**Information Document**

**23rd August 2022**

# Management of the Social Work Service in Richmond

# Purpose

The purpose of this document is to provide information for the realignment of the management of social work services in Community and Allied Health, Richmond. The proposed realignment of the management of social work services will ensure that there is appropriate management and clinical support for staff to facilitate safe and efficient social work services. These proposed changes are in line with the current allied health head of department structures in Clarence and Tweed as well as the proposed changes to the community health structure as services move to a program stream model.

# Key reasons

This document has been developed in the context of the long-term vacancy of the Manager, Social work, Lismore Base Hospital. Due to the community and allied health restructure the position was originally filled temporarily following the resignation of the permanent manager.

Despite numerous recruitments attempts over the past two years, the position has remained unfilled. Management of the service has been a collaborative effort between the Manager, Community and Allied Health, Lismore and the Manager, Social Work, Ballina Community Health Service. One of the permanent staff has taken the role of clinical lead to assist with the day to day clinical demands.

The continued lack of permanent leadership is having a detrimental effect on staffing levels and workplace culture. The ongoing vacancy of the Manager, Social Work, Lismore Base Hospital and the progression of the restructure of community health has provided an opportunity to review the management of social work services. The Social Work Clinical Senior position in Richmond is also vacant, filled in an acting capacity awaiting to be considered as part of the community and allied health restructure.

The focus areas of this realignment are hospital and outpatient social work services at Casino (hospital and outpatient), Lismore (hospital and outpatient), Ballina (hospital and outpatient) and the social worker at Lismore Community Health Service.

There are no changes to the role, function and location of any of the clinical positions.

This document does not cover any social work positions in programs such as Aged Care, Chronic Care, Rehabilitation, Leading Better Value Care and Child and Family.

Historically social work departments have operated as site-based services and have resisted movement of resources to meet clinical demands across the network. There is also a large number of varying managing structures across the network for each of these services. This site-based approach has resulted in inconsistencies in service delivery, both in terms of service type, quality and access, data management, clinical support and human resource management.

**Department Head Ballina, Casino and Lismore**

**Lismore Base Hospital**

* Social Workers
* Aboriginal Hospital Liaison Officer

**Team Leader, Casino**

* Social Workers

**Deputy Head of Department Ballina**

* Social Workers

**Lismore Community Health Service**

* Social Worker

Lismore Ballina Casino

Across the network the social work services are currently managed as follows:

|  |  |  |
| --- | --- | --- |
| **Site** | **Management level/FTE** | **Social Work Clinical FTE** |
| Ballina  | Level 41.00FTE | 1.84 plus 1.00 HOD 2.84 |
| Lismore Base Hospital  | Level 50.84 FTEPlus  | 7.79 (does not include 0.84 HOD) 7.79 |
| .84 FTE enhancements (August 2022)  |
| Casino | Level 40.84 FTE | 1.29 plus 0.84 HOD2.13 |
| Lismore Community Health Service  | Reporting to HSM | 0.84  |
| **Total**  | **14.44**  | **14. 44 (including 2 HODS at Casino and Ballina)**  |

# Further analysis

**Issues**

* The current structure for social work services across Richmond limits flexibility and adaptability in service delivery.
* There are inconsistencies in service delivery, application of evidence-based practice, models of care, data management, clinical support and human resource management.
* There are currently several management structures for social work services without a single management line for progression of clinical, service and operational issues.
* The Richmond model is not aligned with the current allied health head of department structures in Clarence and Tweed and the proposed community health restructure changes.
* The proposed realignment of the management of social work services affects the current Department Head of Lismore Base Hospital and will result in the loss of clinical hours with an additional 3 FTE’s to manage (Level 4 Ballina, Level 4 Casino, and Lismore Community Health Service).
* The proposed realignment will result in a change of role for the Level 4 Ballina and the Level 4 Casino. These changes will be in line with the Health Professionals Award.
* The proposed realignment of the management of social work services will result in a change in the operational manager for 3 staff (Manager, Social Work Casino and Ballina and the social worker at Lismore Community Health Service).
* An additional 6 hrs funding would need to be sourced to increase the Manager to a fulltime position.
* There may be a loss of clinical hours of the management role.

**Actions/Recommendations.**

1. Maintain the grading of the Manager, Social work, Lismore Base Hospital at a Level 5 with clinical and administrative management responsibilities of staff as outlined above.
2. Realign the Level 4 (Ballina) and the Level 4 (Casino) positions in line with the Allied Health Professionals Award and the presence of a Level 5. The duties of the Manager Social work positions at Casino and Ballina take responsibility for the clinical day to day duties of running the department such as caseload allocation. Human resource management will become the role of the Level 5.
3. Change the reporting line of the social worker at Lismore Community Health Service to the to the Level 5.
4. Continue to look for opportunities to amalgamate hours and redesign roles.
5. Increase the hours of the current manager position to full-time. The funds for the additional 6 hours will be offset by the .2FTE Clinical Senior funding and using savings from the C and AH restructure.
6. Develop an implementation plan that includes the functions of workforce, budget alignment and clinical governance activities.