

Social Workers' Perspectives on Working in Australian General Practice Settings

Lucia Heynck, Ines Zuchowski & Albert Kuruvila

To cite this article: Lucia Heynck, Ines Zuchowski & Albert Kuruvila (20 May 2026): Social Workers' Perspectives on Working in Australian General Practice Settings, Australian Social Work, DOI: [10.1080/0312407X.2026.2648936](https://doi.org/10.1080/0312407X.2026.2648936)

To link to this article: <https://doi.org/10.1080/0312407X.2026.2648936>



© 2026 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 20 May 2026.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

Social Workers' Perspectives on Working in Australian General Practice Settings

Lucia Heynck, Ines Zuchowski , and Albert Kuruvila

Social Work and Human Services, College of Arts, Society and Education, James Cook University, Queensland, Australia

ABSTRACT

Australia's ageing population and rising chronic and mental health conditions increase pressure on the healthcare system. General Practitioners (GPs) manage increasingly complex health and social needs. Social workers help address social determinants through advocacy, support, and system navigation. Integration of social workers into general practice settings shows promise but requires sustainable models and further research. This study examined the benefits and challenges of embedding social workers into eight general practice settings in North Queensland. Using a sequential mixed-method design, data collection methods included a survey and interviews with social workers. Data analysis involved content analysis, descriptive statistics, and thematic analysis. The findings outline the dual mandate of social workers in supporting clients and the clinic team, variations in social work practice across clinic contexts, the importance of ethical foundations and cultural responsiveness, and the challenges and enablers associated with integrating social work into general practice. The findings highlight that integrating social work into primary health care enhanced support for individuals with chronic conditions or mental health needs and for vulnerable populations, but that structural barriers and funding limitations constrain broader implementation and transferability of social work within general practice.

IMPLICATIONS

- Social workers assist both patients and general practitioners in primary health care and thus add value to general practice settings.
- Social work practice in primary health care can facilitate holistic healthcare and identify social injustices.
- Social work in primary health is complex and requires clear role and task descriptions.

ARTICLE HISTORY

Received 2 December 2025
Accepted 17 March 2026

KEYWORDS

Social Work; General Practice; Research; Interventions; Social Work Practice; Social Determinants of Health; Primary Health Care

The Australian healthcare system faces mounting challenges arising from an ageing population, increasing rates of chronic conditions, and widespread mental health issues, with significant disparities in health and wellbeing outcomes for First Nations

CONTACT Ines Zuchowski  ines.zuchowski@jcu.edu.au

© 2026 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

Peoples and rural and remote communities (Hudson, 2014; North Queensland Primary Health Network [NQPHN], 2025). General practitioners (GPs) are at the forefront of addressing these challenges, providing 172 million health services to 22.6 million patients across Australia (Royal College of General Practice [RACGP], 2025). Increasingly, general practitioners have recognised that patients present with complex interplays of health and social problems, and managing these presentations is their most common challenge (RACGP, 2025). In the Health of the Nation report, 86% of GPs reported that they manage patient conditions non-GP specialists typically treat (RACGP, 2025).

Health outcomes are impacted by social determinants of health (SDH) (World Health Organization [WHO], 2025a). Structural variables such as economic systems, discrimination, conflict, migration, climate change, and digitalisation shape daily life and individuals' capacity to maintain health (WHO, 2025a). Social connection is vital for better health outcomes (WHO, 2025b). Addressing SDH requires intersectoral collaboration based on local needs and strategies (WHO, 2025a). Multidisciplinary primary care teams are recognised widely for addressing SDH and delivering comprehensive health and mental health interventions (Ashcroft et al., 2024b; WHO, 2025a). The 2025 Health of the Nation report noted above shows strong GP endorsement of team care: 84% report improved outcomes and 79% note patient appreciation of multidisciplinary team (MDT) contributions (RACGP, 2025).

Social work integration into primary care has emerged in response to policy reforms promoting interprofessional models in Canada, the United States, New Zealand, and increasingly Australia (Ashcroft et al., 2024b). Scoping reviews show that social workers address mental health, chronic disease, and SDH, resulting in improved disease control, fewer hospital admissions, increased support, greater self-determination, and improved quality of life (Ashcroft et al., 2024a; Zuchowski & McLennan, 2023). A review of 72 articles from 17 countries found that GP–social work collaborations benefit patients, professionals, and systems, though more rigorous research is needed (Löwe et al., 2022). As a practice-oriented profession, social work plays a vital role in general practice, offering therapeutic support, advocacy, and addressing social, cultural, and emotional challenges. Social workers bridge systems and are key members of multidisciplinary teams treating complex psychosocial needs and improving wellbeing (Craig et al., 2016; Hudson, 2014). They support referrals, provide brief mental health interventions, build social connections, deliver health education, and address family stress (Ashcroft et al., 2024a; Gledhill & Davey, 2024). The inclusion of social workers in primary health care teams enhances population wellbeing, continuity of psychosocial support, access to services, and reduces GP workloads (Ashcroft et al., 2024a). Social work addresses SDH by strengthening referral pathways and assisting with income support, domestic violence, sexual assault, and homelessness, which are factors severely affecting health (Gledhill & Davey, 2024). Social work in Australian general practice currently comprises two roles. One is mental health support by Accredited Mental Health Social Workers (AMHSWs) (AASW, 2020), whose services can be claimed via Medicare upon a GP referral. The second is generic social work, operating across diverse contexts using varied strategies (IFSW, 2025). Generic practice helps individuals manage personal challenges and social conflicts while addressing health, educational, psychological, and substance-use risks (Wendt, 2021). Social workers in equity-oriented primary care systematically address SDH as part of routine care (Browne et al., 2012).

Integrating social workers into general practice shows promise but lacks an established best-practice model (Gledhill & Davey, 2024; Rüegg et al., 2023). Challenges include funding, as GP services are fee-based and generic social work practice is not covered by Medicare (Swerrisson et al., 2018) and issues of role clarity, recognition, and infrastructure (Gledhill & Davey, 2024; Kan et al., 2025). The authors' prior work identified that social workers' involvement in primary health care teams remains limited in Australia, highlighting the need for further research to support holistic healthcare (Zuchowski & McLennan, 2023; Zuchowski et al., 2023).

