Providing social care services in rural Australia: A review

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ABSTRACT. The features of Australia’s rural context have been explored by social researchers over the past two decades, and we now have a growing body of knowledge about how rural Australians live. There is also an emerging literature about rural social care practice. As a service provider, my interest is in how services are planned and implemented, in the light of the Australian rural context. This paper reviews the relevant literature in the emerging field of Australian rural social care service provision, organised under five main headings or research threads. These are: urbo-centric issues; generalist and specialist practice issues; challenges in recruitment, retention and support; boundary problems of living in small communities; and access to services. Analysis of the research in this way suggests that there is not yet a strong theoretical base in this field, with the literature dominated by practice accounts and case studies. A solid base for rural social research, in partnership with rural communities, is required in Australian universities, especially those located in rural Australia, if the gaps are to be filled and the promise of this emerging field is to be realized.

Introduction

The present paper is a review of the available research about providing social care services in Australia’s rural context. It is acknowledged that this is an emerging field of research, carried out, in the main, by a small group of researchers and practitioners, usually located in rural and regional settings in Australia, including in universities located outside the capital cities. The paper begins by outlining some salient features of social life in rural Australia and current and emerging understandings of the nature of practice in Australian rural communities. I then discuss my choice of language and definition for the paper, as a prelude to a review of the research, organised under five themes.

The rural context

As a preamble, it is worth reflecting on some pertinent features of rural Australia at the beginning of the twenty-first century, including what is understood about the context of rural communities. The main features affecting the social lives of people in rural Australia have been extensively outlined over the last decade or more. A snapshot of these features includes: the rural crisis, decline in agricultural-based industries and the impact of globalisation on farmers (Fitzgerald, 1995; Lawrence and Gray, 2000; McMichael and Lawrence, 2001; Halpin and Guilfoyle, 2004); continuing drought (for example, Alston and Kent, 2004; Botterill and Fisher, 2004); the poor health status of rural and remote Australians (Australian Institute of Health and Welfare, 1998; Dixon and Welch, 2000), especially rural and remote Aboriginal Australians (National Aboriginal and Torres Strait Islander Health Council, 2003; Thomson et al., 2006); the prevalence of violence in rural communities (for example, Hogg and Carrington, 2006); the extent of poverty among rural Australians (Bourke, 2001; Senate Community Affairs References Committee, 2004); cuts to rural public service provision (Birrell et al, 2000; NCOSS, 2004); the failure of regional development policy and the impact of economic restructuring in regional Australia (Beer, 2000; Tonts, 2000; Beer et al., 2003);
limited educational opportunities for rural Australians (Human Rights and Equal Opportunity Commission, 1999; Bourke, 2001); other changes affecting rural communities, such as bank closures (Argent and Rolley, 2000; Jennings, 2002); and the impact on rural communities of the introduction of competition policy and tendering (O’Toole, 1999; Productivity Commission, 1999; Taylor, 1999; McDonald, 2002). This is not an exhaustive list, but serves to highlight the broad range of factors that affect rural people.

In order to address these significant factors, social researchers and practitioners contend that rural social care practice is distinctive, and must take account of the complexity of the rural context. Rosemary Green (2003) argues that the rural environment presents challenges for workers in their professional and personal roles, and that these challenges need to be acknowledged by employers. Margaret Alston (2005, p. 281) advocates a new paradigm for rural social work practice, where ‘social workers play a pivotal role in responding to local rural needs, drawing on the unique strengths of rural people and communities’. Others have explored the features of a rural practice approach, stressing the importance of, for example, localism, networking and a generalist focus (for example, Cheers, 1998; Briskman et al., 1999; Chenoweth and Stehlik, 2001; Bodor et al., 2004; Cheers et al., 2005).

