

Submission  
No 254

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO  
HEALTH AND HOSPITAL SERVICES IN RURAL,  
REGIONAL AND REMOTE NEW SOUTH WALES**

**Organisation:** Australian Association of Social Workers

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# Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

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**AASW**

Australian Association  
of Social Workers

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# The Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the professional body representing more than 12,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work, and advocate on matters of human rights, discrimination, and matters that influence people's quality of life.

## The social work profession

Social work is a tertiary qualified profession recognised internationally that pursues social justice and human rights. Social workers aim to enhance the quality of life of every member of society and empower them to develop their full potential. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession, and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledges. Professional social workers consider the relationship between biological, psychological, social and cultural factors and how they influence a person's health, wellbeing and development. Social workers work with individuals, families, groups and communities. They maintain a dual focus on improving human wellbeing; and identifying and addressing any external issues (known as systemic or structural issues) that detract from wellbeing, such as inequality, injustice and discrimination.

## Our submission

The AASW welcomes the opportunity to provide a response to the Inquiry into health outcomes and access to health and hospital services in rural, regional, and remote New South Wales. Social workers are employed within health and hospital settings across regional, rural and remote NSW. With their focus on patient-centred care and the ability to consider the complexity involved from a psychosocial perspective, social workers offer a unique contribution to the hospital system in providing services to meet the multidimensional needs of patients and their families/carers. In their commitment to self-determination and respect, hospital social workers ensure that patients, and their families/carers, have access to information and are able to make informed decisions concerning their health and wellbeing.

Social workers are also working in family violence, child protection, mental health, housing, and homelessness, amongst other sectors, all which of intersect with hospitals and health services in

one way or another. The AASW has been advocating strenuously for a social work registration scheme to ensure that the workforce is regulated and maintains a high standard of service delivery. We call on the NSW Government to introduce registration for social workers to in the interests of public safety and quality assurance.

AASW has consulted extensively with NSW social workers, particularly those located in regional, rural or remote areas, and their input forms much of this submission which is broken down into each term of reference.

## Summary of recommendations

- That **services are better integrated** across regions in NSW to allow for consistency of treatment.
- That **access to internet and other technology** is improved in regional, rural and remote areas of NSW.
- That **better supervision** is made available to all staff and in particular, new graduates.
- That **financial incentives** are provided to encourage experienced practitioners to relocate to regional or rural healthcare settings.
- That palliative care services are **appropriately funded** to meet the needs of regional, rural and remote residents of NSW.
- That social workers are **mandatory in palliative care** teams across NSW.
- That **cultural safety** for working with Aboriginal and/or Torres Strait Islander people is mandatory and provided periodically.
- That **training on use of interpreters** is mandatory and provided periodically.

## Responses to Terms of Reference

### • Health outcomes for people living in rural, regional and remote NSW

AASW members reported that health outcomes were “*worse than the city*” for the clients they were seeing in their social work practice. They reported a stoicism in their clients however - a resilience that meant they were more likely to accept substandard care as a consequence of living in a regional, rural or remote area. Health outcomes are also poorer due to generally lower incomes and a higher cost of living in regional, rural or remote areas. Many times, the cost of driving the long distances to see a health professional is too much when compared with the immediate costs of day to day living, including higher costs for groceries and bills. One member said:

*The cost of living has such a detrimental impact on health. For example, the cost of meat. I was talking to a whole family who had moved from a city area to a rural area and their B12 levels dropped significantly because they were unable to afford meat.*

When a person does make the decision to bear the cost of time and money to see a health professional, the wait times for follow up appointments, such as for receiving test results, can be significant and add to delays in receiving appropriate treatment. Social workers working in these areas reported concerns that their client's otherwise treatable illnesses were left too late to treat properly and led to a poorer prognosis than their city-counterparts for similar illnesses.

Social workers also reported poorer mental health outcomes compared with city residents. They cited a lack of infrastructure to support good mental health, ongoing stigma and poor understanding of mental illness, and a general inconsistency of appropriate services as contributing to this gap.

### **Bushfire and COVID-19 impacts**

AASW members were already reporting high incidences of mental health issues for their clients post-Black Summer bushfires, and this was further exacerbated by the COVID-19 pandemic.

Members stated that the rapid shift to telehealth was difficult for their clients to navigate due to lack of understanding of technology, lack of internet connectivity, and lack of access to required technology. This includes not being able to afford internet or phone data, as well as limited connectivity for those who do have phone or internet. One member reported that half her caseload dropped off during initial restrictions as they were unable to access her safely via phone or video conferencing. Social workers had concerns for those already living with poor mental health and their now increased risk of suicide, which, due to not being able to see clients in-person at the height of the COVID-19 pandemic, meant that this risk was not able to be properly assessed or safety planning completed.

### **Recommendations:**

- That services are better integrated across regions in NSW to allow for consistency of treatment.
  - That access to internet and other technology is improved in regional, rural and remote areas of NSW.
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- **Access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services**

AASW members reported many barriers in access to and quality of healthcare services in regional and rural NSW. One social worker said:

*Once upon a time you got to choose where you went if you lived in a rural town. Now it's just the closest service.*

Many members stated that frequent changes in general practitioners in small towns is leading to inconsistency into entry into base-line healthcare which leads to discrepancies in referrals to other services a client may need. Oftentimes the person's social worker needs to follow up with other service providers on their behalf. A lack of or inconsistency in GP services creates difficulty for those clients requiring access to other services that require a referral from a GP, such as mental health

treatment under Better Access. Accredited Mental Health Social Workers (AMHSWs) can provide Medicare-subsidised mental health support under Better Access, are located across regional, rural and remote NSW, and are generally easier to access in these areas than psychologists.<sup>1</sup> Members however reported potential clients having difficulty getting a referral from a GP in their local area to access this mental health support, due to gaps in service.

