



A Conversation About... Social Work and the Law

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Olga Goutras (00:18):

Welcome to this episode of MHPN Presents, a conversation about social work and the law. My name is Olga Goutras and I'm the National Manager of Social Work Services at Slater and Gordon Lawyers, and I'm also the host of today's episode. Joining me on this episode is my colleague Alexis Stonebridge, who's the New South Wales / ACT manager of Social Work Services.

Alexis Stonebridge (00:40):

Hi, Olga. Thanks for having me.

Olga Goutras (00:41):

Today we'll be talking about the Slater and Gordon Social Work Service, why it exists, what we do, and how we work with legal team members and service providers to improve psychosocial outcomes for clients as they go through the process of claiming compensation. I've invited Alexis to join me today because we have worked together in the social work service at Slater and Gordon for the past 14 years. So we bring extensive knowledge and understanding of why social work in a law firm makes a critical difference. Over the course of our conversation, we hope you'll have a better understanding of why social work in the law is a relevant topic. Alexis, are you ready to dive into this conversation?

Alexis Stonebridge (01:18):



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Yes, definitely. Olga, I think it'd be helpful to start by talking about how our service began and why you think a service like ours was needed.

Olga Goutras (01:27):

Yeah, I think that's a good idea because listeners may not be aware that Slater and Gordon is one of the largest national personal injury law firms in Australia, but our clients can be found all across the nation. Some of our personal practise areas include work and roads, public liability, medical law, dust diseases, abuse, law, and superannuation. But prior to the social work service starting, the firm had noticed for many years that clients from these practise areas were contacting their lawyers with what I'd say are non-legal issues of concern. So for example, financial distress or housing problems. And they recognised that the lawyers were not best placed to be able to assist them. The firm believed that the client psychosocial issues though shouldn't be a barrier to a person accessing compensation rather than referring clients out. However, they wanted to provide an in-house holistic approach.

Alexis Stonebridge (02:19):

Wasn't one of the senior managers at the firm previously a nurse?

Olga Goutras (02:23):

Yeah, that's right. Someone on the executive had been a nurse before she was a lawyer, and so she had some understanding of the social work role and potentially how a social worker could assist clients of the firm, but they didn't want to replicate services available in the community. They wanted the social worker to assist clients when there was a gap in service. And this thing would allow the lawyers to focus on the legal issues that the clients were coming to the firm with. And the expectation was that if a social worker was addressing the psychosocial issues of concern, this would provide the clients with a better legal claim experience and assist to progress the compensation claim as clients would be more likely to be able to participate in the legal claim process, which would obviously provide a positive outcome for the client and for the organisation. And this decision was actually pioneering because Slater and Gordon was the first law firm in Australia to establish a social work service.

Alexis Stonebridge (03:17):

And it's interesting that it still remains the only service of its kind, and there are social workers working in other different types of legal settings, but no other services that are doing what we're doing in this way. And so that's interesting that that's still the case. I mean, what was it like for you starting as the first social worker employed in this setting?

Olga Goutras (03:39):

Yeah, it was certainly daunting because it had never been done before. And although the organisation wanted a social work service, they really didn't have any expectation of what it would look like. And so they really left it to me to be able to develop it. I'd been a hospital social worker for 21 years when I established the service in 2009. So it was based on that experience and that knowledge working in hospitals because I was still assisting injured and ill people, but at a different stage in their lives having



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come from a rehab hospital, I was also very used to, and I really enjoyed working in a multidisciplinary team, but initially I felt quite isolated because I was the only social worker at the firm.

Alexis Stonebridge (04:19):

And they had to sort of get to know you and you had to get to know them.

Olga Gountras (04:22):

Exactly, yeah. So over time, as I educated the lawyers and the legal assistants about what a social worker is and does and what I could do for the clients, we started to understand each other's roles and came to see that we were the one team helping the clients.

Alexis Stonebridge (04:39):

And I guess the number of clients being referred grew with that as well.

