

## **Reflecting on part-time private practice: is it worth it?**

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## **Abstract**

Gradual, but not so subtle changes in Australia's political and welfare cultures have meant that over the past ten years social workers have been showing a greater interest in private practice as a legitimate aspect of the profession. This paper presents some of the major practical considerations required for a part-time practice to be successfully initiated and maintained. The author uses her own experience as an example and explores the personal, professional and commercial decisions she has made in such a practice over the past sixteen years.

## **Keywords:**

Private practice; secondary social work practice; social work practice

# **Reflecting on part-time private practice: is it worth it?**

## **Introduction**

In 1986 a colleague who was interested in referring a family member for some personal counselling approached me. The issues were separate to the requirements of my then full-time employment and as I had been considering (without any active thought) becoming involved in private practice I decided to accept the challenge. Thus was the commencement of my private practice, which has continued in a part-time capacity for the past sixteen years. Within that period I have conducted two formal reviews of this practice, each of which focussed on identifying what seemed to be the most relevant social work and business development literature that could form a framework for assessing the progress and future development opportunities of my efforts in this area. The Australian Association of Social Workers call for papers (2001a, p.84) addressing different aspects of private practice has been timely: another review of this practice was due and it was important that the alliance between personal and professional circumstances continue to be maintained.

Cohen (1966, p.86) notes there is no common definition of what constitutes a social work private practice. Mostly, such a concept is associated with a 'fee for service' in an interpersonal practice. But Grinnell (1982, p.60) points out there are other opportunities that include providing services such as education and training, offering group sessions, providing consultancies, developing and presenting community and organisational development programs, and contributing to social policy analysis. The New South Wales Social Workers' Private Practice Group (1987, p. 4) identify the practitioner as a self-auspiced professional who is able to set their own fees, which they collect directly from their client group. Barker (1991, p.181) specifically includes the underpinning *values, knowledge and skills of social work, acquired through sufficient education and experience* as an essential pre-requisite for

effective private practice. Fisher and Prescott (1995, p.1) extend the concept beyond the completely self-employed to include part-time practice (frequently referred in the literature as secondary private practice) as ...*the involvement of service delivery in free time after regular employment*. Irrespective of the service delivery being offered the practitioner's high-level of competence is non-negotiable (Levy 1979, p.119; Neale 1983, p.1037): the social worker is always there not simply to offer a service but to make a real difference.

The debate as to whether private practice is an aspect of the social work profession is ongoing (Kelley and Alexander 1985; Levy 1979; Neale 1983; Specht & Courtney, 1994). In particular there are real difficulties in defining, describing or justifying the ethical linkage of entrepreneurial concepts with social work values and principles (Rogers 1999, p.34; Ryan 1999, p.3; Thorsen 1999, p.4). The Australian Association of Social Workers (AASW) supports private practice as a legitimate aspect of the social work professional service through the Branch Private Practice Networks and the establishment of a recommended fee schedule. Ife (1988, pp.18-19) suggests that there has been a *tacit acceptance of the legitimacy* of social work private practice in its 'essentially entrepreneurial' framework. However, the active person centered and goal oriented nature of the philosophy espoused by social workers means that "customer satisfaction" alone is not an adequate criterion for success if the client is unable to change. It is certainly not enough if the interventions of the social worker only serve to maintain the client's dependence.

Any assessment of private practice can be focussed on two levels:

- (i) The macro level, which addresses how it works and its influences on/with social work values, and overall perspectives and philosophies;

- (ii) The micro level, in which a specific practice is reviewed in terms of its purpose, motivation, operation and the interactive influence of social work values and philosophies with business essentials.

In this paper, discussion is restricted to an analysis of my own secondary practice in order to assess its past and future value.

## **Practice Development**

As mentioned private practice can take many forms, depending on several personal and commercial factors. Fisher and Prescott (1995, p.3) focus on the lifestyle impact of private practice; the commercial considerations include the position of the practice, the differences in potential office environments, the availability of capital for equipment, the expected remuneration, and the use of marketing strategies.

An essential consideration is the skills and experience offered by the practitioner in the market place. Christine Choo (1984, p.48) describes one model involving the professional supervision of other social workers and agency staff, policy development and review, research and evaluation, and locum work. Claire Bunday's practice (1991, pp.10-12) focussed primarily on contract consultations including training workshops and professional supervision. My practice is restricted to an interpersonal practice.

