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Committee Secretary
Senate Standing Committees on Community Affairs
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Dear Committee Secretary

The Australian Association of Social Workers (AASW) welcomes the opportunity to make a submission to the Senate Committee Inquiry into factors affecting the supply of health services and medical professionals in rural areas.

The AASW is the only national organisation for social workers in Australia, with a membership of over 6,000 social workers, many of whom are involved in the delivery or planning of services in rural and remote locations across Australia. The AASW is a foundation member of the *Allied Health Professionals Australia* (AHPA), a member of the *National Primary Care Partnership* (NPHCP) and a member of the *Mental Health Council of Australia*. In 2011, the AASW established the *Australian College of Social Work (ACSW)* whose purpose is to set benchmarks for specialist social work practice and continue the AASW's focus on high quality professional service delivery in all fields of social work. The ACSW promotes excellence and expertise in social work service to consumers, clients, employers, governments and the Australian community.

From the earliest days of the profession, social workers have played a key role in health. In the health sector, social workers work across the continuum of care and deliver essential services across the life span to individuals, families, groups and communities. The profession provides services addressing crisis, trauma, behavioural and lifestyle issues in hospitals, community care, community health, mental health, aged care, palliative care and Indigenous health services on a national basis. These services are provided by individual social workers or through membership of complex care teams which cater for the health and wellbeing needs of clients of all ages. Skilled social workers use a range of clinical, educational and community development practice approaches and strategies to achieve client and organisational goals and as such social workers can also be found in planning, policy development, administration and management roles.

Social workers operate from a social model of health consistent with the Alma Ata Declaration (1978) on Primary Health Care[1] where health is understood to consist of a state of complete physical, mental and social well-being and not merely the absence of disease. Social workers also acknowledge that this is a "*fundamental human right*" whose achievement requires coordinated action between "*many other social and economic sectors in addition to the health sector*" which are in essence the social determinants of health. Research findings confirm the value of social work in health both to patients/clients and to the health system as a whole[2].

The submission below sets out the AASW position on the Inquiry, with reference to the following areas:

- The factors limiting the supply of health services and allied health professionals to small regional communities as compared with major regional and metropolitan centres and,
- The effect of the introduction of Medicare Locals on the provision of medical services in rural areas

The submission will also seek to highlight a number of principles and practices that are seen by the AASW as being essential to underpin the vision of a reformed and integrated health care system:

(a) The factors limiting the supply of health services and allied health professionals to small regional communities as compared with major regional and metropolitan centres:

- A critical factor limiting the supply of health services and allied health professionals in small rural areas is that health service structures and delivery is driven by restrictive and short term policies. An example of this is demonstrated by services not being able to continue within a clinical/community development/health promotion framework and the abandonment of supporting communities when resourcing is affected by a sudden crisis such as occurred following the 2009 bush fires and 2011 floods in Victoria. This is the untold narrative of other rural/remote communities being expected to just carry on as usual when services are redirected to a crisis. Communities have unravelled and will sink into chronic poor mental and physical health.

- Short term funding cycles have a cumulative and fragmenting impact upon communities in a number of ways. Professionals move on due to a lack of long term job/income security thereby leaving programmes that require significant clinical and community based tasks unattended. This results in rural communities lacking access to the knowledge and support needed to prevent chronic diseases. Above all else the lack of financial security, the prevalence of part-time positions and poor service structures that have not been adapted by organizations, result in not being able to attract and retain professionals from larger regional centres to settle and become part of the community in smaller rural and remote areas.

[1] International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978

[2] Auerbach C., Mason S. and LaPorte, H. 2007 "Evidence that supports the value of social work in hospitals" in *Social Work in Health Care* in vol. 44(4) 2007

Equally important is the expectation that a team of 'fly in fly out' professionals will be able to provide a level of services equivalent to a locality based services. The experience reported by rural professionals is that communities are left to generate solutions and members become exhausted by demands created by the shortfall in service provision.

- The lack of exposure of allied health care students, including social work students, to quality placements in the course of their professional education. Few social workers are exposed to rural and remote practice through their degree. There are numerous scholarships for doctors, but very few for social workers.

- A further issue is the criteria used at each level of Government may favour centralised regional health centres over smaller local health organisations. This can limit the diversity and local relevance of rural health services.

- A key barrier is the continued silo mentality of service delivery of local government, health and community services. It is important that rural health services are encouraged, and enabled, to work in a collaborative and integrated way. The AASW supports changing the way services are required to participate to ensure a more integrated and hands on approach in service delivery.

(b) the effects of the introduction of Medicare Locals on the provision of medical services in rural areas.

- The AHPA and the AASW are concerned that there appears to be only a minority of Divisions of GPs currently working in an integrated model with existing State funded community and primary health care services. The majority of divisions are currently focused on general medical practice. Whilst it is understood that it is the Commonwealth's intention to launch Medicare Locals demonstrating and implementing true inter-disciplinary primary health care, there has not to date been a demonstrated history of this approach by Divisions nationally. The AASW is concerned that Divisions do not demonstrate sufficient linkages to allied health professionals within their local areas.

- According to Australia's Health 2010 by the Australian Institute of Health and Welfare, allied health professionals represent 18% of the Australian health care workforce, more than the combined workforce of GPs, medical specialists and dentists at 15%. Allied health professionals are experts in chronic disease management and self-management. Social workers are experts at understanding: (i) people within their environments, (ii) the social determinants of, and structural barriers to, ill-health, (iii) community needs, (iv) early intervention and health promotion, and (v) how to address people's health needs holistically (amongst other things). This is all extremely important and often gets overlooked in the dominant biomedical paradigms. There are numerous social determinants in rural areas that adversely affect people's health, such as isolation, poverty, mental illness (depression), stigma, drought etc. Without the involvement from social workers, Medicare Locals risk becoming ineffective and a band -aid response to ill-health.