Olga Gountras (04:43):

Yeah, absolutely. Absolutely. But it was also welcoming to me when we started employing other social workers on the team to really feel that sense of teamwork being part of a social work team in a law firm.

Alexis Stonebridge (04:55):

I think a strong sense of professional identity was important to you establishing the social work service and building the service, not just about what social workers do, but what they don't do.

Olga Gountras (05:07):

Yeah, absolutely. Boundaries were important and they've been important all the way through. So continuously resetting expectations with legal team members of what we can actually do given the context of our role, but also the context of what's available more broadly within the community. I think sometimes there's some unreal expectations placed on us, but we don't have a magic wand and we're very clear about that. So Alexis, perhaps you'd like to tell our listeners what our service looks like today?

Alexis Stonebridge (05:36):

Yeah, so it's grown from, you're starting as the sole social worker there to a team of four social workers spread across Queensland, Victoria and New South Wales. But we provide our service nationally and we developed a telephone based model because it was really important to us to be able to assist the maximum number of people wherever they were in Australia, and that location wouldn't be a barrier to them being able to access that social work support.

(06:04):

We found that often clients go to their lawyer because they have a long and trusting relationship with their lawyer developed over time. And so it's their lawyer that they're often going to with their psychosocial needs because they haven't actually had other people in their life that they can approach about that. And sometimes they haven't even disclosed things in relation to their mental health needs or the level of distress that they're going through to their GP or to others. So they actually will approach



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their lawyer and say, look, I'm really having financial difficulty or I'm really struggling to get through the day.

(06:37):

And what's really fortunate about our service is that that lawyer can then refer them with their consent to our social work team and we can assist them with that in a meaningful way. And so we assist clients with a broad range of different issues that they might be facing. And some of that can be around financial difficulties that emerge when they're unable to work, sometimes emotional distress, mental health issues, and those might be undiagnosed or they may have had a diagnosed mental illness and treatment in the past, but they've sort of fallen out of treatment and are needing to reassess that and find new pathways back into that treatment and support. We also assist people who are experiencing family violence, who have housing difficulties or insecurity might be facing homelessness or difficulties accessing just the care and treatment and support they might need in their community. And we've assisted over 5,000 clients since 2009, and certainly that's grown over the last few years as the lawyers, as you said before, have started to really understand what we can do and how we can help. And this is actually a really small percentage of the overall clients of the firm. What percentage would you say?

Olga Gountras (07:45):

Yeah, I think it's really only about three or 4% of total clients. So even though 5,000 sounds a lot in the context of all the clients of the firm, it's really only a small number because obviously many people already have supports in place, whether it be formal or family, et cetera, but we are really there for those vulnerable people in need.

Alexis Stonebridge (08:05):

So we're really addressing a gap for those people that aren't already connected with those supports. And so we do obviously have a lot of clients that are already accessing support through the hospital or through their gp, or they have access to a social worker assisting them as well already. So we're not sort of duplicating that, but we are assisting those clients that are falling between the gaps of service delivery and just making sure that they've got the support they need to be able to participate in the legal claim. And the interventions that we provide are really short-term telephone counselling psychoeducation. And I think probably the key thing that we are doing is really referring clients into specialised support services in their community and facilitating their access to the many services that are available that they're just not aware of and they're not already tapping into.

Olga Gountras (08:52):

Exactly, but also beyond those interventions, we're also able to share our knowledge with legal teams in other ways. Don't you agree, Alexis?

Alexis Stonebridge (09:00):

Yeah. So in addition to the direct support that we provide our clients, we also have consultation with our lawyers. So the lawyers at the firm will come to us for a little bit of guidance around sometimes challenging client behaviours or concerns they might have about a client's vulnerability or level of risk in terms of perhaps a client's mentioned to them that they're having thoughts about suicide and they



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come to us to consult and get a bit of guidance around that. We'll also sometimes participate in a client meeting where a client doesn't have a support person and needs someone to provide them with a bit of additional support in a meeting or assistance to facilitate sometimes tough conversations. And so we're able to do that as well. And the other thing that we do is we provide training to lawyers and support staff in things like working with vulnerable clients, understanding trauma and having a trauma informed approach to legal service delivery, which I think is really important because our lawyers meet many people who have experienced either childhood institutional abuse related trauma or have experienced traumatic events in their life such as a car accident or a work accident.