Private practice (both full-time and part-time) needs to be run like a business but professional integrity is only achievable when social work values are linked with the commercial considerations. Sometimes this is harder than it first appears, but business planning that addresses referral sources, time management, professional development, and the relationships with other agencies and resources is then well grounded in social work.

Kelley and Alexander (1985, pp.255-248) have identified a number of difficulties experienced by private practitioners. These include the generation of referrals, understanding the issues associated with developing a business, time management, the maintenance of quality control, and the inclusion of ongoing professional development so that personal competence is maintained.

For any person considering entering a private practice there are personal risks involved. In a secondary practice these risks are associated with the additional demands on personal time: will the family resent the extra demands on the practitioner's time? Golton (1963, p.75) has identified exhaustion from overwork as an additional personal risk and it is wise to be careful to avoid over-commitments particularly in the early stages of a practice.

There are also professional risks. The development of a professional reputation based on skills and knowledge can be affected if clients are unhappy with the service delivery. On the other hand, the aim is to provide clients with professional service and this, in turn, means a highly competent and effective service. It is also important that referral sources receive positive feedback, which gives them greater confidence to continue to refer.

### **Social Work Value Considerations**

It is the multi-disciplinary knowledge and skills, embedded in the professional values and principles, that separates the social work private practice from other 'fee for service' professions. Social change, which can occur at either the macro or the micro level, is our business and as Rogers (1999, p.35) discovered, homogeneity between practitioners regarding issues surrounding social change can not be expected.

A primary tenet of social work is that the notion of social justice when applied to private practice means that resources and services must be distributed equitably. Levy (1979, p.124) shows it is not only those who are economically disadvantaged that need to enhance their own control over their lives. Intervention is about individual empowerment, which in turn benefits the community at large. Private practice allows an exercise of choice: it means that those who have resources and who already influence others can also benefit from what the social worker has to offer. Not only that, but also these clients are often in a position to pass the benefits of their new found insights onto the community in a way that many disadvantaged clients can not.

It was an ideological crisis that proved to be the turning point where I committed to private practice: client needs had begun to take second place to agency and political agendas.

Associated with this, I had identified a gap in the provision of after-hours social work services outside of the public system for upper- and middle-income clients. I had also noticed that provision for corporate clients were almost non-existent. These groups wanted greater confidentiality and anonymity, and indicated that the paying of a fee provided them with a greater sense of responsibility to the process – and therefore greater personal empowerment in the long run.

Since those early days, the practice consolidated itself as a secondary practice after a change in my primary employment from that of a practising social worker to that of a full-time academic. My new work was centred on providing specific training in human relations' skills for professionals primarily in the areas of law enforcement and criminology. Maintenance of the practice has become an essential part of my own continuing professional development

because it has provided the opportunity for a two-way exchange between the skills and knowledge of each of my roles – teaching and counselling. Thus, the practice and the academy now inform each other.

### **Entrepreneurial Considerations**

As part of the business plan for this practice, short, medium, and long-term objectives were developed. An example of short-term objectives included developing a network of referral sources to expand the practice while also developing a register of professional practitioners (eg. psychologists, dieticians, occupational therapists, and medical officers) who would be available for client consultation if required. My medium-term objectives involved making contact with the corporate sector, assessing needs and addressing how these could be effectively met. After operating for over sixteen years the practice has achieved its long-term objectives by extending the professional contacts and referral sources across a number of professional and other industries. It has also become a profitable business entity at the same time.

Throughout the development of a part-time private practice there are a number of important issues to address. Obviously the marketing of the service and the payment of ongoing expenses needs to be addressed. But there are many other considerations too. These include office facilities, hours of operation, the services offered, the fees to be charged, referral sources, competition, confidentiality, and most importantly the adherence to AASW principles and practices including ethics, professional supervision and development.

For any practice its base of operation is important and the choice of office environment may be influenced by whether the practice is designed for full-time or part-time involvement. My

practice is situated in a home office, which is separate from the family areas and does not require clients to go through any part of the house. This area was chosen because it has low overheads and there is the convenience of having other activities at hand if there is unplanned “down-time” such as broken appointments.

The hours of availability in a secondary practice is an essential consideration: what is the commitment to the primary employer; how will the practice impact on family and personal lifestyle; when will appointments be available; how regularly will clients be seen; within what timeframe can clients be expecting to be offered services? Primarily, this secondary practice offers after hour’s appointments so that the clients’ work and school commitments are least likely to be disrupted. This offering also suits families because baby-sitting arrangements are usually more available in the evenings or at weekends. As my practice is conducted from the home, ad hoc emergency appointments (although not encouraged) can be conducted with minimal disruption. Most appointments are planned for one hour, although the first appointment always provides for a one and half-hour assessment and initial intervention. If clients request longer (more intensive) or shorter appointment times, I can accommodate them. This is in line with the principle of client self-determination.

