Rural and Remote Social Welfare Practice:

Differences and Similarities in the Australian Context

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Abstract

Welfare practice in rural and remote areas has some particular challenges for professionals. There is a developing body of knowledge about the differences between urban and rural welfare practice, and some evidence that remote practice is experienced differently from rural practice. This article provides an introductory discussion of the differences and similarities of rural and remote practice in Australia using material gathered from two exploratory studies of social work and welfare professionals in Victoria and the Northern Territory. While there were many similarities about satisfaction with lifestyle and the work role, major differences were related to the emphasis on ethical dilemmas in the rural area, strong dissatisfaction with organisations and employment conditions expressed by the remote practitioners, and a lack of professional support and networking which was particularly noted in the remote area.

Introduction

There is growing understanding of the issues confronting people living in rural and remote communities in Australia (Alston 2000; Cheers 1998; Human Rights and Equal Opportunity Commission 1999). For Indigenous Australians, most of whom live in rural or remote areas, health and social issues are considerably worse than for the non-Indigenous population (Council for Aboriginal Reconciliation 1998; Human Rights and Equal Opportunity Commission 1999). Approximately three in every ten of Australia's 19 million people live in rural or remote areas (Department of Health and Aged Care 2000). Australia has one of the world's lowest population densities, and is highly urbanised (Cheers & Taylor 2001). There is a significant number of health and welfare agencies involved in providing services to this section of the population, however there is substantial evidence to support the view that Australia's welfare system has not yet effectively addressed the health and well-being of its rural and remote people (Alston 2002; Cheers & Taylor 2001; Vinson 1999).

Research about rural social work and welfare practice has concentrated on the nature of service provision: how best to deliver services, how to understand and work with local communities, how to develop services within particular contexts and more recently about retention and recruitment issues (Lonne & Cheers 1999). While few studies have considered the impact of experience of rural and remote practice on the practitioners themselves, some work

has recently been undertaken on the effects of the rural and remote contexts on welfare services and practice: in Australia, for example, Alston (2000), Cheers (1998), Cheers and Taylor (2001), Green (2003b), Lonne and Cheers (2000) and Munn (2003); in Canada by Zapf (1993, 2002); in America by

Ginsbeg (1998) and Martinez-Brawley (2000); and in Britain by Francis and Henderson (1992), and more recently by Pugh (2003).

Focusing on issues of how the rural context effects service delivery and style of practice is important, but equally important is the experience of the person who is to deliver this service. This paper encourages a look at the 'self', noting differences and similarities in the experiences of rural and remote social work and welfare practitioners, by using information from two recent Australian studies. One study examined the experiences of social workers who live in Western Victoria (rural), and another, the region including Alice Springs in the Northern Territory (remote). The comparison afforded by these two exploratory studies offers some insights into how workers in rural and remote Australia experience professional practice.

Rural and Remote

The use of the terms 'rural' and 'remote' for these contexts relies on subjective and comparative definitions, which are problematic (Munn 2003; Pugh 2003). 'Rural' and 'remote', for the purpose of this study, includes concepts of low population density and distance from major service centres, and is subjective in that the participants used this terminology. Participants in the Victorian study lived and worked in rural communities of varying size, each of which was at least 100kms from Melbourne, the state capital. Major population centres in this part of the study are Ballarat with approximately 85,000 residents and Horsham with 12,500. Participants in the Northern Territory study lived and worked in and around Alice Springs, whose population is under 30,000. Alice Springs is categorised as a 'remote centre', and is situated more than 1000kms from Darwin, the territory capital, with the surrounding outback desert country dominating a landscape extremely sparsely dotted with tiny settlements, many of which are Indigenous communities.

Rural welfare practice is often compared to, and differentiated from, urban practice, while 'rural and remote' are often considered to be the same, with 'remote' simply being an extension of 'rural'. Zapf (1993; 2002) in Canada has tried to articulate differences between rural and remote practice. There is support in the literature for the notion that the difference between rural and remote is largely one of degree. Zapf (1993), however, argues that remote practice is significantly different from rural practice, encapsulating some unique issues for practitioners. Coates (1994) argues for conceptualising remote areas in northern Canada as having a 'culture of opposition', as it applies to remote northern Canada. This culture of opposition in remote areas stems from geographical, historical and economic contexts, including the subjugation of Indigenous peoples by European colonists. This culture of opposition of the non-Indigenous against the land, against the Indigenous people, against urban/suburban dominance, against remote powers of government, and against the stereotypes urban people have of remote Northern Canada, has created and maintained an internalised culture of grievance and conflict (Coates 1994).