(10:15):

And so understanding how trauma impacts a person is really important, and I think them learning more about that, the feedback we get is that that's really helpful. And so flowing on from that, we've also delivered training for lawyers in vicarious trauma and self-care. And these are all things that as social workers we understand and that legal professionals don't necessarily learn about when they become lawyers. So we can do that.

Olga Gountras (10:40):

But we've also even at times provided training to other departments in the organisation. So for example, to finance, to media communications team to our new clients' services team. So it's great that I guess our knowledge and skills are recognised and people do want to get that education to be able to provide a better level of client care across the organisation.

Alexis Stonebridge (11:05):

Another key area that we provide training in is around suicide risks. So lawyers and support staff understanding what to look for, what sort of factors might place somebody at risk of suicide and what actions to take when they do recognise that. And we've developed some processes around that and just training so that people feel more confident in what to do when you get those really challenging scary calls, really it can be really confronting for them to hear. And so we've provided them with some training and support around that. I mean, given what we've just spoken about Olga, over the years of working in this service, what do you think are some of the key challenges, psychosocial challenges that you've seen our clients experiencing?

Olga Gountras (11:50):

I have to say it was certainly eye opening coming from working in health services to see what happens to people post discharge and long term. Obviously when they're ready for discharge, you wave them goodbye and wish them the best, but I guess people become clients of the firm because they're the people that don't recover and they don't do the best. So we have clients living with permanent debility, with chronic pain, cognitive changes, significant mental health conditions and serious illness. So it's not surprising that this then has an impact on all aspects of a person's life and also why it can hamper a person's ability to access legal services.

Alexis Stonebridge (12:28):

And at that time, their legal needs is just one facet of what's going on in that person's life.

**Olga Goutras (12:33):**

Absolutely. Absolutely right. Yeah. Unfortunately, many of our clients experienced the acute and chronic impact of a reduced income, and this is our biggest reason for referral to social work and has been over the last 16 years. In recent years, the term financial toxicity has commonly been used in cancer care, but I really think it equally applies to all injured and ill people. And by financial toxicity, I mean the out of pocket expenses for treatment, support services, medication, travel, et cetera, because not everything is covered by an insurer and clients with claims in some of our other practise areas don't receive any funding unless and until the claim is successfully settled.

Alexis Stonebridge (13:15):

Certainly that financial toxicity is a huge issue that we see. I guess some of our listeners might be wondering, well, is that because a person's pursuing a legal claim and is that related to legal fees? And that's certainly not the case. So the vast majority of our clients are on a no fee cost agreement, so it means that they're not actually having to pay any upfront or out of pocket legal costs along the way. So it's not so much the burden of any legal fee, it's more the burden of being unable to work and being able to continue the income that they had prior to their injury that is affecting them. And we see that that financial toxicity then goes on to affect so many different aspects of our clients' lives. It's interconnected with things like unstable housing, unfortunately, and sometimes clients can become homeless, it can lead to emotional distress, of course, grief and loss. I think as well, Olga, in terms of just loss of identity for a lot of people, they identify themselves by the work that they used to do. So I've heard many men say, I've always thought of myself as very capable, and I was able to lift heavy weights and do all of this sort of work in manual labour. And then what does that mean for me? And not being able to support my family financially has a huge impact on many people, both men and women emotionally.

Olga Goutras (14:40):

Sure does.

Alexis Stonebridge (14:40):

And sometimes we also have clients, I mentioned thoughts of suicide around the impact of what their future might look like in how that has changed since their financial circumstances have changed. And it also impacts their ability to access the treatment care and support services that they need, especially for people, I think in rural areas.