Methods

Study Aims and Setting

This study explored the experiences and views of social workers employed in general practice clinics in the North Queensland region in Australia. The aim of the overall project was to explore the benefits and challenges of embedding social workers in general practice settings and to develop integrated, evidence-based care pathways that enhance holistic patient care. The North Queensland Primary Health Network (NQPHN) region is a geographically vast and diverse area (NQPHN, 2025). Key health priorities in the region are the high burden of chronic illness and mental health conditions; an ageing population; Aboriginal and Torres Strait Islander wellbeing; and the impact of socioeconomic factors, service access disadvantages, and elevated incidences of domestic violence (NQPHN, 2025). Many patients struggle with social determinants of health that can significantly impair treatment engagement and outcomes (NQPHN, 2025). Twenty-seven percent of people in the region are in the most disadvantaged quintile (NQPHN, 2025). The study used a cross-sectional, explanatory sequential mixed-methods design, informed by a critical-interpretive approach, collecting and analysing quantitative data first, followed by qualitative data based on the quantitative results (Creswell & Creswell, 2018). Ethical approval was granted by the James Cook University Human Ethics Committee (H9220). The overall "GP placement expansion research project" was funded by NQPHN, providing subsidies to support six general practice clinics in North Queensland to recruit and supervise qualified social workers and social work students. A total of eight practices were involved in data collection, with one subsidy split consecutively across three practices. This article reports on qualitative and quantitative data collected in 2024, guided specifically by the research question: "What are the experiences and views of social workers working in general practice settings?"

Data Collection

Quantitative data were collected anonymously through an online survey using the Qualtrics software (see Appendix A1). The survey link was sent to the participating practices to distribute to current practice staff by the second author, who was the principal investigator of the overall study. Six of the potential eight social workers who worked in the practices at the time completed the survey, resulting in a 75% response rate.

A semistructured interview guide (see Appendix A2) was developed based on literature review, interim survey findings, informal observations during a site visit, and coordination meetings (Przyborski & Wohlrab-Sahr, 2021). Survey findings were used to consider which areas would benefit from further elaboration in the qualitative data collection phase, for example, exploring aged care considerations (see Appendix A2). Although brief responses in the survey offered an indication of benefits for patients and staff, the interview provided an opportunity for deeper exploration. All ($n = 10$) social workers employed through the project at some stage were invited to participate in the one-on-one interviews by the principal investigator (author two) via email, who was not involved in hiring or supporting the social workers. Four accepted the invitation to participate and be interviewed (3 female, 1 male), with 3–25 years of post-qualifying experience and 5 months to 4 years in general practice; 2 were Accredited Mental Health Social Workers. Interviews were conducted by the first author, who had no prior relationship or connection with the participants. Two interviews took place in the practices and two via Zoom. The interview duration ranged between 53 and 98 minutes.

Data Analysis

The survey responses were analysed by the second author using content analysis through an open-coding technique in which each thematic unit mentioned is counted, allowing a single response to contribute to multiple themes (Creswell & Creswell, 2018). All interviews were audio recorded and transcribed verbatim by the first author who then analysed them thematically, complemented by comparative analysis to contextualise perspectives within practice models (Braun & Clarke, 2021; Drobnič, 2014). The interview transcripts were examined using the six-phase model (data familiarisation, generating initial codes, searching themes, reviewing themes, defining and naming themes, and write-up) of thematic analysis as outlined by Braun and Clarke (2021). After thematic distinctions had been defined clearly, a comparative analysis was used to contextualise the social workers' perspectives within the different practice approaches (Drobnič, 2014). Initial data analysis was conducted by the first author with feedback from the second and third authors as part of preparing a master's thesis, with themes further refined jointly by all authors prior to the manuscript preparation.

Quantitative and Qualitative Findings

Quantitative Data

The data from the survey provided general information about intervention areas, identified benefits, the perceived value of the social work intervention, and enablers and challenges of the social work integration in GP settings. Social workers identified multiple intervention types in their practice, with four of the six respondents mentioning counselling and emotional support and advocacy and empowerment as key interventions (see Table 1).

The data analysis of the survey indicated that the social work respondents ($n = 6$) identified major benefits of social work in general practice as better health outcomes for patients, workload relief for practice staff, and a collaborative model of care that

can address SDH. When asked about patient outcomes observed by social workers or noted in patient feedback, the major outcomes identified were improved coping and well-being ($n = 3$), enhanced patient access to services they previously could not access ($n = 1$), patient satisfaction with an integrated model of care from one place ($n = 1$), family/care-giver benefits such as emotional guidance to support their loved ones ($n = 1$), support for caregivers and family, and increased access to primary health care. For example, one respondent wrote a brief response that “Some got the medical help they otherwise would not have received, others were able to access services and assistance that meant they were able to function more positively,” and another detailed “Client’s health improved through addressing social determinants of health before accessing healthcare.” Five of the six respondents rated the social work practice in the general practice setting as extremely valuable, with one respondent selecting “very valuable” on a 5-point Likert scale. Social work respondents agreed that social work practice has supported and improved the relationship between service providers, and they perceived that it has enhanced clients’ experiences of care. Respondents were asked to rank potential outcomes of social work practice in general practice settings on a 7-point Likert scale. The responses highlighted that social workers overwhelmingly agreed that outcomes such as assisting patients in accessing services, providing practical and community support, and improving patients’ access to comprehensive team care had been achieved. There were only three areas where one or two respondents neither agreed nor disagreed with a statement: (1) helped patients to understand GP treatment plans; (2) assisted patients’ advanced care planning; and (3) decreased patients’ presentation to emergency departments and hospitals (see Figure 1).

Table 2 identifies the enablers and challenges to social work integration in general practice. Communication and relationship building, physical colocation, and understanding of the social work role were identified as key enablers, whereas funding, financial barriers, organisational barriers, and physical location, as well as a lack of role clarity, were seen as the top challenges.

Qualitative Data

The thematic analysis of the participant interviews focused on direct contributions of social work in GP clinics and the broader contextual and systemic factors that shape social work practice. Four themes emerged: (1) the dual mandate of the social worker: supporting patients and clinic staff; (2) practice variations: adapting roles and approaches to different contexts; (3) ethical foundations and cultural responsiveness; and (4) challenges and enablers: barriers to integration and factors for success.