This opposition originates with the fundamental non-indigenous struggle against the environment and against the indigenous inhabitants. From this base, the conflict expanded over time to include struggles with Southern governments, transients, corporate influences,

and Southern/popular conceptions of Northern realities. Northerners, therefore, developed in relationship to others and in conflict with various natural, economic and social forces. With the oppositional approach rooted in historical events and perpetuated by contemporary influences, northern regions have maintained and internalized a culture of antagonism and struggle (Coates 1994, p.41).

This conflict is part of remote area social work and welfare practice. Remote social workers encounter intense conflicts personally and professionally, which may arise from this legacy and are often exacerbated by their urban based training. Education and training for social work reinforces the professional as needing to maintain a personal distance from clients, and emphasises the 'professional-as-expert model'. Studies which explore remote area practice in Northern regions of Canada have concluded that this model of practice can lead to increased and intense stress in small remote communities where the professional lives as part of their community not apart from it. This training, combined with social policies which are often based on an urban paradigm, does not address the realities of remote practice in Northern regions of Canada (Delaney et al. 1997; Zapf 1993).

There are many parallels between remote Northern Canada and remote Australia where similar geographical, historical, cultural and economic conflicts have occurred. A past history and experience where settlers endeavoured to tame the land, exploit its resources, 'manage' the Indigenous residents by providing services which may, in their best light, be seen as well intentioned but destructive to Indigenous communities. In remote areas, in Australia as in Canada, some welfare practice has worked to further marginalise or oppress residents and Indigenous people (Council for Aboriginal Reconciliation 1998). Professional education courses are predominantly urban based, and little content is presented which relates to the specifics of practice in rural or remote areas (Green 2003a) and access for rural or remote students is limited. Few Indigenous students are engaged in post secondary education. Professionals are usually of European descent and yet work in cross cultural environments with few supports in remote locations. In welfare organisations, decisions related to resourcing, practice models and delivery are often made by a 'head office' somewhat removed from day to day service delivery. There are concerns that urban policies are imposed on remote areas and that Governments do not understand the nature of rural and remote communities.

There is often mistrust and resentment of social policies and practices that do not relate to the realities of service delivery in remote locations, and urban trained professionals are often disparaged by the 'locals' as having little understanding of the 'real issues' of remote practice. Agency practice may be in opposition to professional values and/or the practices and values of those clients both agency and professional are endeavouring to 'assist'. These professionals are also sometimes in opposition to their agency and to their discipline, as they believe established models of service delivery and practice are not congruent with the needs of the remote community.

Kelly (1998), in her report about preventable stress in remote Australian health workplaces, notes that: 'Many of the roots of role conflict and ambiguity lie in the existing health practice legislation which are inappropriate for remote area practice'. She goes on to

say: 'Conflicting or absent policies, confusion about roles, scope of practice, legal liabilities, policies, procedures and guidelines, and conflicting employer and community demands and expectations are all preventable sources of occupational stress in the remote workplace' (Kelly 1998, p.7).

There is little doubt the experience of living in a rural or remote community, while working in that same community, can be challenging (Briskman & Lynn 1999; Delaney et al. 1997; Green 2003b; Lonne & Cheers 2000; Pugh 2003). The conceptualisation of a 'culture of opposition' may help explain some aspects of these challenges in providing services in remote areas, and help explain the range of personal, professional and cultural stresses. Working from a critical radical perspective, where social traditions and customs are challenged can be rewarding, but dangerous, particularly in rural and remote areas (Green, Gregory & Mason 2003; Horejsi & Garthwait 1994; Pugh 2001). Living and working in rural or remote communities does create opportunities for developing new skills, extending generalist practice, devising creative and innovative solutions to local issues, and a real sense of community belonging and engagement for social and welfare workers (Cheers 1998; Martinez-Brawley 2000). A recent project claims that: '… social workers can address the needs of local people by utilising networks effectively and being social innovators and leaders within their communities' (Munn & Munn, 2003, p. 31). However there are also disadvantages when there are conflicting employer and community demands, poorly developed protocols, procedures and guidelines and lack of support. The issues of rural and remote practice have been examined from predominantly two perspectives. Firstly, critiquing the difficulties experienced by communities in establishing, accessing and retaining welfare services, i.e. rural hardship, increasing rural poverty, the dominance of urbo-centred policies and programs, and the effects of the political climate of economic rationalism on vulnerable rural communities. Secondly, and to a much lesser degree, the practical provision of resources to those professionals who are residents of rural and remote communities – usually in terms of cooperative and collaborative initiatives between local organisations, community development initiatives, and recruitment and retention.