Olga Goutras (15:01):

Yeah, it's so very true. It's all interconnected, and it can also have an impact on family and other loved ones and friends of course,

(15:10):

And we do often see relationships breaking down as a result. We also say that social isolation is common amongst many people because they can't access the community or they can't work, as you mentioned, can't socialise because of financial and health reasons. And many clients also find it difficult to access services, particularly when they are living in rural and remote areas, but also because they may not meet



the eligibility criteria for a service or they don't know what services exist or they just can't afford a service. So access to housing and mental health treatment are two of the biggest challenges for our clients, but also for us in trying to connect and assist them.

Alexis Stonebridge (15:50):

And I think we are always hearing about the housing crisis and how much that's deepening. Why do you think that homelessness and housing issues is becoming a real emerging need amongst our clients?

Olga Goutras (16:03):

I think it's because clients are at significant risk of becoming homeless, and some do become homeless because they can't maintain their mortgage or their rent due to the sudden and unexpected reduced income. So whether those income payments are from the insurer from Centrelink, they're significantly lower than what they were receiving when they were working.

(16:24):

And so for example, a single person on Centrelink can't afford private rental, and they often don't want to go into shared accommodation or crisis accommodation due to their mental health condition because they may not feel safe or they need their own quiet space. Centrelink payments, job seeker with a medical certificate is really not designed for someone to live on long-term, but unfortunately, many clients don't have a choice because of their health issues. And we've also come to see clients choosing to sleep rough in their cars or on the streets or in tents because as you said, housing services really can offer very little assistance these days due to the resourcing issues and the extent of the homelessness issues across Australia.

Alexis Stonebridge (17:07):

Yeah, there's really rising demand out there, and I think people find it hard to find a tenancy too.

Olga Goutras (17:14):

They do indeed.

Alexis Stonebridge (17:15):

Even if they can afford it.

Olga Goutras (17:16):

Yeah. Even we have clients who are receiving insurer weekly payments and can easily afford their rent in the properties they're applying for. They're not considered desirable tenants when they're competing with people who are actually working. So again, they miss out, they miss out, they miss out. And in those situations, really all we can do is try and write letters of support for them to take to the real estate agents, and hopefully they find someone who's sympathetic to their situation.

Alexis Stonebridge (17:42):



So that's in regards to the housing and homelessness issues that we see. What about mental health? What do you feel are the key challenges seeing there?

Olga Goutras (17:49):

Yeah, I think in regard to a person's mental health, particularly for clients in our childhood institutional sexual abuse law practise, clients come to us with complex trauma histories that continue to have far reaching impacts on their lives. Clients do need to revisit their traumatic memories for evidence gathering and that can then be triggering. So accessing mental health support at that time can be beneficial.

Alexis Stonebridge (18:13):

And so for some of those clients, actually their experience of speaking with their lawyer is the first time they've really been able to disclose the extent of the abuse that they experience. So it is a time where they can be quite vulnerable and really are seeking that additional support. It's not unusual for our lawyers to tell us that actually the person has never disclosed the abuse until this time. And so it is a time where it's helpful for us to be able to find them suitably qualified and experienced trauma counsellors to assist them and support them through that process.

Olga Goutras (18:47):

That's true. Yeah. A lot of clients say to us, they locked away those terrible memories years ago and never, I guess confronted them or dealt with them, and now they're having to do that. And that's where counselling can be so beneficial.

(18:58):

But for clients in our other practise areas such as those who've had work or road accidents, clients may have had preexisting mental health conditions that may be exacerbated by their injury or they develop mental health conditions as a result of them. And most commonly, we see clients presenting with depression, anxiety and PTSD, but often with preexisting mental health conditions, many people would've been well-managed previously, but the impact of living with physical and functional consequences of disability, serious illness and chronic pain, and the social stresses that we've been talking about means they may no longer be managing.

Alexis Stonebridge (19:37):

Yeah, I think chronic pain is really significant issue. And actually many of the clients that are referred to us in relation to emotional distress or mental health are actually experiencing really significant levels of chronic pain that has gone unmanaged for quite a period of time. And with that comes inability to sleep, inability to do many of the different things that they would normally do, and that has an enormous impact.