Table 1 Key Intervention Areas of Social Work

Intervention areas	Count (n)
Counselling and Emotional Support	4
Advocacy and Empowerment	4
System Navigation and Support	3
Case Management and Care Coordination	3
Specialised Support (cultural assistance, sexual violence support, etc.)	2
Brief Crisis Intervention	2
Addressing Social Determinants	2
Financial and Resource Assistance	1
Improved Healthcare Access	1

Social Work Practice....

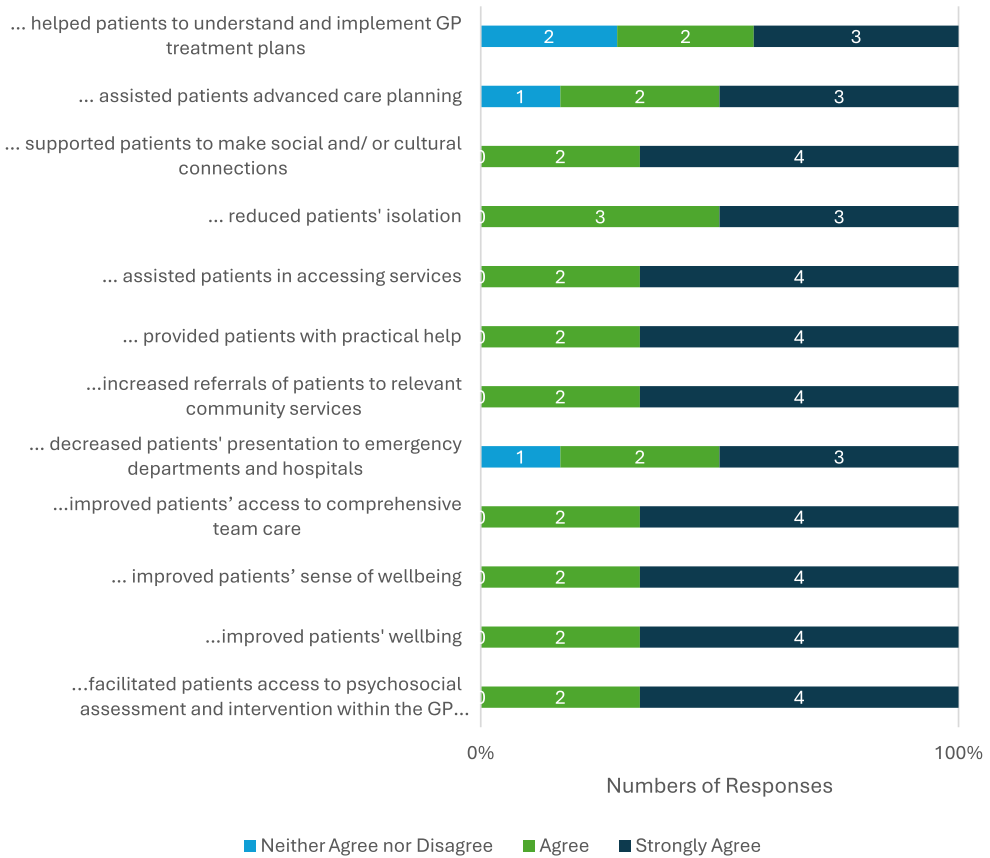


Figure 1 Social work practice outcomes

Table 2 Enablers and Challenges of Social Work Integration in GP Settings

Enablers	Challenges
Communication and Relationship Building (n = 3)	Funding and Financial Barriers (n = 2)
Physical Colocation (n = 2)	Organisational Barriers and Physical Location (n = 2)
Understanding of Social Worker Role (n = 2)	Lack of Role Clarity and Understanding (n = 2)
Organisational Support and Policy (n = 1)	Time Constraints (n = 1)
Clear Referral Pathways (n = 1)	Insufficient Referrals (n = 1)
Patient Demand and Recognition of Need (n = 1)	Service Quality vs. Cost Effectiveness (n = 1)

The Dual Mandate of the Social Worker: Supporting Patients and Clinic Staff

The narratives of the social workers in GP clinics highlighted that they perceived their role as encompassing two mandates: to provide holistic patient care and to support clinic teams and operations. Participants consistently identified this dual mandate as beneficial to the overall functioning of the clinic. As one participant put it, “Holistic care for a patient ... improves and assists with burnout and mental health stress that admin and nurses and doctors have” (SW1). This theme is explored further through these subthemes

regarding (1) supporting clients through holistic care and (2) enhancing team functioning and reducing GP workload.

Supporting Clients through Holistic Care

A major focus of social work in GP clinics is working alongside patients to navigate complex personal and health issues. Social workers emphasised understanding patients' lives broadly, through assessments, conversations, and family engagement, addressing physical, emotional, and social needs. SW3 highlighted: "The clinical assessment is looking at the life of the individual holistically, like a global picture: their history, their early childhood ... I call that 'case formulation.'"

Advocacy emerged as a central part of their role, ensuring patients have access to services, education, and mediation. This at times involved serving as bridges between patients and GPs, especially for elderly or vulnerable individuals who may feel intimidated in clinical environments or need medical information explained in an accessible way to make informed choices:

[M]ost of the patients feel intimidated when they go to the doctors ... they struggle to adhere or follow the medical treatments just because they don't understand ... the purpose of it ... So ... I sit with them with ... doctors to say ... "Look, this patient is having a couple of questions ... can we make it ... more easy to understand ... ?" So ... patients are ... able to manage better the conditions, adhere to the medical treatment but also ... have a clear understanding of the diagnosis, the medical conditions, and the different treatment options. (SW4)

Enhancing Team Functioning and Reducing GP Workload

Participants emphasised that social workers play an integral role not only in patient care, but in sustaining the overall functioning of the clinic. They highlighted how social workers in general practice took on responsibilities that allowed GPs and nurses to focus on their core clinical tasks:

