Preliminary comparison between the roles of support workers and social workers in community mental health services

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Abstract

Within New Zealand there is a definite confusion between the role identity of social workers and support workers within community mental health services. Currently there appears to be a degree of confusion as to the distinguishing features of these two roles. The objective of this preliminary investigation was to identify the similarities and differences within the two discipline areas. The themes identified through the thematic analysis indicated marked similarities between the two roles examined. The fundamental differences identified were the level of qualification, competencies, clinical work and experience of the workers. Scopes of practice are considered as a means of offering individual identities for both disciplines.

Introduction

Within New Zealand's health care sector there is confusion between the role identity of social workers and support workers. This confusion appears to result from the inability of professionals and service users to distinguish the key features of these two roles. According to the Ministry of Health (Brown, Wells, & Scott, 2006) demands on health services between 2001 and 2021 are going to increase substantially, and of the current mental health workforce there are an estimated 1,432 support workers and 311 social workers (Ministry of Health, 2005). Taking these figures into consideration it appears that support workers make up a large part of our health system workforce, second only to nurses (N = 3,052) , and what they actually do in the system far outweighs their job description (Pace, 2009a; 2009b). The Ministry of Health (2005; Brown, Wells, & Scott, 2006) also acknowledges there is a shortage of both regulated and unregulated personnel in the workforce in which support workers are included (Baldwin, Roberts, Fitzpatrick, While, & Cowan, 2003). The author believes the confusion is the result of the over burdened health care sector and the need for paraprofes-

sional staff to 'fill the gaps' in service delivery, a concern echoed by Mackenzie (2006) through the investigation of employing paraprofessional staff to reduce staff workloads.

Recent research conducted by Galloway & Smith (2005) state that 'job titles for support workers are numerous and reflect the ambiguity of what the role encompasses', with several research articles indicating the same perspective (Baldwin, et al., 2003; Pace, 2009a). Similarities have been found when studying social worker roles stating that ambiguous role definitions allow roles to blur and may lead to conflict when members of different professions see themselves as performing the same functions or providing similar services (Davidson, 1990).

The role of a support worker is not clearly defined and it would appear that support workers are doing many jobs outside of their current job descriptions (Pace, 2009a). This may be due to a number of factors, including the aforementioned shortages of staff and increased demands on services. Like social workers it appears support workers are not being recognised for the diversity of duties they perform, many of which support workers perceive as the functions of social work practice. This role confusion between paraprofessionals, such as support workers, and professionals can lead to conflict in the workplace. Therefore if support workers were recognised more appropriately for the work they do it is hypothesised that there wouldn't be the conflict that currently appears present between these two disciplines. The objective of this preliminary investigation is to identify and examine the roles and responsibilities, and qualifications of both social workers and support workers in mental health services. The research will endeavour to clarify the differences and similarities between social work and support work in order to determine if further investigation is required.

Method

Selection criterion used for the current research stated that the agencies provided mental health/psychiatric recovery and rehabilitation services, which employed social workers and paraprofessionals in the role of support workers. Eight organisations meet this criterion. The sample comprised of five community-based non-government organisations (NGOs), two clinical-based government agencies, and a Kaupapa Maori-based NGO.

A thematic analysis (Braun & Clarke, 2006) was conducted across 16 New Zealand job descriptions for community-based mental health social workers and support workers. Common themes in the roles and responsibilities, and knowledge and skills were identified and compared, with required qualifications additionally acknowledged. The commonly occurring themes for both disciplines were compared for similarities and subsequent differences.

Results

The themes identified through the thematic analysis indicated marked similarities between the two roles examined. The fundamental differences identified were the level of qualification, competencies, clinical work and experience of the workers (Table 1.). Social workers required at least a bachelors level qualification and a minimum of two years' experience, standard requirements of social worker registration in New Zealand, whereas with support workers there was no minimum qualification, or level of experience. However, there

was a recommendation for support workers to hold a National Certificate in Mental Health (Mental Health Support Work).

Clinical-based tasks, including referrals, assessment, information collection and report writing featured strongly in social work job descriptions, but not in support work. Similarly, analytical and evaluation skills were identified requirements for social work only. Neither were stated requirements of support work.

Noticeably within the social worker job description there is a clear registration requirement, with subsequent reference to scopes of practice and code of conduct. There was no reference to either in the support worker information.

