organizations, and community service groups), conducting media interviews, getting coverage in local media, and meeting with the minister’s staff on invitation. Those involved in the campaign shared real cases and informed the public about the potential impact of the decision on service users. The campaign resulted in more
than 1,000 individual letters sent by AASW members to the minister, a general practitioners’-initiated petition that collected several thousand signatures, and supportive speeches given by ten MPs (Australian Association of Social Workers, 2010; Allen-Kelly, 2010a, 2010b).

**Outcome**

The systematic, organized, and strategic campaign had several outcomes. The minister’s office invited the AASW to discuss the issue and informed them that the government would provisionally defer the decision. The minister apologized and offered a seat to the AASW on the steering committee for the Better Access to Mental Health Care program evaluation. Collaborative strategies with the minister’s Department of Health and Ageing were developed, and 35 accredited mental health social workers informed the department about their skills, knowledge, experience, and innovative practices under the Better Access program. The AASW also gained a seat on the expert advisory committee of the Access to Allied Psychological Services. Finally, the government completely reversed the original decision and committed itself to work with the AASW to provide high-quality mental health care services (Allen-Kelly, 2010c; Mendes, 2013; Roxon & Butler, 2010). It was a positive and empowering experience for the association and appears to have created a positive impact on similar professional bodies. Most importantly, concerned users were relieved that the services would be continued.

**Lessons**

The four case studies of policy innovations by social workers presented above offer significant insight and lessons for future innovation in social work and suggest that life and work experiences contribute to policy innovation. Life experiences with the issue are so intimate that they often threaten the survival and evoke emotions. Bernadette McMenamin had traumatic experience of abuse and was exposed to the abuse experienced by others. Similarly, Linda Briskman has closely witnessed the experiences of refugees and children in detention. Dr. Bill Anscombe’s direct experience with Aboriginal communities and issues he confronted became an important part of his life. The AASW as a professional body, and on the basis of its standing with members and when the members’ survival is potentially threatened and thereby threatening the well-being of service users, had to jump into action. It is important to expose social workers to critical life conditions and suffering. In addition, it is important for social workers to critically reflect on their own life experiences. The cases also demonstrate that social workers’ personal and professional commitments to certain qualities and values (e.g., social justice, human rights, courage, and commitment) and their burning desire to address injustices play a crucial role in innovation. All four cases involved an element of sacrifice by the policy innovators, including working without salary or working extra hours. Probably such qualities and values are closely linked to life experiences referred to above and professional training and socialization. It is important that professional training focuses on this area.

A comparative analysis shows that appropriate nonconformity is necessary for policy innovation. Overreliance on the Kantian framework of categorical imperative will diminish the possibilities of innovation, which requires people to think and act out of the box. Encouraging parliamentary action through new legislation, mending bureaucratic resource allocation and recruitment rules, and reversing major budgetary decisions require nonconformity and a passion for innovation. Most
importantly, social workers not only clarified the problems but also suggested effective and creative solutions for decision makers.

Methods used in all four case studies show that the initiators had knowledge of and skills in policy analysis, collaboration, mobilization of people and resources, coordination, appropriate use of the media, communication, and negotiation or discussion with persons of power, including politicians and bureaucrats. They also used information and communication technology effectively to achieve policy innovation. Social media and networking can facilitate some processes related to policy innovation.

Finally, the most important lessons to learn from these cases is that social policy innovation is possible and social workers can achieve change if they reflect on their own and others’ life experiences, have commitment to certain values and qualities, can appropriately use nonconformity when necessary, and are able to develop the necessary knowledge of and skills in policy practice. Such experiences have enhanced social workers’ confidence and optimism despite adversity.

Suggestions

The scope, breadth, and depth of these policy innovations vary significantly, depending on the policy context. While we tend to notice large-scale policy innovations, we often overlook smaller level policy and procedural innovations in organizations and local communities where the majority of social workers are engaged. By and large, policy innovation is a neglected area of research in the social work discipline. Thus, more study, analysis, and dissemination of policy innovations by social workers at all levels is needed.

Most policymaking occurs incrementally, and sustained policy practice increases possibilities for innovation. Because field realities and issues demand increasing engagement in policy practice—which traditionally has received low priority in social work education and practice—we should encourage this type of work.

When some of them rise to senior positions, they may encounter situations of injustice and unfair policies and procedures. As senior positions have power and provide access to resources, these can be used to address unjust policies and procedures. But of those who assume such senior managerial/leadership roles, I have observed that many often turn their backs to social work values and principles and identify more with power and management. These case examples suggest to such leaders with social work background that with the power and authority vested in them, they can and need to make contribution to policy innovation by drawing on social work values and principles in whatever type of organizations and contexts they work in. In spite of the policy innovations discussed here, inequality and relative poverty remain challenges for social workers, particularly among certain groups (e.g., children, Aborigines, etc.).

Four important social processes warrant careful observation for potential policy practice:

1. Sustainability of the current social protection system
2. The growing aging population
3. Global warming, climate change, and ecological sustainability
4. Information and communication technology and technology in general
These and similar issues offer tremendous opportunity for policy innovation in various fields. Social workers need to engage proactively in policy innovation activities to cope with these processes and enhance the quality of life for people and their communities.

**Conclusion**

Like any other country, Australia faces social, economic, political, cultural, technological, ecological, and human relations challenges. To address them, we need appropriate policies and programs and policy innovation. Defining innovation broadly, I presented four cases of policy innovation by social workers as examples. The different nature and context of each policy innovation suggests that social workers can contribute to policy innovation in several ways. Although the methods used are not new, their application within new contexts and for specific causes makes them innovative. These policy examples suggest that a number of policy innovations may be led by social workers. Certainly, we need more research, documentation, and dissemination of policy innovations by social workers. Contemporary and emerging social challenges provide tremendous scope for policy innovation. In other fields, a condition for innovation is competition. Although social work is a collaborative and cooperation-oriented profession, social workers often must compete for limited resources and an ideological foothold. Achieving innovation without competition is itself an innovative activity for social workers. I hope the four cases and lessons and suggestions presented here encourage social workers to contribute towards policy innovation. Innovation is an important goal that we must all strive to achieve.
References


Australian Council of Heads of Schools of Social Work. (2006). We have boundless plains to share: The first report of the people’s enquiry into detention. Melbourne: ACHSSW.


Suggested citation


Contact the author

Manohar Pawar, Professor of Social Work
School of Humanities and Social Sciences
Charles Sturt University, Australia
mpawar@csu.edu.au