If someone presents in a crisis situation ... Whilst before that was something admin were trying to struggle or do [with] the doctor on call or the nurse on call, but now they're quite clear about what needs to be seen by [name of the social worker] ... and what's seen by the GPs. (SW1)

Social workers reported that they alleviated the administrative and clinical burden on GPs by managing patients with complex social and emotional needs. Several participants highlighted how delivering holistic care is connected to assisting the medical staff:

My role is a very effective and important integral part of clinical care coordination ... I think that it should be ... required that every GP practice has a social worker in their clinic. ... Because from looking at what's happening at our clinic is that lessened the burden on GPs. (SW3)

Participants noted that their impact in GP clinics was not just operational, but relational. One social worker described offering emotional support to other staff members, creating a more supportive and cohesive clinic culture, open-door policies for staff, informal support, and regular check-ins: "So not only are we helping and supporting the patients, I feel like part of our role as a social worker is about providing support to

the staff that are at the GP clinic” (SW1). This dual mandate underpins social work’s contribution in GP settings, with variations, therapeutic approaches, and ethical considerations explored in subsequent themes.

Practice Variations: Adapting Roles and Approaches to Different Contexts

Participants highlighted how diverse contexts shaped their practice, using interventions ranging from therapeutic approaches to practical support. Subthemes relating to practice variation include core therapeutic approaches, practical support, and use of tailored approaches for diverse populations.

Core Therapeutic Approaches

Active listening was universally recognised as foundational, with social workers underscoring the importance of creating a safe space and establishing trust and ensuring patients felt genuinely heard and understood: “When I have my initial sessions with patients, I ensure that they feel heard ... feel supported. Am I understanding the needs that they are telling me? Am I understanding properly what they are saying?” (SW4).

Social workers drew on person-centred, cognitive behavioural therapy (CBT), acceptance therapy, trauma-informed and antioppressive practice, alongside psychoeducation. For instance, SW2 outlined the use of a range of theories: “I very much use person-centred. Solutions focused. Interventions and anti-oppressive. With a bit of sometimes a bit of systems theory thrown in there as well. But trauma-informed and anti-oppressive.” SW3 referred to anti-oppressive practice also, but focused on CBT: “I’ve done different types of CBT, including CBT for psychosis, CBT for trauma, CBT for working with kids. I’ve done cognitive processing therapy that’s specific to working with trauma patients.”

Practical Support

Practical support, particularly system navigation and advocacy, emerged as a central responsibility of social workers in GP clinics. Social workers described supporting clients with tasks such as applying for My Aged Care or the National Disability Insurance Scheme (NDIS), securing housing, or arranging transport to medical appointments. Advocacy efforts focused on challenging systemic barriers and securing necessary resources for clients. For example, SW4, highlighted advocacy with My Aged Care: “Look, this person has been waiting for a home care package for nearly 8 months. This person is going to have a surgery next month. Can we do anything to set up services?” Advocacy was critical for clients without family support:

Particularly if they don’t have any family members ... [My Aged Care] is saying, “Oh, do you want this text message on your phone or your email?” For a lot of older people, they don’t have an email system or so ... it’s definitely providing that advocacy and support. (SW1)

Use of Tailored Approaches to Support Diverse Populations

All social workers reported supporting clients with chronic health conditions such as diabetes, chronic pain, and substance dependence. Their support ranged from psychosocial counselling and self-management education to co-ordination with other healthcare

providers. Participants emphasised the importance of encouraging and motivating clients, particularly those who may have lost hope or struggled to navigate the healthcare system. As SW2 explained: “Encouraging people to maintain their check-ups, maintain their medication, talking to people about eating right. ... It was always about encouraging people to see a doctor when they needed to see a doctor.”

Ethical Foundations and Cultural Responsiveness

Two sub themes emerged as the cornerstone of ethical social work practice in GP clinics: (1) general ethical foundations; and (2) cultural responsiveness: working with Aboriginal and Torres Strait Islander Peoples.

General Ethical Foundations

Participants grounded their work in *AASW Practice Standards* and values such as person-centred practice, antioppressive approaches, respect, and nonjudgement. Clients were viewed as experts in their own lives, with support tailored to individual needs:

I’m very strong in the ... *AASW Code of Ethics* and the *Practice Standards* ... I check what is the ... framework, the scope of practice and limitations of services so I can adequately support the person ... you need to ensure that you respect that they are the experts on their own, on their journey, regardless of the cultural background or the linguistic background. (SW4)

Person-centred practice meant adapting to clients’ pace and priorities, even when GP expectations differed, SW1 explained. For example: “The GP may have told me what they want me to do, but really for me, it’s about where the client is at and what they’re looking for in terms of support.” Respect, empathy, and flexibility were seen as core ethical commitments of their practice.

Cultural Responsiveness: Working with Aboriginal and Torres Strait Islander Peoples

Participants emphasised the importance of cultural awareness and sensitivity in social work practice with Aboriginal and Torres Strait Islander clients and stressed cultural awareness, listening, and learning from clients’ stories about family, history, and world-view. SW2 described:

Listening to them ... learning from them about cultural differences, about different families, the history ... and ... just providing really practical support. A lot of them just want to be able to use the phone to ring Centrelink, experiencing that frustration with them, where the Centrelink bot doesn’t understand an Aboriginal accent.

Participants stressed that listening was more important than telling, and that validating clients’ experiences was crucial for culturally appropriate practice. Understanding historical context and holistic views of mental health was considered essential:

What’s important is to understand their history, to understand their experiences, and to validate that. Otherwise, any approach that deviates from that becomes very invalidating and it’s not helpful. So, it’s becoming culturally appropriate in your approach ... They

have got their own views in their own world view of mental health, which is holistic in nature. (SW3)

Participants highlighted the importance of connecting with Aboriginal and Torres Strait Islander organisations and cultural liaison persons. Making warm referrals and utilising existing community resources were considered best practice, as SW1 noted:

I'm really mindful of the fact, that I need to use existing resources that are in the community when I'm engaging with Aboriginal and Torres Strait Islander. I usually check and see first whether they would like to have a liaison person come into the sessions. (SW1)

Challenges and Enablers: Barriers to Integration and Factors for Success

Social workers reported systemic and interpersonal challenges in GP settings, including role misunderstanding, infrastructure and funding constraints, professional isolation, and service access barriers. Enablers included supervision, peer networks, and collaboration, with calls for organisational and systemic support. They recommended organisational support and systemic changes to address these challenges.