AASW members also reported a lack of connection between metropolitan-based services and those in regional or rural areas. Clients needing to go into the city to access specialised medical support are often not appropriately supported by either the city or regional hospital once they return home. Social workers stated this is due to a lack of communication between different hospitals and leads to confusion of follow-up treatment and inconsistency of care.

However, our members did not fault the services provided by healthcare professionals in regional and rural areas of NSW. They noted that staff are often overworked, limited in the services they can provide, and dealing with working conditions that those in cities would not put up with. They said that this combination of factors is a barrier in itself for their clients to access timely and appropriate healthcare, leading to frustration across both the community support and healthcare sectors.

- **An examination of the staffing challenges and allocations that exist in rural, regional and remote NSW hospitals and the current strategies and initiatives that NSW Health is undertaking to address them**

AASW members overwhelmingly stated that there is just not enough staff to provide the level of service needed to meet the healthcare needs of residents of regional, rural and remote NSW. They reported new graduates arriving in their towns quickly burning out from being overworked and not having the resources required to meet the needs of their patients effectively. Social work graduates have similar experiences to their healthcare professional counterparts with one social worker saying:

*When I started out, I was covering an area of 60,000km singlehandedly and without supervision. I was told in a meeting if I didn't like it, leave, and I did. This attitude hasn't changed.*

New social work graduates especially need to have proper support and supervision to be able to work with hospital patients effectively and safely. AASW members stated however that there is an issue with new graduates not having the support they need within hospital and other healthcare settings:

*The work can be really isolating, challenging and complex. Staff who are just developing their skills are managing really complex situations and don't have access to supervision. This poses significant risk to patients and issues of staff wellbeing and retention.*

A hospital social worker's role is to enhance social and emotional functioning through targeted interventions and the mobilisation of services and supports. The benefits of having social workers

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<sup>1</sup> <https://www.aasw.asn.au/document/item/11704>

within hospital settings is immeasurable, however AASW members reported that the role of social workers within hospital settings is poorly understood by other disciplines leading to their skills and expertise being under-utilised.

Overall, social workers who have remained in regional and rural hospital settings in NSW reported strength and resilience of those they work with and for, despite limited resources impacting on breadth of the work they are able to do.

**Recommendations:**

- That better supervision is made available to all staff and in particular, new graduates.
  - That financial incentives are provided to encourage experienced practitioners to relocate to regional or rural healthcare settings.
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- **The access and availability of palliative care and palliative care services in rural, regional and remote NSW**

Social workers reported overall limited palliative care services available to people living in regional, rural or remote NSW, and in the case of paediatric palliative care, no services at all outside of Sydney. To access palliative care, many people living outside of metropolitan areas need to go through private services which can be costly and difficult to get in to. In cases where people cannot afford to go through private services, they remain an inpatient in hospitals longer than needed, or die in hospital against their wishes.

The limitations of the services already available can be further constrained by individual clinicians' views on palliative care. An AASW members reported their client not being given access to appropriate pain relief as it was against the beliefs of the prescribing doctor, another said:

*An elderly patient was quite ill, and the doctor said to her family take her home and let her die, based on his objections to palliative care.*

Social workers have speciality in palliative and end of life care. When cure is no longer possible, a host of psychological, social, physical, practical and spiritual stressors arise that social workers who specialise in end of life care, are specifically trained to assist, not only the individual but also their family and carers, to cope and manage. Social workers in this context undertake specialist assessment and interventions for psychosocial and spiritual issues in the context of advanced illness, end of life care, dying and bereavement, and have specialist knowledge in relation to culturally appropriate supportive care for patients, families and carers. Further, the social work profession affirms the right of individuals to determine their individual care, promoting and respecting self-determination as a fundamental human right. AASW members reported frustration at healthcare providers not respecting the wishes and rights of their clients to choose how they die.

**Recommendations:**

- That palliative care services are appropriately funded to meet the needs of regional, rural and remote residents of NSW.



- That social workers are mandatory in palliative care teams across NSW.
- **An examination of the impact of health and hospital services in rural, regional and remote NSW on Indigenous and culturally and linguistically diverse (CALD) communities**

AASW members reported high levels of discrimination against Aboriginal and/or Torres Strait Islander people accessing treatment in regional, rural or remote NSW healthcare settings. One member stated:

*There is a lot of judgement and assumptions made by health professionals which impacts access due to discriminatory experiences, such as the assumption that if you're Aboriginal you need to be tested for drug use.*

Privacy in small communities was also a concern, especially where healthcare workers live in the same town as they work.

*People are scared that everyone's going to know their business. Having someone as a professional who is also a member of the community is a concern for a lot of people I have spoken to.*

Access to interpreters was reported as patchy by AASW members, despite many more people on Temporary Protection Visas now living in towns classified as rural or remote. Government programs incentivise people on these visas to move to regional, rural or remote areas but the services are not there to support them, making it difficult to access healthcare when needed.

**Recommendations:**

- That cultural safety for working with Aboriginal and/or Torres Strait Islander people is mandatory and provided periodically.
- That training on use of interpreters is mandatory and provided periodically.

**Conclusion**

The AASW welcomes the opportunity to make a submission to this inquiry and discuss any of the points raised.



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