

Examining Social Work Interventions for Patients requiring Applications to the South Australian Civil and Administrative Tribunal for Discharge Planning

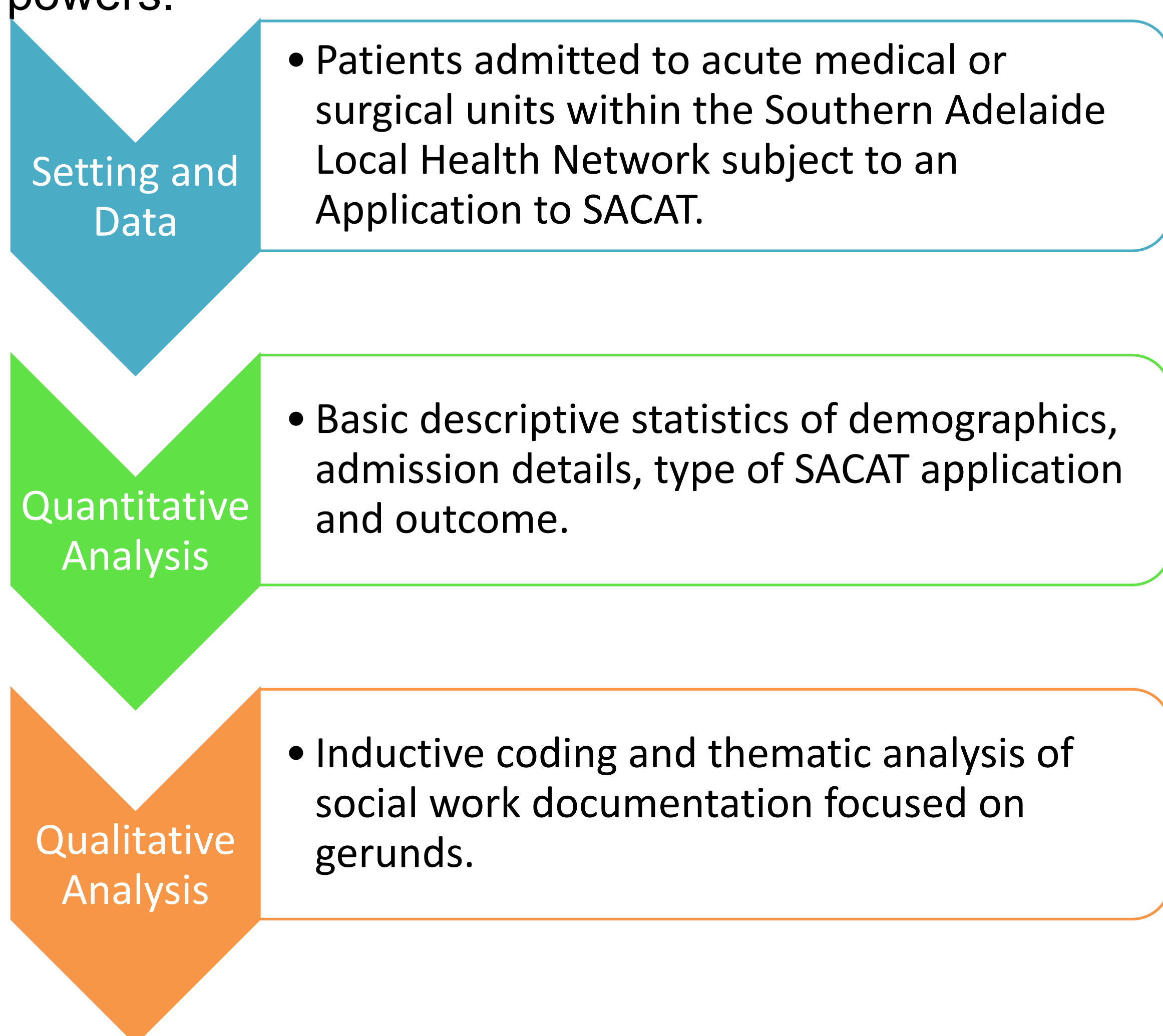
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Introduction

- In South Australia, patients in hospital who lack capacity to make decisions about accommodation, lifestyle and financial matters may require the appointment of Guardians, Administrators, and the use of Section 32 Powers to facilitate discharge from hospital.
- Applications to the South Australian Administrative and Civil Tribunal (SACAT) for hospitalized patients are usually completed by social workers¹, and may involve decisions relating to placement in Residential Aged Care Facilities (RACFs)².
- Patients who lack capacity may have biopsychosocial vulnerabilities³, and the appointment of legal decision-makers requires the exhaustion of least-restrictive options to resolve conflict regarding decisions.
- This study examines the scope of interventions used by social workers for patients requiring SACAT applications.

Method

This study uses a retrospective mixed-method review of patient files involving social work intervention related to SACAT applications or guardianship, administration, and section 32 powers.



Discussion

This project will clarify the scope of interventions for hospital social workers responsible for coordinating applications to SACAT for guardianship, administration, and section 32 powers. The initial findings illustrate the knowledge base required of social workers undertaking SACAT applications and demonstrates the close association with social work practice with older patients and their families. Future research should explore how social workers integrate least-restrictive approaches with social work theories.

References

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3. Logan, B., Fleury, A., Wong, L., Fraser, S., Bernard, A., & White, B. (2020). Characteristics of patients referred for assessment of decision-making capacity in the acute medical setting of an outer-metropolitan hospital—A retrospective case series. *Australasian Journal on Ageing*, 39(1), e49–e54.

Results

Quantitative Findings

We will analyse the files of 100 patients who were admitted between February 2024-February 2025 and receives social work intervention for a SACAT matter. We will collect data including:

- Demographics included age, gender, and country of birth.
- Admitting medical or surgical unit
- The types of application;
 - Guardianship
 - Guardianship with Section 32 Powers
 - Section 32 powers
 - Administration
- The frequency of social workers acting as SACAT applicants
- The average length of time between applications and hearings
- The location (inpatient vs outpatient) of hearings
- The type of appointments of Guardians and Administrators (i.e. family/caregivers, Office of the Public Advocate, the Public Trustee)
- Discharge location.

Qualitative Findings

We have completed qualitative analysis of a sample of 30 files and identified four interrelated core themes of intervention.

- Theme 1: Multi-disciplinary Case Formulation. Social workers obtained relevant information about specific health, personal, and social factors in collaboration with patients, families and stakeholders. and the available support in their system. Social workers needed to exercise knowledge regarding legal directives and the concept of capacity to determine the need for a SACAT application.
- Theme 2: Multi-Disciplinary Collaboration. Social workers were dependent on medical, nursing, and allied health teams to obtain evidence and supporting material required for applications to SACAT. The concept of “capacity” held particular significance and required social workers to engage with medico-legal professional knowledge.
- Theme 4: Coordinating SACAT Applications. Preparing and submitting applications to SACAT involved close collaboration with family, fulfilling administrative demands, and advocating for expedited hearings in response to systemic pressures.
- Theme 5: Coordinating Discharge Needs. Discharge planning interventions took place across the duration of admissions, and in conjunction with SACAT applications. Discharge planning predominantly involved decisions regarding RACFs

