

A hidden jewel: social work in primary health care practice in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: The New Zealand (NZ) Ministry of Health's Primary Health Care Strategy (2001) has an overall vision of better health for all and the reduction of health inequalities between different population groups. This goal can be achieved by comprehensive, integrated primary health care (PHC) service delivery. One useful approach is to place social workers within PHC practices. This study aimed to explore the perceptions about, and the experiences gained by, such integrated social workers regarding their contributions towards the PHC vision.

METHODS: This qualitative study focused on three participant groups, namely social workers, PHC professionals and key informants. Overall, 18 one-to-one, semi-structured interviews were undertaken in various locations in NZ. Key themes were identified via a general inductive approach.

FINDINGS: Three key themes emerged from the data: wider factors, organisational factors and social work factors. The last theme encompassed the social workers' professional understanding, knowledge and approaches. The organisational factors (a community needs focus and provision of a supportive work environment) and the wider factors identified (funding and issues experienced by communities) had variable impact on these social work positions.

CONCLUSION: Participants viewed social workers as facilitating appropriate access to and engagement by people with services; enhancing ongoing, coordinated, safe service provision; and contributing to staff development. The potential of the social work profession within PHC practices was well recognised by non-social worker participants. This study provides initial insights into the unique contributions made by social workers towards achieving NZ Ministry of Health's PHC vision.

KEYWORDS: General practice; primary health care; social work

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Introduction

The New Zealand (NZ) Ministry of Health's Primary Health Care Strategy (2001) envisions overall to improve the health of its population and to reduce health inequalities.¹ Successive NZ governments have identified that a comprehensive, integrated approach in primary health care (PHC) is crucial to achieve this goal.¹⁻³ Despite ongoing efforts, one researcher observed that little is known about the scale and effectiveness of integrated PHC models in NZ.⁴ However, one model that shows promise is to position social workers within PHC practices.

The establishment of social work positions within PHC practices has occurred for several reasons.

For instance, general practitioners (GPs) are not able and should not be expected to deal solely with the array of issues experienced in practice.^{5,6} Social workers have been identified as one suitably qualified health professional group that can support the medical profession,^{5,7} as social workers bring appropriate theoretical foundations, knowledge and skills to the clinical setting.⁸⁻¹⁰ Positive outcomes have been reported as a result of social work involvement in PHC practices, such as enhanced communication¹¹ and easier access for ethnic minorities and people of low socioeconomic status.¹¹⁻¹³ Further, people who experienced psychosocial issues and did not access an external social service agency indicated their interest in getting or accepting an offer of integrated social work support.^{14,15} One study identified terrorism

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and other catastrophes (such as natural disasters) as appropriate psychosocial issues to be addressed by social workers based within PHC practices.¹⁶

This study aimed to explore perceptions about and experiences of social workers integrated into PHC practices, with regard to their contributions towards the NZ Ministry of Health's PHC vision.

Methods

Ethics committee approval was given for this qualitative study by The University of Auckland Human Participants Ethics Committee (Ref. 2012/8292).

Overall, 18 health professionals were recruited using different approaches, including an email membership list and professional networks. The interviews focused on three participant groups, namely social workers (n=9; all had work experiences within PHC practices), PHC professionals (n=3; two GPs and one registered nurse), and key informants (n=6; these participants were from relevant professional bodies, primary health organisations, or district health boards). One-to-one, semi-structured interviews were conducted either face-to-face or via telephone. The interviews varied from 40 to 105 minutes in length. Interviews were audiotaped and transcribed verbatim, with participant information anonymised.

The data analysis followed a general inductive approach.¹⁷ The text segments were coded, combined and further aggregated into themes.^{17,18} Feedback on the interview transcriptions was sought from the participants. Codes and themes were independently checked by the researchers and there was general agreement.

Findings

Three key themes were identified and labelled as:

1. wider factors;
2. organisational factors; and
3. social work factors.

These themes and subthemes are outlined in the following sections. Figure 1 includes a research findings framework and Table 1 provides illustrative quotes for the themes and subthemes.

Wider factors

The first key theme situates the topic of integrating social workers in PHC practices within the broader health care system.

The funding challenge

All participants identified government funding as a fundamental, difficult and ongoing challenge regarding this integrative model of having social workers working within PHC practices.

Issues experienced by communities

All participants identified an array of issues experienced by communities, and particularly ones that support social work engagement. These issues included all aspects of a person's health (physical, mental, emotional, cultural, spiritual, family) and reflected the social determinants of health.

Organisational factors

Organisational factors, the second key theme, describe aspects that shape the organisational environment for social workers working in PHC practices.

Focusing on community needs

All participant groups identified the need to purposefully place social workers within PHC practices. Reasons included the wish to offer more holistic, seamless health care or the need for an additional skilled professional due to the nature and complexity of patients' issues practices were confronted with. The focus was placed on populations who were most affected by health inequalities (Māori and Pacific peoples or people of low socioeconomic status) and those vulnerable due to their age, high health needs (for example, people with long-term conditions or a mental health diagnosis) or being new in NZ (migrants and refugees).