Social workers have been prominent among professions reporting on rural social care services, with interest also from other allied health professionals. Social workers in rural Australia contribute to the present journal and to Rural Society, while The Australian Journal of Rural Health has a broader allied health and medical readership. Articles about rural social work appear regularly (but not frequently) in Australian Social Work, where special rural issues are published about every five years. An active group of social workers in Victoria, the Rural Social Work Action Group (RSWAG) holds a biennial conference to celebrate rural practice. Presentations have included current research and practitioner experiences of rural social care service provision (for example, Rural Social Work Action Group, 2003; 2005).

There is no doubt that our understanding of the rural context and the features of rural practice is now well-developed. As a former service provider, however, my interest is in the particular issues facing service providers in rural Australia. Despite the growing body of knowledge about rural social care that I have alluded to, there is still little available research about the experience of planning and delivering a generalist service in rural Australia. A challenge for this kind of research is to conceptualise the particular issues that arise in providing social care services in rural areas, rather than simply to relocate the same service issues that are faced by metropolitan providers, important as these may be. The point is to relate the service issue or problem to its rural context so that the difference is amplified, and so that policy makers and funding bodies, invariably based in the national capital of Canberra, or State capital cities, will make more informed decisions about rural service provision. First, though, I need to define which services I want to investigate.

Defining the services

In this paper I draw on research into the provision of social care services in rural Australia. My interests, as a rural social worker, are in that very broad category of services outside clinical health services, where most social workers and welfare workers are employed. Social care services form part of a large social welfare industry in this country. However, the sector in Australia is difficult to define. The Industry Commission (1995) reported on this sector, referring to ‘community social welfare organisations’ to describe the non-profit social welfare sector. This report reflected the diversity of the sector, including size, target group, and funding, as well as variation in practice orientation, including individual and group processes and community development. Services in the sector include those to older people and people with disabilities, and support to individuals, families and communities. While the Industry Commission considered the non-profit, non-government sector, Brian Cheers (1998) uses a wider definition and refers also to services that may include government statutory services such as child protection. He refers to these services as personal social care, and includes in this category counselling, home care, child protection and child care services, ‘provided by service organizations to people on an individualised basis through direct interaction’ (Cheers 1998, p. 169). In some States of Australia, these services may be located in government departments. In the
State of Victoria, for example, child protection services and some disability services are delivered by public servants employed by the Victorian Department of Human Services (DHS) and located in regional offices across the State.

Another possible definition for this sector is the term ‘human services’. The use of this term has become widespread ‘to describe the breadth of social welfare and community agencies and programs’ (Chenoweth and McAuliffe, 2005, p. 31). In a very broad description, Fiona Gardner (2006, pp. 36-37) defines human service organisations as ‘health, welfare, and educational organisations ...whose focus is on providing some kind of service for people individually or in communities’. Gardner includes schools and hospitals, and the work of teachers and nurses, in her definition. This conceptualisation is too broad for my purposes in this paper; I am not reviewing research in rural medicine, nursing or education. Research on specialist services, such as women-specific services, has also been excluded because of the very specific nature of those services and because those activities will be reported elsewhere. Rather, I want to focus on those generalist rural services based mainly in the community, which have the purpose of responding to the social aspects of people’s lives, across the lifespan.

For these reasons, I have decided to adopt Cheers’ (1998) term of social care services. I am referring to the broadly defined sector of non-profit community and social services, delivered by paid professional and semi-professional workers in communities. The discussion below reviews research about generalist rural services across a broad range of fields serving diverse target groups, in a variety of agencies, small and large, with various organisational arrangements. These may include regional, municipal and local services, auspiced by large organisations or based in small community-based agencies.

Rural social care services – The research threads
As part of a doctoral project exploring the work of women-specific services in rural Australia (Mason, 2004), I reviewed the available research relating to generalist and gender-neutral social care service provision. I categorised the research according to five major themes: urbo-centric policy and program issues; generalist versus specialist practice debates; professional issues of recruitment, retention and support; problems of living and working in small communities such as professional boundary and confidentiality issues; and particular factors affecting access to services. Each of these themes is expanded below.