Role Misunderstanding and Recognition Issues

Experiences of social workers in GP practices varied: some felt valued; others faced limited understanding of social work and the impact of social determinants of health:

You're facing a long-established hierarchy, and ... I don't think there's actually too great an understanding of the actual impact of the social determinants of health on health [laughing] ... if someone's worried about where they're going to sleep tonight, where they're going to get their next food from, they're not going to worry about the rash they've got on their arm or, if they've had a headache for a week, because they're not operating at that level. They're operating at survival level. (SW2)

Often participants found themselves clarifying their scope of practice and educating GPs about the profession. Establishing clear roles required proactive engagement such as drafting their own job descriptions to demonstrate their scope of practice or providing ongoing education to staff teams about social work capabilities: "At the beginning I focused to educate doctors, letting them know in what areas I will be able to assist" (SW4).

Infrastructure and Funding Limitations

Lack of dedicated office space created practical and symbolic barriers, as identified by SW3 in the following way:

What I have is an office that is available when the doctor is not available ... And that's also confusing to the clients because they come and see me in this office today, and then tomorrow they are seeing me there.

Funding was a major constraint:

Unfortunately, the ... generalist social work is not recognised under Medicare and ... there is no ... kind of [way to] generate that revenue for the GP clinic ... potentially the social work role would not be as attractive in comparison to a psychologist that they can charge

[for] ... because we work with a different demographic ... people that rely on a limited pension that they barely can pay their rent or the groceries ... it's very hard for patients to access ... generalist social work interventions [and] pay nothing. (SW4)

Professional Isolation and Emotional Burden

Participants identified that being the sole social worker in a general practice led to professional isolation and emotional strain: "Because you don't have [any]body ... to share the load. It's a lot of responsibility and every single patient is coming with a different presentation" (SW4).

The absence of professional peers increased vulnerability to vicarious trauma:

Being really aware of vicarious trauma, or secondary trauma ... because it really does creep up on you. And if there's not somebody, another staff member watching. Then it's easy to hide it or mask it. (SW2)

Service Access Barriers

Social workers identified service access barriers for various patient groups. Aboriginal and Torres Strait Islander communities faced particularly complex access barriers due to historical trauma and systemic oppression. Older patients were fearful of aged care services and had concerns about poor treatment and access challenges of the My Aged Care systems. Participants reported that service availability remained critically limited in homelessness and mental health sectors:

I have many people that have been registered with My Aged Care. They have been receiving the entry level of care when they should have received higher level of home care packages ... [It] has been over 12 months for them to be assigned in these packages. (SW4)

Supervision and Peer Support Networks

Participants identified professional and peer supervision as helpful to their practice. Peer support groups functioned as extended supervision spaces for knowledge exchange, case discussion, and emotional validation:

What we actually do is we take it as part of our group supervision. So, we can say, "Oh, this week we are going to talk about pain management." So, we then ask a person who is a specialist in that area to come and do a presentation and bring some resources. And then we share them among the team. (SW3)

This informal support network offered opportunities for debriefing and normalising emotional responses, as highlighted by SW4: "It was very important to have these spaces, to normalise those emotions, to normalise those concerns."

Collaboration

Social workers actively fostered interprofessional collaboration, supporting busy practice staff. Two social workers routinely sent end-of-treatment summaries, including mental state exams and intervention rationales. Building collaborative relationships included educating others about their role, initiating case conference, and showcasing what they could offer:

When people ask me, “Hey, I have ... these in this case, but I’m not sure if it’s appropriate to send them through.” I’m like, “Okay, let’s talk about it. Let’s organise a case conference” ... Doctors have been more comfortable to refer me or send me referrals because they have seen ... the high involvement that I have with those patients and the positive responses and outcomes that we have had. (SW4)

Participants reported that collaborative practice opportunities were helpful for presenting their scope of practice, enabling other staff to gain a better understanding of social work, and increasing perceived value, leading to increased referrals and recognition:

The more time that I actually sat in on sessions with the GPs and the patients, they actually started to recognise and see when I’d be advocating for the patient in the room or talking about their social and emotional issues ... And so then the more ... I did that with the GPs ... the referrals increased. (SW1)

Recommendations to Consolidate Social Work in General Practice

Participants advocated for formally recognising social workers as essential to general practice rather than optional. They stressed the need for professional frameworks for practice, clear job descriptions, and sector-specific guidelines. Sustainable funding, Medicare recognition, and evidence of outcomes were seen as critical for embedding social work. SW4, for example, outlined:

I think that we might need more support from the state government for allowing us social workers to promote more social workers to be in the GP land ... and it’s important that we enhance our knowledge in different areas as well ... the GP is a little bit of everything.

Discussion

The aim of this study was to explore the benefits and challenges of embedding social workers in general practice clinics from the perspective of social workers. Findings reflect both opportunities and tensions in interprofessional collaboration while highlighting broader systemic factors that shape practice possibilities. They will be discussed around two focus areas: the dual mandate in the context of role recognition, and scope and integration variations: from broad to constrained access.

The findings demonstrated social workers in GP clinics recognise that they contribute to enhancing patient wellbeing and supporting the clinic staff. Thus, the social worker in general practice can be seen as having a dual mandate, supporting patients and, through their work in the practice, reducing the stress levels and workload of other clinic staff. The dual mandate contributes to holistic care—directly, by addressing the social determinants of health (SDH) and managing psychosocial concerns, and indirectly, through increasing the staff’s capacity to attend to patients. Social workers highlighted that they facilitated clinical assessment, undertook advocacy, enhanced team functioning, and reduced GP workload and, through this, supported the patients and the clinic. Identifying that their work with patients assists the wellbeing and capacity of other staff members is relevant in light of the growing complexity of general practice highlighted in the literature, where GPs are increasingly required to navigate challenges extending well beyond traditional medical care boundaries

(Browne et al., 2012). In the context of persistent GP shortages and structural problems within the healthcare system (NQPHN, 2025; Stellmacher & Wolter, 2022), integration of social workers in GP clinics is not merely beneficial but essential to meeting the evolving needs of patients and clients.