The AASW (2001b, p.5) identifies the need to inform clients of the specific *knowledge, skills and resources* of the social worker as well as the need to highlight the *nature and extent of the social work service being offered*. In a private practice these are essential elements that form the foundation of the business and marketing development plans. These plans are the framework for the enterprise and we must always understand, and act accordingly, within the limits of our knowledge and expertise. My initial ten years of social work experience established a solid reputation for above average competence and involved working with

individuals, families and groups. The work could be grouped into substance use and abuse, child protection issues, family and relationship dynamics, and loss and grief reactions. My experience in legal reporting, policy analysis, program planning, staff supervision, and training had also grown.

Interpersonal practice for therapeutic outcomes has become the focus and sets the current boundaries for this secondary practice. The practice excludes legal reporting and assessment reports, and organisational consultation is not available. As a result, clients are primarily individuals or couples, although there is an occasional corporate request for individual intervention. All clients are provided with information to indicate that the practice is “fee for service” and this requires recognition on the part of clients that private practice differs from the traditional social work base. Our professional education has focussed us on the economic realities facing many disadvantaged client groups, the dilemmas associated with client needs and personal needs as Fisher and Prescott (1995, p.8) and Sax (1978, p.308) have pointed out. Other ambiguities can be more clearly addressed through a practice such as the one described here.

There are significantly different considerations between a full-time practice, where economic viability is crucial for the practitioner, and a part-time practice that is offered extraneously to other full-time income. When the practice is a secondary enterprise and economic survival is not a primary consideration there may be greater flexibility in the fees that can be charged. It must not be assumed that fees have to remain constant because what is charged can reflect so many different things. The value a practitioner places on his or her expertise contains assumptions about what is “fair”, the costs of “down-time”, and a number of political ideas about the efficacy of other services. The reality that “charity” can build resentment in the

relationship between client and practitioner can also become a major consideration; a practitioner who charges a reasonable figure for the time spent with a client is less likely to be seen as harbouring hidden agendas.

The determined price must be reasonable both to create demand and to be able to satisfy that demand. The AASW's schedule of fees is a very good starting point and in this practice clients are offered an automatic twenty percent discount off the scheduled fee. There is also an opportunity for them to negotiate what they can afford; corporate clients are charged according to the schedule. The practice has been developed as a cash flow business and payment is expected at the time of service. Invoicing for services does not occur very often and as a result bad debts are minimal. Social work private practitioners are not privy to health insurance refunds and as a result, they depend on clients who are willing and able to pay an agreed fee.

A private practice is different to most other businesses because the client group is limited to a 'time ceiling'. That is, the primary goal of intervention is achieved when they no longer require further services. Therefore, the business needs to have continuing access to ongoing "new" clients and it is important to address the number of referral sources as well as the number of referrals from each source. As in other businesses, each client also becomes a potential referral source and I have found that personal recommendation is the most important source of new clients. Satisfied clients are able to promote our services in a competitive arena.

Acknowledging the competition is an important aspect of the business planning in both full-time and part-time practices. It means identifying the clinicians from other disciplines as well

as alternative health and “new age” services such as *naturopathy, spiritual healing, aromatherapy, and fortune telling* (Fronek in Rogers (1999, p.38). These alternatives have a financial benefit over the social work private practice in that they are either cheaper or they are able to have reimbursement arrangements with health insurance funds. In the geographic area surrounding my own practice there is a limited number of alternative professional services and the biggest hurdle to the competition issue is the fact that people are not educated to pay for the services offered. Many of the general practitioners, when approached as potential referral sources have stated that although they have strongly recommended that a person seek counselling, their patients are concerned about the cost. However, the greater sense of anonymity and confidentiality is often regarded as a great advantage.

The AASW’s *Code of Ethics* (1991) and *Draft Outcome Practice Standards for Social Workers* (2001b) very clearly identify the importance of privacy and confidentiality. Under the December 2001 amendments to the *Privacy Act, 1988*, practitioners now have an explicit legislated obligation to inform clients of their specific privacy policy. This includes highlighting the information kept, the reasons why, the period of time the record stays active, storage facilities, client access to the information, and the subsequent disposal of any notes. This does not mean that the relationship between confidentiality and record keeping is any less controversial (Fisher and Prescott 1995, p.19; Matorin, Rosenberg, Levitt & Rosenblum 1987, p.33), but it does mean that responsibility for the security of information is much more explicit. With my own practice operating from a home office, I have been able to keep all records on password protected disks and any old paper records are kept in a locked metal cabinet.