Urbo-centricity
The literature on Australian rural social care services lists urbo-centricity or urbo-centrism – that is, seeing the city and the urban environment as the norm - as a major consideration (Cheers, 1990; Lynn, 1990; Cheers, 1991; Collingridge, 1991; Condliffe, 1991; Sturmey and Edwards, 1991; Cheers, 1992; La Nauze, 1994; Roberts, 1994; Sturmey, 1994; Gething, 1997; Cheers, 1998; Briskman, 1999). According to Cheers (1998, p. 93), urbo-centricity is present ‘when ostensibly rural policies are introduced primarily to solve urban, not rural, problems’. The Commonwealth Government led by Prime Minister Whitlam attempted decentralisation in the 1970s, when a small number of regions outside the major cities were targeted for development. The most famous example was Albury-Wodonga on the Victorian-New South Wales border. This was an example of what Cheers is referring to. The solution to overcrowding in major cities was seen to be the re-location of people to smaller regional centres, without proper regard for the effect this might have on the existing regional population.

Michael Collingridge (1991) argues that urbo-centrism is one of the dominant cultures affecting rural service development. He believes that it is based on ‘an assumption that rural communities are relatively homogenous in their needs ... and that in the planning and implementation of services and their delivery, it is only a case of transporting urban models and programs to rural regions’ (Collingridge, 1991, p. 5). The application of funding formulae, for example, based on population numbers and needs analysis applicable to cities, presents problems for small rural communities (Cox and Veteri, 1992). Cheers (1998) argues that rural areas face challenges when government funding is dependent on matching contributions from communities, as they may not have the population or the means to raise money. In addition, small rural community organisations may not have the infrastructure or capacity to compete with large urban organisations in a competitive funding environment.
Urbo-centrism, then, is offered by researchers as an explanation for the neglect and misunderstanding of rural communities by urban planners and policy makers. Another explanation is offered by Dianne Cox and Dim Veteri (1992), who attempt to explain why rural society is not well understood by decision makers in the city by referring to the notion of separateness. They argue that rural communities in Australia have been ignored and marginalised because ‘the centre of economic and political power is in the city’ (Cox and Veteri 1992, p. 1), the result of a process that has been underway for more than a century. They contend that an understanding of such historical power shifts is one of the keys to understanding Australian rural life. Cheers asserts that rural people do not get the services they need because of their ‘inability to participate in and influence geographically, politically and socially distant public decision-making’ (Cheers 1991, p. 40). This exclusion and marginalisation of rural people could be construed as a lack of social citizenship.

How is urbo-centricity to be countered? The obverse of urbo-centric thinking is localism. Local management and decision-making is advocated by several rural researchers as a way of providing more responsive services in rural communities (Collingridge, 1991; Condliffe, 1991; Sturmeay and Edwards, 1991; Sturmeay, 1994). Where services are centrally located or planned, boundaries and eligibility criteria may not reflect local cultural and social values. Ruth Sturmeay (1994, viii), in a study of marriage and family counselling in rural areas, found that ‘local people are quicker to accept that counselling has something useful to offer to rural life when they manage their own service’. She recommends that large organizations based outside the target community should ensure that they have guidance from locals in how to modify the service to meet local needs. This means that central agencies need to sacrifice some control in the way they plan and manage services (Collingridge, 1991). Peter Condliffe (1991) argues similar principles of local management in a study of social work education in rural areas. In perhaps the most blatant form of urbo-centrism, the majority of social and welfare workers employed in rural Australia are raised and educated in the city (Cheers, 1998). Social work could be seen as an urban profession, imposed on rural communities.