Olga Goutras (20:04):

Loss of enjoyment of life is a big one, but unfortunately too there can be further complications as insurers don't want to pay for mental health treatment when the condition was preexisting. And it's



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challenging then for treaters and assessors to tease out if there is an exacerbation and to what extent to then be able to artificially draw a line to say, well, okay, we'll be responsible to fund this, but not that. And so for example, I remember one insurer agreeing to pay for psychology treatment for a client, but not their medication for the mental health condition. It didn't make any sense to the client or to me.

Alexis Stonebridge (20:38):

Look, I'd agree with a lot of what you've said. I've seen those things too. One thing that I've noticed over the last few years, and I think we've talked about before as well, is this tricky period that our clients experience around two to three years. So what we see is that people, when they're newly injured and perhaps in the first year following an injury, they have quite high levels of hope for their recovery. So they've got a treatment plan in place, they're expecting to have a surgery or to have other treatment that's going to hopefully be curative or improve their condition and their levels of hope are quite high. And around two to three years post injuries, often the time where those injuries are beginning to stabilise, where they're having those discussions with their doctor about, look, this condition's not going to improve, we're not going to be able to do any other surgeries to assist you. And that's often a time where people go through a whole new period of adjustment and understanding that maybe this is as good as I'm going to get. Maybe I'll be living with this chronic pain and durability and what does that mean for my life,

Olga Gountras (21:46):

For their life and their future.

Alexis Stonebridge (21:49):

So I think that that's a really critical period, and it's also the period where our clients often become lost in the community. So early on, they were receiving support both as an inpatient and an outpatient or through a rehab setting. They were having lots of services and people involved in their lives. And then once they start to reach that stability around two to three years, the time where their claim can often start to finalise, it's also the time where a lot of those services are dropping away and without the support they need at a really critical point in terms of those issues of adjustment and things like that. And the other thing that happens around that time is often around two years post an injury, people's weekly payments of insurer based compensation begins to cease. So those weekly payments of income loss cease, and that's where people are often having to transition onto a Centrelink payment.

(22:43):

So you've got a person who is dealing with adjusting to what a new future looks like, who's disengaged with a lot of the services and supports they were early on, and having additional financial toxicity starting to become an issue for them all around that sort of period. And I think that's why often when we receive referrals, it is because people are falling through the gaps at that period. And that's a really key period where I think people need that additional support. And people are often really unaware of what the supports are. They don't know how to access a psychologist. They've perhaps never spoken to their GP about their mental health. We often find that our clients will say, well, my GP and I have just focused on my physical recovery and I've never been asked about my mental health, and I feel embarrassed to raise it, but I'm having thoughts about suicide and I've not told anybody, but I've told my



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lawyer because I know I can trust them. So that's that really critical period for us to become involved as social workers and those connections and linkages just to expand that person's support network.

Olga Gountras (23:51):

Yeah. You mentioned GPs, Alexis, how do you see social work sitting within the broader context of the client's team?

Alexis Stonebridge (23:56):

Yeah, I think there's multiple layers of teams, really. And we work closely with those. We've got the legal team, we've got the social work team, the team between the social worker and the client. And we're building a broader network for the client, both in terms of informal support and formal support and assisting the client to make better connections with the existing team as well as expanding that, I suppose, or the support network available to them. And I think we do that in three key ways, and that is in communication, improving and providing clarity and advocacy. So communication, clarity and advocacy is about finding ways to improve a client's ability to communicate their needs with their legal team, with their treating team, with their gp, and providing some advocacy around that and giving the client a voice in being able to say, look, this is actually what I need.

(24:52):

I think sometimes clients are carried along through a process and sort of don't feel like they've actually been able to stop and ask questions in the way that they would've liked to. And so we're able to really empower them to be able to ask those questions and get that support that can help them participate in that legal claim and participate in their treatment and their recovery as well. I do think that gps have a critical role with our clients. They assist with referral to various different types of medical services the person requires. They're providing continuing certificates of capacity requests for home and support services to insurers, A whole lot of different things, but a lot of our clients don't actually have a good relationship with their GP and they don't feel able to raise their needs with their gp. And so we often will write to the GP or contact them and try to facilitate more of that communication because those communication lines are so important, not just now, but also once the claim's concluded going into the future, that continuing positive relationship is helpful.