A supportive work environment

All social work participants reported feeling strongly supported by the PHC practice in which

they worked and expressed overall satisfaction with their employment conditions.

Social work factors

The final key theme focused on the social work profession.

Role clarification by the social work profession

Participants across all three groups recognised the fundamental need to articulate the role of the social work profession when working in a PHC practice. Social workers have to be able to clearly communicate their professional role, as well as the specific role within their organisational context, to all stakeholders.

Social work perspectives and knowledge

The social work participants' perspectives and theoretical knowledge reflected both the international and national definitions of social work.^{19,20} Principles such as social justice and equity were identified as vital to their work. All social workers highlighted the importance of seeing people's needs holistically within their individual context, emphasising that the term 'holistic' referred to all aspects of health (including people's environments) and the interconnectedness of these aspects. They utilised indigenous and other holistic models of health, such as Te Whare Tapa Whā²¹ (a Māori model of health) and Fonofale²² (a Pacific model of health). The aspect of clients' self-determination was recognised as essential to social work.

Further, social workers demonstrated extensive practical knowledge related to and outside of the health sector (for example, health information and community/government services access).

Social work phases

The social workers followed commonly utilised social work phases, working systematically towards achieving set goals and thus improving health outcomes. These phases were: referral, preparation, building rapport, assessment, setting goals and establishing a joint plan with clients and their families, interventions, review, and

WHAT GAP THIS FILLS

What we already know: It is widely reported in the literature that comprehensive, integrated primary health care (PHC) offers better care and decreases health inequalities between populations. Such provision requires a diverse team of health professionals. International evidence suggests that one approach is to integrate social workers within PHC practices. This research supports this view.

What this study adds: This study offers a contemporary view of the potential for social work in PHC practices; therefore, broadening the understanding about this model within a New Zealand context.

Figure 1. Social workers in primary health care: research findings framework



closure. Tailored interventions included advocacy, case management, liaison, referrals, information provision, practical and emotional support, counselling, health education, discharge planning, skill building, and group work.

Relationship building by social workers

Relationship building played a crucial role for the social workers in order to do their work and was

Table 1. Overview of themes and subthemes, including illustrative quotes

Themes and subthemes	Quotes
Wider factors	
The funding challenge	This person who I've been working with in the past few weeks who I've not been able to have social work support with, has presented three to four times, each time seeing a different GP probably for more than half an hour. So that's two-and-a-half hours of GP time. Nothing has actually been addressed about the things she's coming in with so in terms of time and money I'm sure that it would definitely be cost-efficient to have more social workers. (#1; nurse)
Issues experienced by communities	<p>...mental health needs and combining that with the social needs for people... someone who was having their own health problems plus they had a husband with health problems. And it was starting to become too much, both being a patient and a caregiver. (#2; social worker)</p> <p>That's their whole background. Definitely money, housing, lack of support... lonely, don't know where to turn to, stressed 'to the max' [maximum] and it's just entirely their living. And they're presenting with physical symptoms that we can't treat until we sort out their home environment. (#3; key informant)</p>
Organisational factors	
Focusing on community needs	<p>Primary health care is not about putting band aids [plasters] on, popping more pills and giving an injection. It's about the whole picture of what's going on with people. (#4; social worker)</p> <p>The more comprehensive the team is in primary care, the more problems they can deal with themselves without needing to refer anywhere else... and the more effective they are... because the more you fragment care, the less efficient it is. (#5; general practitioner)</p>
A supportive work environment	<p>I also knew I had a practice manager who was going to 'fight tooth and nail' [lobby hard] to get funded. Even the doctors would say to me 'Look, we're not going to let you go. We'll make it happen somehow.' So I've had that kind of supportive environment. (#6; social worker)</p> <p>... if you were employing them as a practice, you would need to provide them with what they need... some paid supervision, paid mentoring and the respect for listening to their feedback... for how they're finding it. So they'd need to be... supported within the team. Because being one of one modality in a team, I think is really hard. (#7; general practitioner)</p>
Social work factors	
Role clarification by the social work profession	<p>I guess this is a slightly embarrassing thing to admit, that actually my sense of exactly what is a social worker's scope of practice is actually a little fuzzy [unclear] and no-one ever sat me down... I think the fact that I'm in that space, that's clearly a first role in terms of any primary care practice thinking of employing a social worker, is to have that negotiation. (#5; general practitioner)</p> <p>I think the most important thing and I think it's probably the thing that social workers do least well is articulate... what social work is and does... that makes it different from nursing... that makes it different from general practice... that makes it different from occupational therapy... and all of those other counselling, psychology type services that are potentially involved... It becomes critically important that a social worker can articulate what the profession does in a professional service. (#8; key informant)</p>
Social work perspectives and knowledge	<p>You can actually work with anybody in the family... if working with the husband will help the wife's health....working with the children... working with the Mum will help the children's health. It's all interconnected. So you can really just get in there and work as part of the medical team but in the community. (#6; social worker)</p> <p>With complex patients we can give advice and resources to people until we're 'blue in the face' [have made a lot of effort] but you have to work at their pace... as they might effect change. (#9; social worker)</p>

Table 1 cont.