This study compares the experiences of social work and welfare professionals from 'rural' Victoria and 'remote' Northern Territory in Australia to extend our knowledge of the personal and professional issues of professionals in these settings.

Rural Victoria

The Grampians and Wimmera regions of Western Victoria include a number of larger regional centres: Ballarat and Horsham provide key access points for many services. The southern end of the region is more highly populated than the west, and is closer to Melbourne. The western end of the region has experienced a lengthy drought, and a decline in population of many small towns. The outward migration of young people from these small towns leaves an ageing population. Social and welfare workers are employed in a variety of health and welfare agencies throughout the region, and offer services both directly and indirectly to the residents of small towns and outlying areas. A recent

study used questionnaires, interviews and forums to explore the experiences of rural social and welfare workers. A segment of this study, which relates to harassment and violence toward rural welfare workers, has been reported in Green, Gregory and Mason (2003). Twenty-three participants (19 women and 4 men) completed questionnaires, and were from a range of backgrounds, experience, agency and geographic location. Six (5 women and 1 man) were purposely chosen from questionnaire responses for follow up interviews. Approximately 40 participants attended three publicly advertised forums held to discuss the experience as social welfare workers living and working in rural areas. The key findings of the research can be summarised as follows:

Organisational Aspects

The participants in the Victorian study commented generally that the organisational context was mostly supportive, with a few exceptions. There was support in agencies for networking, for providing outreach services and that 'lack of bureaucracy was useful' as it encouraged and supported immediate and flexible responses to locally identified issues. Networking was seen as a strong part of practice, and was supported by organisations. Professional supervision and debriefing was not seen to be of great concern to the participants, with some commenting that this was either provided, or that rural workers sought 'their own ways to debrief'. Over half of the respondents believed they were not professionally isolated in any significant way, with only five participants indicating they did feel professionally isolated a 'good deal' or 'a lot'.

Professional Aspects

Many people commented that the sense of belonging, and fulfilling an important role in the community was very satisfying. Community work was an important part of their activities, whether within the job role, or as members of the community. Comments about the need to 'belong to the community', and the advantages of 'being known for who I am, my family etc. is a bonus; I can establish rapport quickly because I am known' were often made.

Most participants indicated that key issues for them professionally included the management of confidentiality and ethical issues related to practice in a rural area. Ethical issues and dilemmas were of significant concern to this group of workers. Duty to warn and duty of care issues surfaced frequently in the study. Professional workers were concerned about knowing backgrounds of people, such as paedophiles released into their community, and how best to deal with both protecting the community, while protecting the individual's right to rehabilitation. Practice concerns included how to work in non-stigmatising ways, and how to offer services that did not 'label' individuals. Dual and multiple roles were considered part of practice, but the potential for conflict of interest was recognised. In the more isolated townships, workers commented on the difficulties that could be experienced when working and socialising with the same small group of colleagues. This particularly related to confidentiality both for clients and the employing organisation, and privacy of the workers' personal matters.

Personal Aspects

The key findings related to personal experience in undertaking a professional role in a rural area suggested that many workers valued the independence, community engagement and lifestyle that were experienced in rural social welfare practice. Many had chosen to take up such positions because of lifestyle considerations: 'it's a good place to raise children', 'we enjoy the relaxed lifestyle', 'I like the sense of community', 'there's no traffic', etc. However, workers reported a high degree of stress about personal and family safety related to their job role. This was emphasised and of major concern to most participants, but particularly to those whose children were aged under 20. Many workers appeared hypervigilant, and had changed their personal activities because of security concerns: for example, not shopping in local supermarkets, or choosing times to shop; socialising at home rather than in local public venues; warning children and partners about behaviours, how to deal with phone calls, public contact with clients etc. Some had modified their hobbies and social or sporting interests, while others were quite relaxed about the professional and personal boundary overlap and saw belonging to the community and being part of it 'a bonus both personally and in my professional role'.