Olga Gountras (25:57):

That's right, because they do have lifelong health needs when they have chronic conditions.

Alexis Stonebridge (26:02):

And we also, when we are looking for mental health support for our client and we're looking for psychologists and accredited mental health social workers, I mean, some of our clients say, well, look, I've tried to call and find myself a treating psychologist, and everywhere that I've rang, they've said that they've closed their books or they're not taking on new patients, or they're not affordable for me, and that leads people to give up. They're not sure how to go about that. So for us to do that groundwork and make those connections and actually find people options of psychologists or accredited mental health social workers who are affordable, who are accessible, and who have trauma experience and can really



provide meaningful assistance, again, it helps 'em not just now, but once the claim's concluded, they can have touch points with that provider into the future if they need it.

Olga Goutras (26:51):

Yeah, I guess sometimes when we are doing our research trying to find appropriate counsels for our clients, our psychologists accredited mental health, social workers will say, oh, no, I don't want to take on this client because they're going through a legal claim. I don't want to be providing reports, et cetera. But for us, our focus of concern is our client and assisting them to get the treatment that they need. Although we're, I guess, part of the legal team, our focus is a bit different in terms of trying to connect them with that. So we try and explain that to people, but we also respect that if people don't want to assist clients going through illegal claims, that's obviously their prerogative.

Alexis Stonebridge (27:28):

Yeah, it is a complex process though, isn't it? I mean, we have clients all over Australia, so knowing systems and options in every state and territory of Australia is a challenge at times. We do a lot of research to try to find the best support that we can for a person, both with their practical needs as well as their mental health needs. And that is a huge task at times to be one minute assisting someone who's in a metro area and the next minute in a completely different state in a rural area, very educational. Yeah. And I guess given what we've just talked about, why do you think it's beneficial for social workers and lawyers to work together? I guess specifically social workers, and not just in our context, but perhaps more broadly.

Olga Goutras (28:11):

Yeah, I think social workers can bring a lot to the client experience, and that's no matter what the legal setting is, I'm a member of the specialist support professionals in legal settings group in Victoria, and the vast majority of members are in not-for-profit legal settings. But while we are unique in some of our aspects of our service at Slater and Gordon, I think the underlying commonality is that social workers and our lawyers and in those community settings work from the basis of social justice. We believe that everyone deserves equal rights, equal opportunity and equal treatment. And I see that social workers aim to open the doors of access and opportunity for everyone, but particularly for those in greatest need, we work with our lawyers to remove or reduce psychosocial barriers to enhance our client's access to their correct and maximum compensation entitlements.

Alexis Stonebridge (29:03):

And social workers and lawyers are not really that different, are we in terms of our goals?

Olga Goutras (29:08):

That's right. Because I also believe that social work and legal professions have even more in common than what many people think because both of our professions are actually underpinned by codes of ethics. They both demand integrity, confidentiality, client respect that advocate on their client's behalf, and they seek to act in the best interest of their clients. But they do this through allowing the client to make their own decisions. And what I mean by that is, for example, our lawyers have to take legal



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instructions from their client. They can't act independently or against a client's wishes or decisions, even if they may not agree with them. Social workers also provide clients with information and options, and it's the client's choice whether they act on them or not.

Alexis Stonebridge (29:52):

But why social work? Why do you think could another profession potentially provide what we provide in this setting?

Olga Goutras (29:59):

I have to say no. No, I don't agree with that. I really think that social work is a right profession for this role as we take a holistic view on client care. And if you think about a client in the context of a legal claim, they're encountering multiple complex systems, including private and public health, legal systems, insurance schemes and systems, financial and housing systems, formal and informal care and support systems amongst many others. And I think social work really has the ability to sit alongside clients to navigate those systems while maintaining their psychological safety. And I think this is a unique social work skill. And as you can see from what we've been talking about, we address much broader needs and counselling alone.