Most commentators on urbo-centrism, however, tend to focus on questions of urban program and service design and their unsuitability for rural areas. Cheers (1998) relates this mismatch to the idea of relevance. Services designed in the urban environment, he argues, are often standardised and, when transplanted to the rural environment, will not respond to the diversity that occurs in rural communities, and will, therefore, not be relevant. Services emanating from urban centres, Cheers believes, are often based on specialised, segmented models, reliant on an array of other, complementary services. For example, a visiting rural social work service for people with a mental illness may only be effective if other services such as day activity programs are available to support the client. In rural areas, these services may not exist. Margaret Lynn (1990) agrees that local control of services affects the relevance of those services to the community, and goes further, arguing that when social workers do not respond to local need, they may be seen by local people as oppressive. Advocating the principle of indigenisation, after Emilia Martinez-Brawley (1990; 2000), Lynn urges agencies to ‘legitimise rural models and not be driven purely by metropolitan perspectives’ (Lynn, 1990, p. 18). Lindsay Gething (1997), writing about rural services for people with disabilities, and Richard Roberts (1994), reporting a study of rural people with HIV/AIDS, offer potent reasons why urban-designed programs that have no resonance with rural client groups will be ineffective, indeed harmful, because they ignore rural factors. These include, in the case of HIV/AIDS, the impact of rural isolation on a victim of homophobia, or, in the case of a person with a disability living in a remote community, using equipment designed for a city environment.

Generalist or specialist?

Such an emphasis on localism and local control contributes to a trend amongst rural social care services researchers to promote generalist practice and generic services in rural communities. Lynn defines generalism as ‘the practice that calls on all methods of intervention’ (Lynn, 1993, p. 5). She believes that generalism is essential if practice is to be indigenous, and that it is culturally compatible with rural life, where people are more accepting of informal helping networks (Lynn, 1990). Cheers (1998) also takes up this theme,
arguing that specialisation is alien to rural culture, where rural people are expected to improvise and come up with practical solutions themselves, rather than rely on qualified people. I have concerns about this notion of rural people as enthusiastic amateurs, as it plays into the urbo-centric and deficit-based view of rural people so prevalent in urban Australia. Collingridge (1991) agrees that terms such as ‘generalist’ can be used in uncomplimentary ways to mean amateur or ‘jack of all trades’. One consequence has been that outsiders are brought in as the experts, while local rural workers, in their generalist role, are overlooked. This may reinforce the view that local workers do not have the status or knowledge of an outside consultant or expert, but may also feed into community suspicion of outsiders and their city values (Cox and Veteri, 1992).

Most researchers exploring Australian rural practice agree that rural practitioners are and should be good generalists, and that specialisation is an urban practice model (Lynn, 1990; Sturmay and Edwards, 1991; Cheers, 1992; Cox and Veteri, 1992; Puckett and Frederico, 1992; Munn, 1993; La Nauze, 1994; La Nauze, 1996; Cheers, 1998; Krieg Mayer, 2001). Cheers (1998) refers to generalism as a key principle of community-oriented social care practice. For social workers this requires skill working with individuals, groups and communities, developing policy, planning, and undertaking research, management and community consultation, all as part of one job. Rural social care workers, therefore, need a broad range of skills and the capacity to work independently, as there are few, if any, specialist agencies to refer on to (Sturmy and Edwards 1991; Puckett and Frederico 1992; Cheers 1998). In a small study of five social workers in Western Australia, Angela Krieg Mayer (2001) found that they listed generic qualities and skills as necessary for their role, along with the ability to apply those skills where there are few other referral points and no after-hours services, and the capacity to work with minimal supervision. This sounds more like multi-skilling, a term favoured by Collingridge (1991), rather than generalism, to denote practice whereby a worker provides multiple services and multiple roles. Cheers supports the notion of rural social care service agencies performing many functions, arguing that ‘highly specialised organizations and services are inappropriate for much of rural Australia’ (Cheers, 1992, p. 15). One advantage of such organisations is that service users may prefer to interact with just one professional worker in one generic community agency when seeking assistance for a range of social concerns. Sturmy (1994) for example, in a variation of this theme, recommends that generalist marriage and relationship counselling services in rural areas also include domestic violence support services, believing that many rural people would more readily use a generic counselling service than a specialist domestic violence service. However, this may not be so much about service choice or service type as about the confronting nature of the issue of violence against women.