I am an accredited member of the AASW, which provides the necessary professional indemnity insurance. Membership also provides me with the opportunity to advertise my accredited status and highlights that I subscribe to the Association's code of ethics. Professional identity and quality control involve me in other relationships with other practitioners and agencies, and adherence to, and indeed the enforcement of accountability standards are the primary issues associated with the practitioner's ethical responsibilities (Kelley, Alexander and Cullinane 1986). As Levin (1976, p.357) and Piliavin (1968, p.39) have highlighted, it is essential that social work practitioners maintain a heightened practice of accountability to their clients in order to have the opportunity to act as an advocate when it becomes necessary. This can lead to ethical dilemmas involving decisions about conflicts of interest, and other issues associated with moral or legal responsibilities. Ethical choices are difficult because often they are not clear-cut and some state branches of the AASW have Private Practitioners' Groups, which provide opportunities for discussion on these and other matters relevant to social work private practice.

Professional supervision is a requirement for all social work practitioners (AASW 2001b, pp.7-8). It is particularly important as part of the professional maintenance of a private practitioner in either a full-time or a part-time practice. Most supervision will take the form of another respected professional monitoring not only the clinical practice that is being offered privately, but also the personal influences that become a part of any practice situation. It is usual for the private practitioner to pay the supervisor a fee for their service.

Without professional supervision, the development and maintenance of a private practice is doomed. With all of these foundations organised, the next step is to market the service.

Firstly, it must be made known that a service is being offered and then people need to be told

what that service actually is. There are a number of ways that this may be done: business cards, yellow pages, brochures, and personal contact. To market the service effectively the practitioner needs to be clear about exactly what is being offered and then to target specific client groups. Fisher and Prescott (1995, p.17) recommend that twenty percent of practice time be committed to marketing. I developed marketing plans in both 1989 and 1996, which first established and then reviewed the yellow pages advertising. The effectiveness of involving general medical practitioners in the targeted areas was assessed, as was the value of writing regular short articles for the local free paper. It turned out that one of the most useful ways of publicising the practice was to take every opportunity to explain and promote the philosophical foundation of emotional wellness for both individuals and relationships. This was done in simple terms through written materials, published articles and by whatever legitimate contact was possible with other media outlets.

Of course, marketing has a financial cost as well as a time cost but it is just one of the ongoing expenses that occurs in the establishment and maintenance of a practice. Although a budget plan to maintain a month by month projection of billings, receipts and expenses by categories and an estimate of the cash flow is strongly recommended for a secondary practice, the overheads are low enough to manage without a vast depth of financial supervision. The primary costs include professional printing, stationery supplies, photocopying, tissues, postage, maintenance of office equipment such as computer facilities and office furniture as well as ongoing promotional expenses. A separate telephone installation is essential and ongoing business costs including mobile telephone accessibility, legal and accounting costs and the expenses associated with tax compliance should be recorded. The costs of professional memberships, journals and books, continuing education and conference expenses are all legitimate business expenses and insurances such as

professional liability insurance, office liability insurance, and workers compensation also need to be recorded on a regular basis.

Financially, the practice has provided a comfortable second income, which has grown incrementally over the years. It has meant learning how to use accounting soft-ware packages, becoming knowledgeable about the Goods and Services Tax (GST) and developing a professional relationship with the accountant. It has also meant realising that there is no income for the practice during times of illness or holidays. So there is one final question.

### **Is It Worth It?**

After sixteen years, the practice has become part of my own professional lifestyle: it contributes to the maintenance of my professional knowledge and skills and has provided the opportunity to develop the appropriate knowledge required for entrepreneurial endeavours. Although the relationship between the commercial aspects of the practice and the principles and values of social work have sometimes been at odds, conflict of interests has not been a major problem. This is largely because the fundamental philosophical and strategic goal of all aspects of the practice has been the empowerment of each and every client. The fact that the practice is providing choice of service for clients is a very straightforward justification for the enterprise operating as a business. In reality, the minor dilemmas that can occur when a person who does not have the income to support attendance at a private practice but still requests an appointment (with or without a recommendation) are relatively rare and easy to overcome. What is critical is that the social worker is quite clear about her or his professional values and ethical responsibilities.