Alexis Stonebridge (30:44):

I think that we do see the value certainly of counselling and that sort of mental health support, and we do provide some short-term counselling, and we connect people with specialists ongoing counselling, but our clients aren't just looking for that. They're looking for a whole lot of –

Olga Goutras (31:00):

Practical needs to be addressed.

Alexis Stonebridge (31:02):

Practical needs as well, and navigation through how that all works, exactly.

Olga Goutras (31:09):

But our team too also has a role in the broader social work community. And Alexis, I think it'd be good if you could speak to that.

Alexis Stonebridge (31:16):

Yeah, so I think starting out in this role, I think I reflected on how little I actually knew about the law and legal entitlements and legal processes. I think I thought I knew a bit about it, but after being in this role for a little while, I realised how little I did know, and I thought, wow, some of this information would've been really helpful for me to know in my previous roles, and I could have used some of this information to really empower some of the clients that I'd worked with in the past. And so that's why I think you and I discussed it and sort of said, we need to actually build the knowledge of social workers in the



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community. And so that's become really important to us to do so that they can then use that legal knowledge to go on and assist the clients that they're working with.

(32:06):

And so that's why we developed social workers in the law, which is an electronic publication which talks about various different legal topics and changes in legislation and really interesting cases that sort of bring the law to life for social workers and other health professionals as well. And we provide free legal education webinars to social workers and other health workers right across Australia. And that can be on anything from what is the law around documentation, report writing and attending court, what are my obligations with privacy and confidentiality, right through to what are the legal avenues available for survivors of abuse or people who've been injured in various different circumstances. Really, what we hope to do through that, I think Olga, is that we want to make the law more accessible, not only to assist those social workers in their role, but then indirectly assist their clients because we're not trying to make social workers quasi lawyers.

(33:09):

We have a lot of lawyers that are great at what they do. We're just really wanting people to learn what are the right legal questions to ask and where can I go to find information so that my client won't be legally and financially disadvantaged? Because I think social workers are sort of the gatekeepers of information for their clients. They do quite complex psychosocial assessments to work out what their client might need in a whole range of different areas, and necessarily one of those areas needs to be also what are my client's legal needs? And so whilst they might not be able to tell them the answers, they can know where to go to find that information and to provide that to their client or patient.

Olga Goutras (33:54):

And it's been pleasing to see that over, I guess, the 16 years. We have now over 5,000 people on our mailing list. And while the majority are social workers, we do have some other health professionals and people from legal settings. So it's great that it's been understood and embraced by the community.

(34:14):

So this brings us to the end of our podcast, and we'd like to thank you for joining us in this episode of MHPN Presents, a conversation about social work and the law. You've been listening to me, Olga Goutras,

Alexis Stonebridge (34:27):

and me Alexis Stonebridge.

Olga Goutras (34:29):

We've covered a lot of territory today. We've talked about the psychosocial distress that many people face when living with compensable injury and why it is so crucial that people can access social work support during the legal process. We've also talked about how we work together with our legal teams, with our clients and their treaters and support network, and how this benefits both our clients and our organisation. We hope this has been a value to you, and if you'd like to get in touch with us to find out



Transcript



more and access our social work and the law publication and attend our free webinars, feel free to contact us by email, which is Socialworkservices@sslatergordon.com.au.

Alexis Stonebridge (35:09):

Yeah, we'd love to hear from you.

Olga Goutras (35:10):

On the landing page, you'll also find a link to supporting resources, more information about our service, and also a feedback survey. Please fill out the survey to let us know whether you got what you needed from the conversation and or provide comments and suggestions about how MHPN might better meet your listening needs. In the meantime, if you want to stay up to date with MHPN podcasts, make sure you subscribe to MHPN presents. Thank you for your commitment to ongoing learning and to multidisciplinary mental health care.

Speaker 1 (35:43):

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