When new rural social care services are planned, then, a debate may ensue about whether to have generalist or specialist services. Should generalist services try to incorporate specialist workers or should all workers have extra training to cover specialist demands? How realistic is it to expect that workers will be able to deal competently with the myriad demands placed on them? (Sturmy, 1994). In small towns, services may be incorporated into a multi-service model because of logistical reasons. It may indeed make more sense, as Cheers (1992) advocates, to have a generalist social care services centre offering many different programs, housed under one roof to pool scarce resources, than a series of small, specialist services. These debates are often about organisational structures, infrastructure and practice methods rather than the philosophy or ideology of service provision.

**Professional and staffing issues**

A third theme in the Australian rural social care services literature concerns the difficulties and challenges associated with recruiting, retaining and supporting qualified staff (Collingridge, 1991; Sturmy and Edwards, 1991; Gething, 1997; Cheers, 1998; Lonne and Cheers, 1999; Lonne and Cheers, 2000; Hodgkin, 2002; Lonne and Cheers, 2004). Continuing publicity and concern about the scarcity of medical practitioners in rural Australia has overshadowed a similar problem in the non-medical allied health and social care services fields. The Australian Federal Government has recognised the problem of attracting doctors to rural areas and is providing funding and incentives for medical staff to train and stay in rural communities (Coote 2002). The National Rural Health Alliance (NRHA) lobbies
for increased government attention to the
dearth of allied health professionals, including
social welfare workers, in rural Australia. It
provides support in the form of scholarships,
conferences and networking for rural
practitioners.

Although there is a general consensus
among rural social researchers that it is difficult
to find qualified staff, there is very little
empirical evidence about who works in rural
Australia, where they come from, how long
they stay and whether or not they thrive in the
non-metropolitan setting. A study conducted
by Bob Lonne and Brian Cheers of 194 rural
social workers in communities of 72,000
people or less (1999; 2000; 2004) is a valuable
contribution to this emerging field. In this
study, most of the social workers who had
relocated to take up their current position had
come from other rural places and provincial
cities; most worked in generic positions,
working with individuals and families rather
than in community work roles; and those who
moved from the city found the change to rural
life positive. However, Lonne (1999) found
that there was little or no contribution from
employers for relocation costs or professional
support, limited career prospects, many short-
term or temporary positions, and gender
inequalities in the rural workforce, with more
men than women attaining permanent, well-
paid supervisory and management positions.
These factors, along with poor preparation for
rural practice, contributed to a low retention
rate, with half the workers intending to stay in
their positions for less than two years (Lonne
and Cheers, 2000).

Lonne categorised rural social workers into
‘cosmopolitan’ and ‘bush’ workers, with the
former group – mainly men moving to larger
rural communities and cities – motivated by
professional practice or career advancement
reasons, and the latter group motivated by
their commitment to and experience of a rural
lifestyle, living in communities of 50,000 or
less. The social workers in this study, far from
seeing a rural working life as a lesser version
of the one on offer in the city, genuinely
enjoyed working in rural communities and were
very committed to their fields of practice and
their client groups (Lonne and Cheers, 1999).
The findings of Lonne’s study do not deny that
there are difficulties filling positions in rural
areas, but his findings about rural social
workers challenge the belief that the capital
cities are the only place to recruit workers
(and, by implication, that the city is the only
place where expertise can be found). Building
on Lonne’s findings, Suzanne Hodgkin’s
(2002) study of thirty child protection staff in
three Victorian rural regions confirmed the
value of recruiting and training locally. She
found that staff recruited from metropolitan
areas returned to the city soon after gaining
some work experience, and that the most
successful local recruitment occurred where
there were professional social work and
welfare courses offered locally (Hodgkin,
2002).