Even though this part-time private practice is secondary to my other employment responsibilities, I still have a great degree of freedom associated with the structuring of my

time. I have the freedom to be involved or not and this does not have to disadvantage clients. Disadvantage will only occur if other alternative opportunities are not offered or if there is not appropriate notification given of a possible change in scheduling. On the other hand, the practitioner may have to refuse invitations for personal functions if there has not been the opportunity for them to be incorporated into the appointment book. The commitment to the client must always come first in these circumstances, even when that same client may have a history of cancelled appointments. As in every aspect of the practitioner's life, choices will have to be made in an ethically discriminating and professionally responsible manner.

One of the most difficult aspects of developing the private practice for me has been that of charging fees. As a sole practitioner working from home, there is no intermediary to make appointments, send invoices or write receipts. This meant that during the early years, I explained the cost structure and made requests for payment in a quite hesitant and apologetic manner. However, over time, my own confidence in the high level of service I am delivering has minimised this.

There also have been moments when I have experienced anxiety and inner turmoil triggered by transference in the interpersonal practice relationship. This has always been related to a feeling that somehow a better service could have been offered if I had a greater degree of knowledge and skill. In these cases, supervision has been extremely beneficial. The associated debriefings enabled me to realise that clients attend in order to learn how to function more effectively and will not benefit if the practitioner does the work for them. As a result of the many years of experience gained, I can now say that I have a greater understanding and acceptance of the complexity of human nature. I also know that the

intervention I offer through this practice may only be the sowing of seeds: they are certainly not the final product.

Any effective private practitioner has a heightened awareness of the need to provide quality work all the time. This is not to say that it is non-existent in the public sector, but there is a definite psychological change when people are paying. For example, my personal experience of working in the public sector is that when I believe my service delivery is very poor as a result of being unwell, there is a small additional thought “They’ll understand that I’m not well/had a personal emergency, etc.”. On the other hand in private practice the thought is much more demanding: “They are paying for this service. I really have to deliver the goods whether I feel like it or not!” It is a truism that the constancy of providing quality work, in any setting, requires an unending amount of energy: anyone starting out would be well advised to proceed cautiously until they are sure of their own limitations.

As discussed earlier the number of referrals and the ability to engage clients in a successful intervention are crucial to a successful practice. Over the past seven years, client referrals and attendance have exhibited the following patterns:

- approximately eighty percent of the appointments are kept, twenty percent are either not attended or cancelled;
- eighty five percent of inquiries lead to an appointment;
- about twenty percent of the appointments kept are new clients;
- fifty percent of the clients have not previously had professional counselling, while of the remaining fifty percent, forty two percent have been unhappy with the previous service;

- fifty percent of clients are referred by previous clients, twenty five percent are referred by local general practitioners and the other twenty five percent are self-referred from the yellow pages;
- fifty percent of clients wanted to address both individual and relationship issues, thirty percent only wanted relationship issues addressed.

Sixty percent of clients are in their mid-thirties to mid-forties. Most are married and have a young family. As a general rule they are middle class, white-collar workers with a tertiary education. Although presenting with a range of problems they are almost all significantly stressed. They have very high expectations of themselves, their partners, their children and other friends including their extended family and colleagues. Quite a number work in management areas (middle managers and above) and feel successful in their interpersonal skills but are frustrated by their inability to have effective communication and relationships at home. There is another significant group, which includes individuals who are struggling with their self-esteem and identity. This manifests itself in their desire to have an affair with someone else, or in jealousy that keeps interfering and destroying their relationships. Clients choose this practice because they either know the social worker personally or because the service has been recommended; and in a lot of cases, the flexibility of hours is an important factor as well.

The practice has provided me with financial rewards, flexibility of hours and being “my own boss” for some of the time at least. I have also had the satisfaction of working with voluntary clients (who usually work harder), of having a greater sense of responsibility for clients, and I have appreciated the opportunity to develop my professional abilities while recognising my own limitations. I have also had the opportunity to provide an acceptable alternative service

to the economically advantaged as well as the disadvantaged members of my own local community.

So, yes, it is worth having a part-time private practice. But there is more work than first appears and it requires consistency, tenacity, and sometimes just plain doggedness. The benefits far outweigh the negatives though, and despite the fact that I have had moments when I have wondered whether the gains were worth the energy, I still recommend it to my colleagues.

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