Australian Association of Social Workers
Incorporated in the ACT
ACN 008 576 010
ABN 93 008 576 010

Health Reform Position Paper

Position Statement

Introduction: The Social Work Platform
The social work profession is committed to maximising the well being of individuals and society. It considers that individual and societal wellbeing is underpinned by socially inclusive communities which emphasise principles of social justice and respect for human dignity and human rights, including the right to freedom from intimidation and terror in society. Minimum standards of human rights include also the right to adequate housing, income, employment, education and health care.

Role of Social Workers
The AASW is the only national organisation for social workers in Australia, with over 6,000 members, many of whom are involved in the delivery of health services.

The AASW is a foundation member of Allied Health Professions Australia (AHPA), a member of the National Primary Health Care Partnership (NPHCP), a member of the Mental Health Council of Australia and a member of the Consumers Health Forum of Australia.

Social workers are arguably the largest group of allied health professionals in the public health workforce. In Queensland Health, in 2010, for example, there were 746 full-time equivalent social workers. In comparison, there were 718 physiotherapists, 667 occupational therapists, 414 psychologists and 11 neuropsychologists in full-time equivalent figures. In NSW Health, more social workers are employed than any other allied health profession.

Social workers are also employed in specialist mental health services, and by 2004-05, made up a third of the allied health workforce for public mental health services (Dept of Health & Ageing, 2007, p.46). In that year, social workers comprised the fourth largest professional group in the public mental health workforce after mental health nurses, medical staff and psychologists.

In addition, around 900 social workers in private practice provide services through Commonwealth funded health programs, including ATAPS (Access to Allied Psychological Services). Also, AASW approved mental health social workers are eligible to register as Medicare Providers and deliver services under the Better Access to Mental Health Care program and a number of other programs.

It is widely recognised today that an inter-disciplinary clinical approach is the most effective way of helping to ensure healthy communities. Multi-disciplinary teams include doctors and nurses and, vitally, allied health professionals, working in collaborative partnership with health consumers to improve health outcomes.

Social workers work across the continuum of care in all health settings and are knowledgeable about all disease and treatment groups as well as prevention and early intervention. Social workers provide a unique interface working collaboratively with other professions, consumers, families and communities.

Most social workers are employed by government or non-government organizations. In the health sector, social workers work across the continuum of care and in service settings such as community health, acute inpatient, rehabilitation, health promotion, mental health and Indigenous health.

Social workers deliver services to individuals across the lifespan, and to families, groups and communities. Social workers in all fields of practice have at least some clients with physical and/or mental health problems, often in combination with other difficulties. They work with clients across the age range and frequently also work with their carers. Depending on the service setting, their clients may be children, adolescents, adults or older people.

Policy Context

Primary Health Care services in Australia are funded and administered by different levels of government and cover a mixture of public and private facilities. The aim of the Federal Health Reform Agenda is to bring the majority of health care under one national funding framework – the Federal Government – while being managed and coordinated locally by Medicare Locals. The intended benefits are:

- a significant reduction in existing fragmentation and cost shifting in the system;
- greater responsiveness to the specific needs of local communities;
- development and implementation of solutions to local health issues;
- improved links between key PHC providers, especially GPs and allied health, allowing patients to better navigate the system and more easily access the care they need, when they need it.

An integrated practice model
The AHPA and the AASW are concerned that there would seem to be only a minority of Divisions currently working in an integrated model with existing State funded community and primary health care services. The majority are currently focused on general 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 same by Divisions nationally. The AASW is concerned that Divisions do not demonstrate good linkages to allied health professionals within their local areas.

Allied health's role in governance

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. It is therefore essential that allied health professionals are involved in the governance and organisational structures of Medicare Locals to ensure that Medicare Locals represent primary health care services across the spectrum and that communities can 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. 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.

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 this criteria 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 that social workers and other allied health professionals, who are engaged in governance roles, should 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 communities.

In relation to this we believe Government should provide assistance to professionals from allied health backgrounds taking on governance roles, to ensure they have the capacity to deliver quality governance in the new organisations. The AASW is working with AHPA on a proposal to this end.

Population needs
Medicare Locals will need to be very 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. Again, many of these services have been piloted if they are not already established in some State funded primary health programs.

Integration with Local Hospital Networks (LHNs)
The aim of Medicare Locals and Local Hospital Networks is to ensure the health outcomes of consumers and carers are met. Therefore it is crucial that the expertise of primary health care professionals is acknowledged as an essential skill in the service provision within both organisations.

A successful system requires integration of services between Medicare Locals and Local Hospital Networks. This is absolutely critical to overcome current structural barriers that impede the care of the consumer as they move from hospital into the community.

Recommendations (Talking Points)

The following principles must underpin the vision of a reformed and integrated health care system:

1. Social workers and other allied health professionals 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.
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.
7. Health professionals to be accountable through a 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 2011-12 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 to be inclusive of all settings. This is especially relevant to primary and secondary prevention programs.

Workforce Issues

- *Attraction and retention of medical and allied health professionals in rural and remote communities*

References

AGPN 2010 "Primary Health Care Organisations Explained" Information sheet

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National Office
Level 4 33-35 Ainslie Place
Canberra City
ACT
Postal Address
PO Box 4956, Kingston ACT 2604
Telephone: 02 6232 3900
Freecall 1800 630 124

Email: advocacy@aasw.asn.au
Website: www.aasw.asn.au