Rural social care services researchers also
report a lack of professional support for staff
(Sturme and Edwards, 1991; Gething, 1997;
Cheers, 1998; Lonne and Cheers, 1999; Krieg
Mayer, 2001; Hodgkin, 2002; Lonne and
Cheers, 2004). This ranges from a lack of
adequate supervision locally, the cost of travel
to attend city-based professional training and
education, and inadequate information about
the community before taking up the position.
Isolation and a consequent lack of peer
support is cited as a problem for rural workers
(Gething, 1997) especially lone workers in
small agencies (Cox and Veteri, 1992). There
is still very little known about how workers in
specialised fields, such as women working in
women-specific services, fit into the largely
generic rural workforce scenario (Lonne and
Cheers, 2000).

Rural practice and professional boundaries
A fourth theme that emerges in the Australian
research concerns some of the challenges of
living and working in rural communities. These
include the problems of being highly visible in
both work and private life (Lynn, 1990; Puckett
and Frederico, 1992; Lynn, 1993; Crago et al.,
1996; Gregory, 2005), and issues of privacy
and confidentiality (Sturme, 1994; Macklin,
1995; Cheers, 1998; Green and Mason, 2002).
Rural workers may also experience a tension
between wanting to be accepted by the
community in order to be credible, and
engaging in political and social action with and
on behalf of the powerless, at the risk of being
alienated or rendered ineffectual by the power
of the mainstream community ideology (Cox
and Veteri, 1992; Lynn, 1993; Macklin, 1995;
Crago et al., 1996; Cheers, 1998).

The traditional professional tenets about
keeping the relationship with the client on a
strictly formal basis cannot easily be applied in
rural practice. In a small community, a worker
is likely to meet clients in many settings
outside the counselling room or the community
community from the workplace town; and not socially in some activities; living in a different clients or discuss work matters; not engaging guidelines for when and where they would see combat these difficulties, including having strict service design. Workers devised ways to community; and considerations about rural information gained informally in the guarding confidential information; using client practice in relation to confidentiality: workers Mason, 2002) explored three aspects of rural welfare workers in rural Victoria (Green and confidentiality. A study of twenty-three social has implications for privacy, anonymity and personal life for rural human service workers counsellor plays only that formal role. This way of working does not follow the urban, traditional therapeutic orthodoxy, has been rejected by feminist services, for example, where the professional-as-expert model is seen as alienating to women (Weeks 1994). It may be that some aspects of rural practice, promoted as more informal and holistic practice, may have much in common with the women-centred practice seen in women’s services (Green et al., 2006). Lynn (1990) argues, for example, that she does not see a problem when rural workers relate to the same person on several levels, and says that this is the expectation of country people, who are more familiar with less formal helping networks. This way of working does not follow the urban, traditional therapeutic orthodoxy, where the counsellor and client are unlikely to meet accidentally or unexpectedly between counselling appointments, and where the counsellor plays only that formal role.

The overlapping of professional and personal life for rural human service workers has implications for privacy, anonymity and confidentiality. A study of twenty-three social welfare workers in rural Victoria (Green and Mason, 2002) explored three aspects of rural practice in relation to confidentiality; workers guarding confidential information; using client information gained informally in the community; and considerations about rural service design. Workers devised ways to combat these difficulties, including having strict guidelines for when and where they would see clients or discuss work matters; not engaging socially in some activities; living in a different community from the workplace town; and not involving their family members in work matters. The study demonstrates that professional codes of ethics do not easily accommodate rural practice dilemmas (Green and Mason 2002). A larger, follow-up study (Gregory, 2005; 2006) confirms that workers were acutely aware of the professional and ethical issues arising, for them and their colleagues, from living and working in rural communities.

Because of high visibility, Cheers (1998) argues that the rural social care services worker is accountable not only to her employer, but also to the community. Rural workers report being approached about work matters at all hours and wherever they may be in the community. Clients and others may discuss work-related matters with the worker at the football, at the school gate or in the main street on Saturday (Edwards, 1995). This may be where service users feel safe, especially if they are women at risk of domestic violence (Cox et al., 2001). In many rural areas there is no twenty-four hour service, so the worker’s home life may be interrupted by phone calls and callouts, including to incidents of flood and fire (Krieg Mayer, 2001). In addition, agency information needs to be kept safely and used anonymously by employers and management committees, or trust in the service will be lost (Sturme, 1994). Some services, such as child protection and sexual assault support services, because of the nature of the issues they deal with, need to be especially sensitive to this.