Despite these contributions, the findings point to a conflation of roles that threatens effective collaboration. Although social workers clearly articulated their value to both patients and GPs and the collaborative efforts they were undertaking to integrate into the practice setting, it took time for staff to acquire an understanding of their role. Uncertainty about social workers' ability to offer specialised psychosocial care persisted, with some social workers reporting ongoing challenges with the long-established hierarchy within GP settings and the undervaluing of their role as a social worker. The distinction between general practice and social work as discrete professions with specific complementary responsibilities is crucial for effective integration. Social workers should be integrated not merely to assist, but to bring their professional expertise. Ultimately, collaborative practice necessitates nonhierarchical, partnership-based relationships (Kan et al., 2025).

Colocating social workers within general practice settings has been identified as a promising strategy for addressing patients' social needs and integrating SDH into care (Browne et al., 2012; Gledhill & Davey, 2024). However, the findings reveal hierarchical tensions and infrastructure limitations that can undermine this model. Conversely, when social workers described feeling highly valued and having a strong, positive relationship with the team, they described higher levels of collaboration and effective teamwork. Despite growing recognition of the potential value of social work in general practice, the need for further systematic evidence remains (Gledhill & Duckett, 2025). Structural and organisational barriers, including GPs' limited understanding of the role of social workers, continue to challenge the integration (Zuchowski & McLennan, 2023, p. 686). As Gledhill and Davey (2024) emphasised, successful integration depends on a shared understanding of the role of social work within the general practice team and trust in the social workers' abilities to address complex patient needs.

Our findings highlight the benefits of social workers and other clinic staff working together in the same space to support patients. The trust-building process requires social workers to demonstrate their value and contributions such as showcasing their competences in case conferences, which led to increased referrals from GPs over time. Consistently offering "a little bit extra" support to health staff team members was seen as facilitating better integration. This supports research that stresses the necessity of close collaboration for complex needs while noting that helpful factors include shared goals, balanced expectations, and trust-building within emerging collaborative frameworks (Rüegg et al., 2023).

Another consideration that emerges from the dual mandate and the practice environment is social workers' wellbeing. The emotional demands of working with vulnerable patients, including those experiencing trauma, mental illness, and crisis, were reported as intense and sometimes overwhelming. The current deployment of social workers may offer flexibility due to their pioneering role but can lead to role conflicts, overload, and limited visibility, necessitating clear role descriptions and inter-professional agreements. Our findings support Gledhill and Duckett's (2025)

recommendation to establish a service model for the appropriate use of social workers to prevent burnout. A tension exists between their high relevance and insufficient structural embedding. Social workers describe themselves as integral and valuable contributors to both patient wellbeing and healthcare team functioning. However, these findings and other studies indicate that, despite their value in general practice settings (Browne et al., 2012; Gledhill & Duckett, 2025), systemic integration in Australia remains limited. Thus, social workers are extending themselves in these complex positions, but in many ways face uncertainties and have expressed an awareness that lack of sustainable funding makes their positions precarious.

Although the social workers in this study demonstrated strong capacity to address complex social determinants of health, structural barriers limit their effectiveness and position them within a system marked by health inequities. Social workers aimed to develop a holistic understanding of patients to address SDH, such as physical safety, emotional needs, nutrition, housing, and social support networks, utilising assessments or detailed questioning approaches. Despite this comprehensive approach, social workers were faced with service access barriers, particularly for older adults who experience high need but limited access to care. Often ageing intersects with social disadvantage, exacerbating barriers to healthcare access and quality of life, with older individuals with limited financial and educational resources frequently facing difficulties navigating healthcare systems and accessing necessary services (Stellmacher & Wolter, 2022).

Social work practice thus puts the spotlight on social injustice. The social gradient, where worse socioeconomic conditions lead to worse health outcomes (WHO, 2025a), is crucial to consider in this context. Through helping patients navigate difficult systems and using advocacy, social workers integrated into general practice clinics have a critical role in addressing social injustices within the healthcare system (NQPHN, 2025). As the WHO (2025a) stresses, intersectoral collaboration is essential for addressing SDH.

Research indicates that social workers are tasked not only with addressing SDH that may contribute to the development of chronic illness but with supporting individuals in coping with the illness itself and its frequent accompanying challenges, as well as prevention and health promotion activities (Ashcroft et al., 2024a). Social workers can meet these needs by acting as care coordinators and system navigators, linking patients to the right service at the right time. The findings demonstrate that case management and advocacy are significant tasks for social workers in GP settings, particularly when patients lack family support. Social workers can assist with system navigation and accessing the services and care patients require.

Social workers' generic training and broad knowledge of service, practice, and theory assisted them in responding to the range of health needs and patient groups they were working with (Harms & Connolly, 2023). Participating social workers utilised a range of therapeutic approaches and interventions to address health issues. Applying theory-informed practice, in particular antioppressive, trauma-informed, and person-centred approaches, can assist social workers to address structural disadvantage and respond to trauma that impacts health and wellbeing (Harms & Connolly, 2023).

However, this broad spectrum of work poses challenges, notably the need for clearer role and task descriptions. As an emerging field of practice, the proactive engagement of

each social worker appears to be shaped by the context of the clinic and the social worker's skills in building relationships and clarifying their role and capabilities for practice staff and patients. Potentially, some social workers may not be working to the full scope of their professional education and training in primary health care settings (Fraher et al., 2018). Defining the scope of social work practice for the Australian primary care context is essential to ensure social workers can operate at their full scope of practice. Considering the complexity of issues social workers are likely to be working with, it is critical not only to support social workers applying their skills and knowledge, but to increase their presence in primary health care (Ashcroft et al., 2024a, 2024b).

Limitations

The survey and interview samples were very small and, therefore, there are limitations to the broader applicability of the findings. Further limitations of the research include the contextual setting within the North Queensland healthcare context, with rural and remote characteristics and significant Aboriginal and Torres Strait Islander populations, factors that create a particular practice environment that may limit transferability to other contexts.