Table 1. Role comparison between social workers and support workers.

	Social workers	Support workers
Role and Responsibilities	Responsible to a manager	Responsible to a manager
	Provide professional services	Provide professional services
	Protocols, incident reports, standards of service, values	Protocols, incident reports, standards of service, values
	Objectives: Meeting KPI	Objectives: Meeting KPI
	Health and safety	Health and safety
	Professional development	Professional development
	Information gathering, reports, updating resources	
	Good personal conduct and staff relationships	Good personal conduct and staff relationships
	Supervision	Supervision
	Networking	Networking
	Clinical referral	
	Advocacy and support	Advocacy and support
	Teaming meetings	Teaming meetings
	Liaison with clinical and governmental departments	
Skills and Knowledge	Communication and listening skills	Communication and listening skills
	Planning and organisational skills	Planning and organisational skills
	Understanding of social and cultural issues	Understanding of social and cultural issues
	Analytical and evaluative skills	
	Assessments	
	Culturally sensitive	Culturally sensitive
	Client confidentiality	Client confidentiality
Qualification	Degree level qualification in social work	National Certificate in Mental Health (Mental Health Support Work (recommended only)
	Social worker registration	
	Two years' work experience	

Discussion

After collecting and collating job descriptions for both social workers and support workers, the results suggest that roles/responsibilities, skills and knowledge for both disciplines are indeed similar. However, differences are evident in qualification type and clinical skill requirements. Whilst the role of the support worker is not clearly defined in research models, the same expectations of duties performed within the regulated and unregulated workforce provides the same professional attributes and creates a very fine line between both disciplines. Support workers seem to come under the category of caregivers or paraprofessionals, suggesting the role is less clinical in its nature.

Social workers come under their own jurisdiction as a professional body who have a registration board agency with whom they can be registered and are usually connected to a government agency. Within the realms of the community in which both parties work, the functions and the jobs or tasks that are performed are comparable. The understanding of the work performed by a social worker appears to be held in a higher regard by the professional arena. However, ambiguous role definitions allow these roles to blur and support workers are increasingly having to come under the same job descriptions as social workers even though they are not qualified or registered to do so.

One outstanding difference indicated by the research was the qualification and registration requirements. To provide professional services social workers are required to have a degree-level qualification in social work and at least two years' work experience in the field, whereas mental health support workers have no required qualification level. Agencies are currently driving for a change in this regard, however, looking towards setting the National Certificate in Mental Health (Mental Health Support Work) as a base requirement. Additionally, funding bodies for NGOs are now introducing a requirement that a base-level qualification is expected by staff members working in a social support role. Meanwhile the expectations of work professionalism within community sectors are under the same umbrella and are recognised as the same roles and functions pertaining to social work. All workers need to have the same analytical and evaluative skills to provide the same competency and understanding of practice.

Whilst support workers may perceive that they engage in the same tasks as social workers (Pace, 2009a), and indeed they may, the second point of difference identified in this investigation indicates otherwise. Clinical tasks and associated skills/competencies were only seen in the social worker job descriptions used in this investigation, suggesting that clinical-based functions are not a part of mental health support work. The level of skill/competence for support workers is reflected by the associated qualification, offering further evidence that support work is a non-clinical discipline.

Multiple questions can be raised based on these preliminary findings including:

• Does the social workers' and support workers' identification need to be examined and changed?
• Why do the ambiguous roles overlap but qualifications in each sector differ?
• Why are social workers' and support workers' job descriptions categorised in the same text?

- Do the Government and educational bodies now need to regulate the structure to incorporate position titles as one, being social work? Do the regulations on qualifications and registrations for social work and support work need to be structured as one?

Some of these questions are now being considered in light of recent discussions among registered social workers with regards to the inclusion of associate memberships for support workers who have completed appropriate qualifications and levels of clinical skill.

The consideration of associate membership within the social work scope of practice would offer a clear identification and solution to the issues raised within this paper. The associate membership could form the foundation for a subcategory of social work: Supportive social work/recovery-focused social work. The development of such concepts would professionalise support work whilst enhancing the field of social work by offering an additional scope of practice, in essence formalising what is already occurring within the mental health workforce. Further research focused on determining the function and relationship of these two disciplines is, however, required. Task analysis centred on both disciplines would offer a great source of information for further comparison providing a clearer indication of the similarities between the practice of social work and support work within the mental health sector.

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