Building on this view, Marie Macklin (1995) reported the power of gossip and innuendo in a country town, and how it affected the use of community services. Potential clients, concerned about their privacy, would not enter certain buildings in the town to access services such as the sexual assault counselling service, for fear they would be seen by others and conclusions drawn about them. A potential effect, according to Macklin, was that some social problems such as child abuse may have remained unreported and potentially helpful assistance not sought. In her view, the myth of the town as a caring community, managing its own problems without professional help, coupled with the power of gossip, helped to hide or deny some unpleasant truths and social problems. Macklin argues that this form of denial meant that the social relations contributing to problems such as domestic violence and sexual abuse were not challenged (Macklin, 1995).
Arguing from a similar stance, some rural social care researchers, using sociological and systems theories, allude to particular problems faced by rural service providers because of what they claim to be the peculiar nature of rural communities, in that they are characterised by strong ties (Sturmev, 1994; Crago et al., 1996; Rawsthorne, 2003). Strong tie communities, it is argued, exert pressure on their members to conform to accepted practices and attitudes. This aspect of community may be partly responsible for the pressure on the rural worker to be ‘jill of all trades’ in a deprived service environment with few referral options, and where the worker is likely to know a lot of people in many contexts. Some authors have argued that, where there are strong bonds among community members, sanctions may be applied against those who do not comply (Crago et al., 1996). This has implications for counsellors, for example, who may find it difficult to assist individuals or families to make changes in managing relationships or conflict, outside the bounds of what is seen as acceptable in that community. The worker may be subject to conservative community sanctions when she suggests a different way of doing things or advocates particular forms of social change (Sturmev, 1994; Macklin, 1995). Asserting an unpopular stance about children’s welfare or housing for offenders could affect a worker’s reputation and even threaten the safety of their children (Krieg Mayer, 2001; Green and Mason, 2002).

Social care services workers, advocating new initiatives for homeless young people, women who are sole parents or people experiencing mental illness, for example, may experience hostility from some groups in the community. In a rural area, workers are less likely to have a supportive group of other workers to support them, and may experience a form of cultural isolation (Cox and Veteri, 1992). Cheers (1992) advocates that workers try to avoid such isolation by remaining unaligned in the initial period in a rural role, and concentrating on issues that unite, rather than divide, the community.

The view of rural communities as closed, conservative enclaves is not especially helpful for progressing our understanding of rural social care service provision. In such an approach, there is a danger of endorsing a deficit view of rurality as a lesser version of the city, where local social care services professionals are somehow at risk of contamination from the prevailing social ideology. This implies that local workers or community members will not raise controversial or radical ideas in rural communities, for fear of reprisal or ostracism. On the contrary, the lived experience of rural practice suggests that rural practitioners are capable of making supportive links with others in the community and beyond, and that they can be very successful advocates of change (Lynn, 1990). There are many examples of such activities documented by rural practitioners (for example, Green and Coates, 1999; Rural Social Work Action Group, 2003; 2005). Strong bonds in a community, far from constraining rural human service practice, can be seen as positive and may assist a professional worker who is a change agent (Lynn, 1993; Crago et al., 1996). If workers are trained to expect that they will have multiple relationships and will be wearing many ‘hats’, then this phenomenon can be used to their advantage. What is certain is that whatever a worker does will be noticed, commented upon, judged and assessed; ‘their every intervention will inevitably ripple to some degree through the entire community’ (Crago et al., 1996, p. 72).