Alice Springs Area: Northern Territory

Alice Springs is a major service centre for the southern section of the Northern Territory, Australia and is situated about midway between Adelaide (state capital of South Australia) and Darwin (Northern Territory capital city). It provides a range of regionally oriented health and welfare organisations, including a number of Indigenous agencies focusing on the needs of their specific communities. The population of Indigenous people is relatively high in Alice Springs, that is 12.8 percent of the total Alice Springs population (About Alice, 2004) compared with 2.4 percent of the total Australian population (ABS 2001). Both urban and desert Aboriginal communities use Alice Springs for services. Participants in this part of the study categorised themselves as 'remote' practitioners.

The research utilised a similar approach to the research conducted in Victoria, with a forum and a similar but modified questionnaires to explore remote practice. However fewer participants were involved in this study. Eight (8) participants attended a widely advertised forum, and five participants, (4 women and 1 man), not all of whom participated in the forum, completed questionnaires. The participants were from diverse backgrounds, with a range of ages, agencies, and work roles represented. Similar to the Grampians study, participants found that living in this area offered them many positives: no traffic, landscape, and good for kids, affordable housing, good money, spending time out bush, non materialistic and casual lifestyle. The key findings can be summarised as follows:

Organisational Aspects

Unlike the Grampians study, key findings included a strong emphasis on organisational issues, including supervision and support, and lack of professional development opportunities. There was an emphasis on inequity in pay and conditions, particularly between government and non-government

organisations. Participants indicated a high level of dissatisfaction with the lack of collaboration and networking between organisations, with agencies being described as territorial, not sharing, not referring and not working collaboratively. Other concerns included a sense of isolation within organisations with line managers often 'so far away… they have no real idea….', and in their personal lives: '… no one else really understands life/work here…'

Because of the sense of isolation, some participants expressed concern over potential conflict of interest scenarios, as workers were often on each others' committees of management. This was explained thus: 'There are few people to go around so people tend to be on other people's committees…the potential for conflict of interest is high here…this is an example of the issues of dual and multiple roles, and community expectations.'

Professional Aspects

Participants pointed to a range of opportunities to develop professional practice, and the possibilities and opportunities for increased level and range of experience, and increased responsibility, professional autonomy, and independence. They also talked about the challenges of confidentiality, the frustration of professional isolation, and lack of appropriate supervision. Some of the more senior workers discussed the fact that they miss having peers with whom to 'chew the fat' – they say they feel anxious at times when they feel that their knowledge and skills levels are not at a standard assumed by colleagues, management and clients: the issue of professional confidence wavering at times and having no ready access to a 'peer group' of other welfare professionals for support. Some workers arranged professional supervision sessions with more senior workers in other cities to coincide with their trips away from Alice, as this enables the perspective of distance, as well as providing professional support and education. Some workers spoke about the 'privilege of working with Indigenous people; to be culturally allowed in and trusted is a real bonus…' and '… generally the people are tolerant, gentle and respectful, and it's a pleasure working with them.' Although no worker mentioned that the formal agency induction to their working life in the Alice Springs area included it, one person did talk about having a commitment and taking pride in introducing new workers to the local Indigenous culture. The concept of professional distance was challenged with comments such as '… living and working in the same community is crucial … part of working is becoming part of the community'…and that this participant wouldn't have it any other way.

Personal Aspects

Participants indicated that a lack of privacy for them can create some changes in their personal lives, and was reported as a source of some stress for some. One participant talked about the fact that her social anxiety is heightened by living and working in a remote community: '… it taps into your little insecurities and tests out your tolerance'. Another worker commented that the lack of privacy meant 'people assume they can call on you at any time if something goes wrong'. Another felt she was always monitoring her own behaviour, and yet another felt that she had to maintain some professional image and claim some personal privacy, by commenting jokingly: 'I won't go anywhere I have

to wear a leotard'. One worker commented that when she took some clients to a disco in town at the weekend when she was working, they met a worker who was not working and just socialising who felt really uncomfortable and intruded upon by their presence. Someone else summed it up by saying: 'You just don't go into town on Friday or Saturday nights.' Another person spoke of the challenges of being gay or lesbian and deciding to 'come out' after a period of time living and working in the community.

Because of the isolation, personal and/or family issues such as intimate health, personal or relationship issues
often were not addressed. There was a reluctance expressed by some workers to seek counselling or medical services from professionals they knew within the service system. Again, trips were often timed to coincide with the need for such appointments in a city elsewhere.