Conclusion

The study results underscore that social workers have a dual mandate in general practice. They play a vital role in improving patient wellbeing and supporting clinic operations. Their work includes advocacy, system navigation, and therapeutic interventions, yet integration into general practice settings remains constrained by unclear roles, hierarchical dynamics, and funding limitations. Colocation is essential to foster teamwork and better patient outcomes, but systemic embedding is needed to prevent burnout and ensure social workers operate at their full scope of practice. Strengthening recognition of social work in general practice and increasing resources will enable the profession to become an integral component of primary health care.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by North Queensland Primary Health Network.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding (contact) author, IZ. The data are not publicly available due to their containing information that could compromise the privacy of research participants.

ORCID

Ines Zuchowski  <http://orcid.org/0000-0002-1270-203X>

References

- Ashcroft, R., Adamson, K., Guy, S., Phelps, F., Sheffield, P., Webber, G., Dallaire, L.-F., Kemp, C., & Rayner, J. (2024a). *Social work and primary care: A vision for the path forward*. https://www.casw-acts.ca/files/attachements/4023_CASW_SocialWorkAndPrimaryCare_Report_EN-Final.pdf
- Ashcroft, R., Sheffield, P., Adamson, K., Phelps, F., Webber, G., Walsh, B., Dallaire, L. F., Sur, D., Kemp, C., Rayner, J., Lam, S., & Brown, J. B. (2024b). Scoping review of social workers' professional roles in primary care. *BMJ Open*, *14*(12), e090527. <https://doi.org/10.1136/bmjopen-2024-090527>
- Australian Association of Social Workers (AASW). (2020). *Accredited mental health social workers qualifications, skills and experience*. <https://aasw-prod.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2023/03/Accredited-Mental-Health-Social-Worker-Report-March-2019.pdf>
- Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publication.
- Browne, A. J., Varcoe, C., Wong, S., Smye, V., Lavoie, J., Littlejohn, D., Tu, D., Godwin, O., Krause, M., Khan, K. B., Fridkin, A., Rodney, P., O'Neil, J., & Lennox, S. (2012). Closing the health equity gap: Evidence-based strategies for primary health care organizations. *International Journal for Equity in Health*, *11*(1), 59. <https://doi.org/10.1186/1475-9276-11-59>
- Craig, S., Frankford, R., Allan, K., Williams, C., Schwartz, C., Yaworski, A., Janz, G., & Malek-Saniee, S. (2016). Self-reported patient psychosocial needs in integrated primary health care: A role for social work in interdisciplinary teams. *Social Work in Health Care*, *55*(1), 41–60. <https://doi.org/10.1080/00981389.2015.1085483>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed., pp. 213–246). SAGE Publications.
- Drobnič, S. (2014). Comparative analysis. In A. C. Michalos (Ed.), *Encyclopedia of quality of life and well-being research* (pp. 1125–1127). Springer Netherlands.
- Fraher, E. P., Richman, E. L., de Saxe Zerden, L., & Lombardi, B. (2018). Social work student and practitioner roles in integrated care settings. *American Journal of Preventive Medicine*, *54*(6), S281–S289.
- Gledhill, A., & Davey, R. (2024). *Social workers in general practice program: Evaluation report*. Capital Health Network. https://www.chnact.org.au/wp-content/uploads/2024/12/SWIGP_Report_CHN.pdf
- Harms, L., & Connolly, M. (2023). *Social work: From theory to practice* (4th ed.). Cambridge University Press.
- Hudson, A. (2014, November 24). Social workers and GPs will be at the heart of bringing integration to life. *The Guardian*. <https://www.theguardian.com/social-care-network/2014/nov/24/health-and-social-care-integration>
- IFSW. (2025). *What is social work practice*. <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>
- Kan, W. S., Chau, C. C., & Chui, E. W. T. (2025). A social work perspective on medical-social collaboration in primary healthcare. In B. Y. F. Fong, V. T. S. Law, & A. Lee (Eds.), *The handbook of primary healthcare* (pp. 387–395; Quality of Life in Asia, Vol. 21). Springer.
- Löwe, C., Mark, P., Sommer, S., & Weltermann, B. (2022). Collaboration between general practitioners and social workers: A scoping review. *BMJ Open*, *12*(6), e062144. <https://doi.org/10.1136/bmjopen-2022-062144>
- Northern Queensland Primary Health Network (NQPHN). (2025). *Joint regional needs assessment 2025–2028*. <https://nqphn.com.au/wp-content/uploads/2025/08/NQPHN-Joint-Regional-Needs-Assessment-2025-28.pdf>

- Przyborski, A., & Wohlrab-Sahr, M. (2021). *Qualitative Sozialforschung: Ein Arbeitsbuch* [Qualitative social research: A workbook] (5th ed.). De Gruyter Oldenbourg.
- Royal Australian College of General Practitioners (RACGP). (2025). *General practice: Health of the nation 2025*. <https://www.racgp.org.au/general-practice-health-of-the-nation>
- Rüegg, R., Vetter, D., & Deppeler, M. (2023). Soziale Arbeit in der Arztpraxis [Social work in the doctor's practice]. *Zeitschrift Soziale Innovation [Social Innovation Journal]*, 2023, 47–57. https://www.fhnw.ch/plattformen/soziale-innovation/wp-content/uploads/sites/23/230810_Soziale-Innovation.pdf
- Stellmacher, T., & Wolter, B. (2022). *Konzeption zur Arztpraxisinternen Sozialberatung 2022* [Concept for in-house social counseling in medical practices]. Institut für Gerontologische Forschung e.V. https://dvsg.org/fileadmin/user_upload/DVSG/Veranstaltungen/Weitere-Veranstaltungen/2023-Symposium-Alter/konzeption-zur-arztpraxisinternen-sozialberatung-2022.pdf
- Swerissen, H., Duckett, S., & Moran, G. (2018). *Mapping primary care in Australia*. Grattan Institute. <https://grattan.edu.au/wp-content/uploads/2018/07/906-Mapping-primary-care>
- Wendt, P.-U. (2021). *Lehrbuch Soziale Arbeit* [Course book social work] (2nd fully revised ed.). Beltz. <http://nbn-resolving.org/urn:nbn:de:bsz:31-epflicht-1862709>
- World Health Organization (WHO). (2025a). *World report on social determinants of health equity*. <https://www.who.int/teams/social-determinants-of-health/equity-and-health/world-report-on-social-determinants-of-health-equity>
- World Health Organization (WHO). (2025b). *From loneliness to social connection: Charting a path for healthier societies*. <https://www.who.int/groups/commission-on-social-connection/report>
- Zuchowski, I., & McLennan, S. (2023). A systematic review of social work in general practice: Opportunities and challenges. *Journal of Evidence-Based Social Work*, 20(5), 686–726. <https://doi.org/10.1080/26408066.2023.2202665>
- Zuchowski, I., McLennan, S., & Sen Gupta, T. (2023). Evaluation of social work student placements in general practice. *The British Journal of Social Work*, 53(5), 2762–2783. <https://doi.org/10.1093/bjsw/bcac244>