**Rural access issues**

Rural researchers point to particular access issues that affect how rural social care services are designed and operated. The major challenge mentioned is distance, in turn affecting the cost of services, transport to and from services, and the frequency of services to sparsely populated areas (Collingridge, 1991; Cheers, 1992; Cox and Veteri, 1992; Humphreys, 1993; Sturmev, 1994; Sturmev, 1995; Geth, 1997; Cheers, 1998). Cheers (1992) argues that the problems of cost, accessibility and availability are severe in this country, compared with other Western countries, where there are bigger populations in more densely populated areas. By contrast, rural Australia, beyond the major provincial and regional centres, supports small populations scattered over vast distances. Australia’s climatic conditions may also hinder access to services, such as floods in the tropical North and poor road conditions in the interior (Cheers, 1998).

These factors, it is argued, mean that rural social care service providers and service users carry added costs of travel and time, with the danger that services will be under-utilised if the effort required to provide the service or to access the service is seen to be too costly or
difficult (Collingridge, 1991; Sturmey, 1994). In addition, public transport is limited in rural areas, and the cost and time involved in car travel for professional workers mean that fewer clients will be seen in a day than might apply in the city (Gething, 1997). This could affect funding if the financing of rural services occurs in an urbo-centric way that does not take the distance factor into account (Sturmey, 1995).

Access factors in rural Australia have implications for the way services are organised. Agencies may be based in capital cities or regional centres, with a rural region to service. The challenge is to ensure that everyone who is eligible for the service can access the service. Services approach this in a number of ways. Cheers (1998) lists central point, out-reach, satellite and in-reach services as examples, and he expands on the theme of out-reach services delivered by visiting practitioners who are rural workers travelling to communities outside their own. This model is the one adopted by most rural providers but is not without its critics. Sturmey (1994), discussing counselling services, points out that when services are planned to cover large regions ‘there is (sic) always forces at work to cut down the size of the area being served’, as workers get tired of the travel and have enough work at the central base to keep them away from the outer centres. She also recommends that services be provided on a circuit to various towns so that people can travel to another town for a service if they are concerned about confidentiality and privacy. Visiting workers may also have problems establishing legitimacy, being effective and becoming involved in planning and policy activity in the visited community (Cox and Veteri, 1992). Australia’s vast distances mean that some communities will have very infrequent contact with some service providers, adding to a sense that commitment from the central agency is lacking. Cheers (1998) recommends that visiting workers try to participate in community life as much as they can and develop good links with local colleagues in order to gain people’s trust. Indeed, Sturmey (1995) believes that service design is not as important as the personal qualities and skills of the worker.

Conclusion

In summary, rural social care services researchers in Australia are beginning to conceptualise the particular features of the Australian rural context and how this affects practice in rural communities. In reviewing the available research on the provision of social care services in rural Australia, I categorised the research under five themes: urbo-centric policy and program issues; practice debates about generalist and specialist ways of providing service; challenges in the recruitment, retention and support of qualified staff; problems of living and working in small communities, where boundaries may be unclear; and specific factors affecting access such as distance and cost.

This review highlights that there is not yet a lively theoretical debate about rural social care services provision in Australia. The literature is dominated by practice accounts and case study approaches from a small number of contributors. There is also a concentration of program and service design accounts, due to the peculiar nature of Australian rural conditions, where questions of economies of scale in service provision often override questions of philosophy. There is little discussion so far in this literature of ideology – why particular services are pursued, funded or fought for by rural communities, or why they are structured in a particular way. Although there is evidence that some of the factors affecting rural people are taken into account, there is still a sense that city services are transplanted into rural areas, and that rural life is seen as a poor relation of urban life. The research is largely silent on how workers connect with broader issues in the region, the state and the nation, and there is little mention of peak bodies or networking as resources for workers in rural areas. A commitment to community practice is urged, but the literature currently offers little assistance for workers wanting to raise controversial issues, such as violence against women or ways to support newly-arrived refugees.

Research in this area is in its infancy, and as a body of work emerges from rural researchers around the country, the gaps will be filled. The resulting rich fund of empirical knowledge about rural social care services in Australia will be useful for practitioners, teachers of social work, welfare and community work, and early career rural social researchers. A solid base for rural social research in Australian universities, especially those located in rural Australia, is essential if this promise is to be realised.
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