Some participants also commented on the lack of social networks and the need to socialise with workmates to have any social life. It also seems that Indigenous and non-Indigenous workers socialised together rarely, and had different support networks. A participant said that she had never socialised with workmates before moving to the Territory, but now finds that the people she sees socially are the people from work. A challenge of this situation was described as there is a necessity to have social relationships with colleagues, but it is perceived as 'risky' to get too close and that '… you need friends and friendship…' adding that there is only a 'small pool' of possible friends available. Thus trust and betrayal issues were deemed important to the participants, who also discussed in the forum debriefing and 'finding safe people to sound off to…'

Comparisons

There were many similar factors noted by participants in both studies. Positive lifestyle factors were frequently mentioned, as was autonomy and independence. Flexibility in some workplaces was seen as a positive: 'I can easily take an hour off to see the kid's sports day, and make up the time later'. Lack of specialist services was noted by both groups, and the advantages/disadvantages of generalist work were also common. The concept of maintaining 'professional distance' was challenged in that participants felt they were part of the community, and many commented this improved their effectiveness as professionals although it did at times create stress and safety concerns.

For those in the western region of Victoria, major issues appeared to be related to personal/professional ethical dilemmas. Some individuals alluded to lack of support from employing organisations, or from colleagues, but generally this was not a concern for most participants. Many were in lone positions and experienced stress related to ethical dilemmas, and personal and family safety in the light of frequent harassment and threats of violence. Despite many workers being in lone social work or welfare positions in larger multidisciplinary agencies, supervision and staff development opportunities were not seen as a major concern for most participants, with only a few indicating they felt professionally isolated.

For those working in and around Alice Springs, there was a higher emphasis on organisational issues. Differences in pay scales between government and non-government sectors and lack of support and /or conflict within their

employing organisations were significant issues. There appeared to be a general belief that there were activities which actively prevented networking between organisations (confidentiality was given as the overt explanation, but there was a belief held by participants that the covert reason was territorial). Social and personal factors seemed of more concern to the Alice Springs cohort. This maybe because there are fewer opportunities to manage the high profile and visibility of professionals. In western Victoria participants talked about living in one township and working in another, for example, a 40 minute drive away, or living in one town but shopping in another. This would be impossible for professionals living and

working in Alice Springs as there are no townships from which to commute, or to which to retreat. In western Victoria, there may be more opportunities to manage professional boundaries and protect some privacy in this way. It is also more likely that a professional is able to easily visit support networks such as family and friends in other places, but for those living and working in Alice Springs, this presents more of a challenge and increased financial costs. For those in Alice Springs lack of professional supervision and ongoing staff development was of greater concern.

Conclusions

While acknowledging that this material is based on exploratory, small-scale studies, some interesting themes have emerged. While difficult to say that these are directly related to the differences in location rather than simply the views of a few practitioners, there are still some factors that stand out and highlight the need for more research on rural and remote practice. The concept of a 'culture of opposition' to explain some of the experiences and stresses arising in remote area practice would be worth investigating further. From material analysed in this article, it would appear that Alice Springs organisations may be overall less supportive of networking. Perhaps this could be linked to an 'oppositional culture'? Organisational cultures appear to be different in each location.

One of the mitigating factors for stress is the existence of family and friendship networks. Perhaps because of the smaller population, and the fact that most workers relocate from elsewhere to Alice Springs, they may experience more stress from isolation than their Victorian counterparts. Their work with Indigenous and remote communities may also create some additional stressors. Factors such as lack of access to professional supports, the demands of outreach work across vast distances, and working with Indigenous communities where damage from European settlement is evident, as well as professional practice models which may be mismatched with the experience of living and working in small communities, are all stressors. Remote practice may have quite different aspects to rural practice. Rural practice has been acknowledged as 'sufficiently different to warrant particular attention' (Pugh 2003, p.67), and remote practice may indeed be more than an extreme version of rural practice (Zapf 1993; 2002).

This exploratory study has indicated that further research and analysis of remote area welfare practice would be worthwhile. This study, while providing a useful introductory snapshot of the experiences of rural and remote social and welfare workers in Australia, should be extended. This would enable a broader and deeper understanding of the personal and professional life for

workers engaged in remote practice, and provide analysis of the similarities and differences of practice in urban, rural and remote settings.

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