It is essential that allied health professionals are involved in the governance and organisational structures of Medicare Locals to ensure that Medicare Locals represent a range of primary health care interventions and that communities benefit from full access to allied health as well as to medical services. It will be important for Medicare Locals to offer allied health services as core to their operations, in parallel with medical services. This recognises the fact that primary health care covers a range of services to consumers, of which, medical care constitutes one component. This requires allied health professional bodies to have input at a high level into the form of clinical governance and models of support to allied health professionals in these new organisations. Social workers make great leaders. They have numerous skills and knowledge that enable them to manage teams well, manage group dynamics, work collaboratively, engage with a variety of stakeholders, and advocate for best healthcare outcomes for consumers. Social workers must be involved in providing input at a high level. This will have direct impact on the safety and quality of health care delivered from Medicare Locals, as well as their performance and their ability to meet the health care needs of their local communities.

Principles and practices essential for the vision of a reformed and integrated health care system.

The AASW recommends that the following principles should inform a reformed and integrated health care system:

1. Social workers and other allied health professionals should play a meaningful role in the membership, governance and service delivery components of Medicare Locals;

2. Governance arrangements which form the foundation of relationships between Medicare Locals and Local Hospital Networks promote, foster and mandate integration that recognises and supports the broad contribution of allied health professionals in delivering health care solutions to individuals, families and local communities;

3. Services which are consumer focused and friendly, working with consumers to understand and address their needs, hopes, and wishes in a manner that is respectful (of their right to self-determination), culturally sensitive, collaborative;

4. Access to services must be equitable and driven by health needs, not provider availability;

5. Services to be measured for their effectiveness in dealing with the health outcomes of their local communities, and not outputs (or throughputs);

6. Corporate governance to be underpinned by a model constitution which provides for a representative, transparent and accountable governance structure. The AASW supports healthcare consumers being involved in the corporate governance structure. We also support clear policies and procedures; good simple record keeping that is not a burden on practitioners;

7. Health professionals to be accountable through clear clinical governance structure, including access to support, supervision, mentoring and access to professional development;

8. Health professionals to be given equitable access to incentives and initiatives to provide interdisciplinary care;

9. Medicare Locals and Local Hospital Networks to collect and disseminate health outcome data about and to their local communities, such as through the Healthy Communities Report;

10. Support for close partnerships and collaborations between Medicare Locals and Local Hospital Networks. In particular, any services that fall into 'continuum of care' or 'avoidance of hospital re-admission' should have pooled funding that provides flexible services to be provided from/within the SAME shared program at both Medicare Local and Local Hospital Network level. Early health reform materials suggested that these activities would be silos of funding held separately at Medicare Local or Local Hospital Networks. The AASW and AHPA strongly discourage such an approach;

11. Support for close partnerships and collaborations between Medicare Locals, local Hospital Networks and Community Sector organisations who specialise in non clinical community mental health support services. This is especially important given that a significant amount of Federal and State funding has been allocated in 2011 to community sector organisations to address the needs of people living with mental health conditions (diagnosed and undiagnosed) and their carers;

12. Facilitation of appropriate access to medicines across the integrated Medicare Local/Local Hospital Network system and an integrated program to support the safe and effective use of these medicines;

13. Where relevant, clinical governance activities should be inclusive of all settings. This is especially relevant to primary and secondary prevention programs. Given the extent of the profession's contribution to health service delivery in Australia, it is essential that social workers and other allied health professionals have a meaningful role in the membership, governance and service delivery components of Medicare Locals. The AASW believes that the Commonwealth should ensure the inclusion of the AASW as members and/or stakeholders of each Medicare Local. The AASW recognises that the guidelines for the Medicare Locals require skill based boards and are strongly discouraging a GP centric Board. The AASW fully supports these guidelines which should result in social workers, and other allied health professionals, with relevant skill bases being eligible for Board membership along with the valuable contributions that should also be made through input into Advisory Committees, Clinical Governance, practice groups etc.

The AASW believes that it is vital for social workers and other allied health professionals, to be engaged in governance roles and to be members of their professional associations and be endorsed by them. This will ensure that leadership structures of the Medicare Locals will have the capacity and skills to assist the Medicare Locals to meet the needs of their local community.

Medicare Locals will need to be focused on the demographics of their local communities to ensure that they put into place strategies and healthcare services that are most relevant to the needs of their communities. This will require Medicare Locals to work with government bodies to ensure that, particularly in regional, rural and remote Australia, the range of services the local communities need can be provided. This may involve developing different funding models to ensure the healthcare practitioners can be accessed regularly by consumers and carers. Many of these services have been piloted if they are not already established in some State funded primary health programs.

There has been clearly much improved health and community based service delivery in rural/remote communities ,particularly since the early 1990's.There are various examples of inter-disciplinary and inter-agency collaborations amongst services and new structures that contribute to both the physical, mental health and social well-being of rural and remote communities. There have been innovative teaching models developed across rural/remote communities, funding of services that have specifically addressed farming community's health. However there is much to be done to consolidate these movements in progressing and responding to rural and remote diverse and rapidly changing communities. In this submission, we have suggested principles for improving the supply of social work professionals to rural areas.

Thank you for the opportunity to participate in the *Inquiry into factors affecting the supply of health services and medical professionals in rural areas.* Planning and delivering health services in varied rural and remote regions can be challenging. The AASW looks forward to continuing to work collaboratively with other stakeholders in the health workforce in future.

Yours sincerely,

Professor Karen Healy
National President AASW