Themes and subthemes	Quotes
<i>Social work factors cont.</i>	
Social work phases	That's fundamental to a social work intervention, is doing a good assessment and being guided by the person they're working with... because they are the experts in what's going on for them and it's the social work task to do that assessment in the context of the whole person's life. Not just here's a person in front of me with an alcohol problem... It's what's happening in their families, in their immediate environment, their community, their employment. (#8; key informant)
Relationship building by social workers	I could see... really effective relationships that empower people that also facilitate better relationships within the practice and with health care services and wider services. I saw the social worker I was working with develop really strong relationships within the service and outside the service... and as a nurse that also enabled me to then develop such relationships. So a lot of inter-agency working which was essential in addressing the needs of a complex population (#1; nurse)
Social workers ensuring the flow of effective and clear communication	I just think that they're the 'glue' really, as I see it. You're the link between the community agencies, the client and the doctors. Quite often there isn't that interaction, so doctors will make a referral and then that's it. They don't know what's happened, if anything's happened and all they've seen really is what's on paper. There's a lot of other information which I can go to the doctor and say 'Hey look, this is what's going on for the person right now. This is what's happening in the family. We need to do this, this and this.' And then go along to the agency meetings and say 'Okay, the doctor's saying this'... open communication and so there's communication. It's just that communication. Doctors can't go to those community meetings but I can. (#6; social worker) I think the important thing working in primary care is that you have some ultimate, critical communications going on within your team, from doctors right 'across the board' [across the whole team] to community health workers, administrators. (#10; social worker)
Being a safe social work practitioner	I guess the big thing is to have very good systems around you. You've got to be well supervised. You've got to have a clear vision of what your role is and what its limitations are and a very strong safety net in place around practice standards and accountability. (#9; social worker)

perceived as fundamental for best social work practice. A significant aspect was establishing trust, which was seen as especially important to facilitate teamwork. The social workers developed strong, extensive relationships with stakeholders and services across a range of sectors (including clients, funders and services in the health, community and government sectors).

Social workers ensuring the flow of effective and clear communication

The social workers identified and emphasised their vital role as a central link, ensuring ongoing and often crucial communication between clients, health professionals and external agencies. Information regularly shared by the social workers included 'feedback' to the referrer about the details of their social work involvement. A timely

exchange was enhanced by diverse communication structures (including computer case notes, ad hoc consultations and formal team meetings).

Being a safe social work practitioner

All social work participants reported a strong awareness of the need to be a 'safe' practitioner, especially as they were often the sole social worker in the PHC practice. Access to, and the role of clinical supervision was especially crucial for the social workers in relation to this.

Discussion

There was an overwhelming unanimity in what was reported by all three groups, despite the diversity of participants. Few minor differences were observed. The wider factors and organisa-

tional factors described what is needed to create the environments for social workers positioned in PHC practices and best social work practice can be delivered.

The social work factors describe aspects seen by participants as crucial to the social work profession in general, but particularly when working in this health care setting. Participants emphasised that it is essential that all stakeholders have a clear understanding about social work, both its practice and organisational context, as these roles can often differ. The remaining five social work factors demonstrate what makes the social work profession unique and, therefore, set it apart from any other profession in the primary health care team. The uniqueness is reflected by the particular combination of the profession's values, knowledge, approaches and skills (for example, theoretical foundations; social work processes; diverse, flexible interventions; skills to ensure what is increasingly referred to as the need for horizontal and vertical integration of care within the health sector; communication and coordination skills; responsibility to access appropriate supervision because only then can they participate in ethical social work practice²⁰). Also, the social work profession represents a distinctive asset to an integrated team because of enhancing access for and engagement by communities (especially regarding their focus on populations who are most affected by health inequalities and/or high health needs), enhancing the quality and coordination of care, increasing safety, strengthening the workforce, and extending the knowledge of their own profession and key stakeholders.

The strength of the current research lies in its unique contribution to NZ-specific knowledge, with a social work focus on comprehensive, integrated PHC service provision. However, this research is a small, exploratory, qualitative study involving 18 participants and caution must therefore be used in applying the findings to other integrated PHC social work positions in NZ. Information from additional stakeholders may also provide further points of view.

This study demonstrates that the integration of social workers in PHC practices is one feasible model that has been successfully implemented

in NZ. The advantages of placing social workers within PHC practices are reported in this research, with participants acknowledging the potential of this approach. Key stakeholders should consider this model when developing comprehensive, integrated PHC services with their local communities, especially when serving populations most affected by health and social inequalities.

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COMPETING INTERESTS

None declared.