Appendices

Appendix A1. Survey Questions

Consent Statement:

I understand the aim of this research project is to establish the scope of social work in GP practices and evaluate the outcomes, to facilitate and evaluate social work placements in general practice under the supervision of social workers and to develop strategies to embed social work in the integrated care team in general practice in General Practice clinics in North Queensland.

I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written information sheet to keep.

I understand that my participation will involve a survey and I agree that the researcher may use the results as described in the information sheet.

I acknowledge that:

- taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice
- the survey will be anonymous, and the data cannot be identified to be deleted
- any information I give is anonymous and I cannot be identified in any way.

Yes No

1. Please indicate whether you are a:
 - Social worker in a GP clinic

- Student
 - Social Work Supervisor (field educator)
 - GP
 - Nurse
 - Practice Manager
 - Other Health professional
2. What are your observations about the benefits of social work practice in Primary Health Care?
 3. What are your observations about the challenges of social work practice in Primary Health Care?
 4. Were there any noted patient outcomes of social work services or feedback provided by patients? Please provide details.
 5. Please select the option that best describes your experience:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat agree	Strongly agree
The social work practice has supported and improved the relationships between service providers					
The social work practice has improved the client experience of care					

6. The social work practice has:

	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Disagree	Somewhat Agree	Strongly Agree
Facilitated patients' access to psychosocial assessment and intervention within the GP practice							
Improved patients' wellbeing							
Improved patients' sense of wellbeing							
Improved patients' access to comprehensive team care							
Decreased patients' presentation to emergency departments and hospitals							
Increased referrals of patients to relevant community services							
Provided patients with practical help in accessing services							
Reduced patients' isolation							
Supported patients to make social and/or cultural connections							
Assisted patients' advanced care planning							
Helped patients to understand and implement GP treatment plans							

7. The social work practice has supported patients with chronic disease.
- Yes
 - No
 - Unsure

If yes, please provide any examples, if relevant:

8. The social work practice has assisted ageing patients.
- Yes
 - No
 - Unsure

If yes, please provide any examples, if relevant:

9. The social work practice has assisted Aboriginal and Torres Strait Islander Peoples' wellbeing.
- Yes
 - No
 - Unsure

If yes, please provide any examples, if relevant:

10. Please select the option that best describes your experience: Overall, social work practice in the GP practice is:
- Extremely valuable
 - Very valuable
 - Moderately valuable
 - Slightly valuable
 - Not at all valuable
11. The key intervention areas of social work practice were:
12. Any other comments?

Appendix A2. Question Guide—Social Workers in General Practice

1. Introduction

Thank you for taking the time to speak with me today.

This interview is part of a research project on the impact of social workers in general practice. Our aim is to gain a better understanding of the impact you have with your work, the skills you use and the challenges you face.

Before we get started, would it be alright with you if I record our conversation? This would just be for transcription and analysis purposes, and of course everything will be treated confidentially.

2. Demographic Information

What is your Gender?

What is your Ethnic background?

What year did you graduate with a social work degree?

How long have you worked as a social worker in a general practice setting?

Are you an Accredited Mental Health Social Worker?

3. **Introducing Your Work**

What does a normal working day look like?

Can you tell me about your typical tasks and responsibilities as a social worker in this GP practice?

4. **Role and Collaboration**

How would you describe your collaboration with GPs and other members of the healthcare team?

How do you see your role within this multidisciplinary team?

Is your role well understood by your colleagues?

In your view, what are the main benefits of having social work integrated into general practice?

What are some of the main challenges you face in your day-to-day work?

5. **Focus Areas of Practice**

In this research, we're particularly interested in the areas of mental health, chronic disease, ageing, and Aboriginal and Torres Strait Islander wellbeing. Before we go into each one, more generally:

What skills do you find yourself using most in these areas?

What theoretical knowledge or approaches are you using?

What values guide your work with these patient groups?

Mental Health

What types of social work interventions do you provide when working with clients experiencing mental health challenges?

What helps you in your work with patients experiencing mental health issues?

What challenges do you encounter in this area?

Can you share an example of a particularly impactful case (anonymised, of course)?

Chronic Conditions

What kinds of support do you offer to clients living with chronic conditions?

What supports your work with patients with chronic illnesses?

What are the main challenges in this area?

Could you share a case example?

Ageing Patients

What interventions do you implement in your social work practice to address age-related challenges?

What facilitates your support for older patients?

What are typical difficulties you face here?

In the survey, challenges around My Aged Care were mentioned. Could you tell me a bit more about your experiences with that?

Aboriginal and Torres Strait Islander Wellbeing

What interventions do you provide to support the wellbeing of Aboriginal and Torres Strait Islander clients?

What helps you provide support in this area?

What challenges do you face?

Could you share an example?

What does culturally sensitive work mean to you?

Are there any specific partnerships that are especially helpful here (e.g., ACCHOs)?

5. Professional Development and Future Outlook

Are there any quality standards or practice frameworks you use to guide your work in the GP setting? If not specifically, what do you think would be useful to have?

What kind of professional support (e.g. supervision) do you currently receive—or wish you had?

From your perspective, are there any structural or policy changes that could strengthen social work in GP practices?

What are your recommendations for social work practice in GP clinics?

6. Closing

Is there anything else you'd like to share that we haven't covered yet?

Thank you so much for your insights and your time—I really appreciate it!