

Hidden in plain sight

Optimising the role of social workers in the future health and disability system

The social worker workforce

There are over 10,000 registered social workers in New Zealand (Social Workers Registration Board). Registration became mandatory for social workers in February 2021. Approximately 7,500 have a current practicing certificate and around 1600 of these are currently on a DHB payroll. The focus of social workers' work is providing a whole of systems approach to supporting individuals, families and whanau, particularly those who are experiencing complex social, psychological, relational and institutional dynamics that can be physical, mental, intellectual health or disability related.

Current social worker contribution

Social workers currently work in interprofessional, interdisciplinary and multidisciplinary teams, including multiple agencies and intersectoral settings. Health Social Work also occurs across a range of settings not limited to public and private hospitals, primary health care, residential care and community settings.

The Health Social Work Scope of Practice (2018) provides a broad range of potential contributions that social workers can make in the health sector. This includes bio-psychosocial assessment, risk assessment, safety planning and risk mitigation, as well as a range of interventions, including education, planning, health promotion, prevention and early intervention. But social workers' input is often not sought or does not reflect the need.

Optimal social worker input

Social workers are holistic practitioners with a unique experience of working collaboratively with other professionals and across sectors. As such, they represent an opportunity to embed these approaches in tier 1 and integrated care to improve outcomes for people with complex needs.

For maximum effectiveness, the social worker workforce could support advanced scope of practice with the development of new roles for more specialised input and leadership roles to complement the generalist skills of the wider social work and allied health workforces.

Barriers and enablers

Social worker input is currently sub-optimal due to

- a lack of publicly-funded roles for social workers in tier 1 and integrated care settings
- existing primary care ownership and governance models that favour GP professional dominance and reinforce staffing models in which allied health are seen as an unnecessary cost

- primary care payments that are insufficient to cover the full cost of interdisciplinary care for people with chronic conditions and complex social factors and do not reward integrated tier 1 teams for achieving good outcomes in these populations
- a lack of understanding of the capabilities and skills, and existence of areas of expertise, of social workers within the health and disability system

Evidence base (sample)

- The Social Workers Registration Act 2003 is due for review in 2021. The review will include identification of any changes that would enhance the social work contribution to health.
- A review of published literature defining care coordination and the scope of social work in health settings identified significant overlap¹.
- A systematic review of studies on social work services identified that these services are associated with cost containment, prevention, and population health, with most studies showing positive effects on health and service utilisation, and consistent cost-savings across nearly all studies².
- A review of social work interventions within integrated care teams concluded that although it can be difficult to disentangle impacts in a team-based care setting, compared to usual services, integrated care comprising social work input costs no more than usual care and significantly improves behavioural health outcomes³.

Recommendations

Increased input from social workers in integrated care teams can support a more person-centred, equitable, high quality and cost-effective integrated health and disability system. To address the critical barriers and enable an optimal use of social workers, we recommend the following changes:

- Support improved social worker workforce planning.
- Establish a leadership function to enable more effective workforce development including development of new specialist social worker roles, including leadership roles in integrated care.
- Address professional, governance, funding and payment barriers to increased collaborative interdisciplinary care in tier 1 settings, including by explicitly recognising and paying for collaborative interdisciplinary approaches with a requirement for a needs assessment and coordination role to be filled by a registered social worker.
- Educate health care professionals about the role and potential benefits of social worker input in assessing and managing people with complex needs.

¹ Monterio, Christine, Janis Arnold, Susanna Locke, Lena Steinhorn, and Susan Shanske. 2016. "Social Workers as Care Coordinators: Leaders in Ensuring Effective, Compassionate Care." *Social Work in Health Care* 55 (3): 195–213. <https://doi.org/10.1080/00981389.2015.1093579>.

² Steketee, Gail, Abigail Ross, and Madeline Wachman. 2017. "Health Outcomes and Costs of Social Work Services: A Systematic Review." *American Journal of Public Health* 107 (December): S256–66. <https://doi.org/10.2105/AJPH.2017.304004>.

³ Lombardi, Brianna. n.d. "Social Work in Integrated Primary Care: A Systematic Review," 22. <https://www.shepscenter.unc.edu/wp-content/uploads/2017/02/SWSysReview.pdf>

