

A New Perspective Regarding the Impact of Rural Disadvantage on Accessing Services: Hearing the Australian and Irish Social Work Student Voice

Amy McLaughlin¹, Emma Pascoe², Jessica Lawson³, Lizzy Parker⁴, Toni Whalan⁵, Tayyaba Safdar⁶, Georgia Beeton⁷, Rosalie Kennedy⁸, Nicola Ivory⁹, Louise Morley¹⁰, Carmel Halton¹¹, Erica Russ¹², Scott Gartshore¹³, Monica Short¹⁴

- 1 Amy McLaughlin, Master of Social Work student, University College Cork, Cork, Ireland; Tel: +353 879606160, email: marie.amymc@gmail.com
- 2 Emma Pascoe, Master of Social Work student/ Research Officer, School of Social Work and Arts, Charles Sturt University, Locked Bag 588, Wagga Wagga, NSW, Australia 2678; Mob: 0456666019, email: epascoe@aussiebroadband.com.au, <https://orcid.org/0000-0002-2128-7990>
- 3 Jessica Lawson, Master of Social Work student, Southern Cross University, PO Box 157, Lismore, NSW, Australia 2480; Mob: 0429856877, email: j.lawson.25@student.scu.edu.au
- 4 Lizzy Parker, Bachelor of Social Work student, University of New England, Elm Avenue, Armidale NSW 2351, Australia; Mob: 0413413072, email: lizzyparker@hotmail.com
- 5 Toni Whalan, Master of Social Work student, Southern Cross University, PO Box 157, Lismore, NSW, Australia 2480; Mob: 0422158035, email: t.whalan.13@student.scu.edu.au
- 6 Tayyaba Safdar, Master of Social Work student, University of New England, Elm Avenue, Armidale NSW 2351, Australia; Mob: 0470483345, email: tayyaba_asad@yahoo.com
- 7 Georgia Beeton, Master of Social Work student, Southern Cross University, PO Box 157, Lismore, NSW, Australia 2480; Mob: 0447786291, email: g.beeton.10@students.scu.edu.au
- 8 Rosalie Kennedy, Clinical Educator- Social Work, University Centre for Rural Health, Lismore, NSW, Australia 2480; email: rosalie.kennedy@sydney.edu.au
- 9 Nicola Ivory, Lecturer, School of Psychology, Charles Sturt University, Locked Bag 588, Wagga Wagga, NSW, Australia 2678; Mob: 0425664549, email: nivory@csu.edu.au, <https://orcid.org/0000-0003-2886-5885>
- 10 Louise Morley, Lecturer Social Work, University of New England, Elm Avenue, Armidale NSW 2351, Australia; Mob: 0477787070, email: lmorley4@une.edu.au, <https://orcid.org/0000-0003-2885-6698>
- 11 Carmel Halton, Senior Lecturer (P/T), University College Cork, Cork, Ireland; Mob: +353-21-490-3000, email: chalton@ucc.ie
- 12 Erica Russ, Senior Lecturer & Director of Field Education, Southern Cross University, PO Box 157, Lismore, NSW, Australia 2480; Tel: (0)7 5589 3167, email: erica.russ@scu.edu.au, <https://orcid.org/0000-0001-9883-430X>
- 13 Scott Gartshore, Field Education Director, University of New England, Elm Avenue, Armidale NSW 2351, Australia; Mob: 0467 052 617, email: sgartsh2@une.edu.au, <https://orcid.org/0000-0002-5702-3380>
- 14 Monica Short, Senior Lecturer, School of Social Work and Arts, Charles Sturt University, Locked Bag 588, Wagga Wagga NSW, Australia 2678; Tel: 0297529027; Mob: 0427251707, email: mshort@csu.edu.au, <https://orcid.org/0000-0003-2764-8037>

Corresponding author: **Emma Pascoe**

Email: epascoe@aussiebroadband.com.au | Phone: +61 456 666 019

Mailing address: Charles Sturt University, Locked Bag 588, Wagga Wagga, NSW, Australia 2678

Abstract

This participatory research project, a co-operative inquiry, was led by seven social work students whilst on placement. They investigated the research question: *How do rural advantage and disadvantage impact access to services from an Australian and Irish social work student perspective?* Students were either on placement in Australia ($n = 6$, fully online placement) or in Ireland ($n = 1$, on-site practice placement with an online research component). The seven students, supported by seven academics, met weekly online to conduct in-depth conversations, share knowledge and their own observations, and connect these with the available literature regarding rural advantage and disadvantage. Grounded by a social determinants of health framework, the purpose of the inquiry was to highlight issues that affect isolated communities, their access to services, and explore these issues across two cultural and geographical contexts. The key themes that emerged included: i) the complexities of access to rural services; ii) the advantages and disadvantages of rural connectedness; and iii) the impact of these advantages/disadvantages on rural social work practitioners. These findings are significant for educators and rural practitioners, adding to the social work knowledge-base a unique student perspective of the issues that affect isolated communities and their access to health and social work services.

Keywords: *Social work; Placement; Rural; Education; Student-led research; Australia; Ireland; Field education*

Introduction

Internationally, a substantial collection of scholarship exists investigating the experiences of individuals, families, and communities living in rural areas. There are many advantages of rural living, highlighted by popular perceptions of a less complicated lifestyle compared to the high pressure of urban life. These perceptions are supported by research that reveals stronger social bonds and increased resilience and self-reliance in rural communities (Larson & Dearthmont, 2002; Lewis et al., 2013). In contrast, the disadvantages of rural living in Australia include isolation, problems associated with health and community service provision, access to services, poor health outcomes, and a general lack of attention paid to issues affecting rural communities owing to urban-centric policies (Lewis et al., 2013; Pugh & Cheers, 2010). This literary record concerning rural living is commonly written by academics, professionals and people with lived experience of rurality. Literature rarely considers rurality from both an Australian and Irish perspective – and even less frequently from a student perspective; it does not appear to include the students' voice.

The current article presents the results of a co-operative inquiry (CI) led by seven social work students whilst on placement. The aim of this original qualitative inquiry was twofold. First, it gave students an opportunity to learn about CI as a methodology, and second, it was also an opportunity to share knowledge about rural social work in Australia and Ireland. It addressed the research question: *How do rural advantage and disadvantage impact access to services from an Australian and Irish social work student perspective?*

In addressing this question, the research was grounded by a social determinants of health framework (World Health Organisation, 2010), which draws attention to the myriad of external factors that influence human health and wellbeing, including social, political, economic and environmental. This framework aligns with: i) the person-in-environment perspective; ii) the professional value of social justice (Australian Association of Social Workers [AASW], 2020; International Federation of Social Workers [IFSW], 2018; the Irish Association of Social Workers [IASW] (2020)); and, iii) the Sustainable Development Goals (United Nations [UN], n.d.), which are internationally supported by social workers (IFSW, 2021). This framework was useful for this project because it encouraged students to examine from their perspective the broader contextual social factors that contribute to disadvantage, and to analyse how this can impact health and wellbeing in rural communities.

This distinctive, student-led analysis of the literature coupled with regular inquiry meetings merged dialogue, knowledge, and practice wisdom together. The analysis led the authors to conclude that, whilst the experience of rural disadvantage is a serious and pressing issue, especially for vulnerable individuals and communities, this should not be understood devoid of the advantages and strengths associated with rural living. Comprehending both the advantages and the disadvantages involved in living rurally has deepened and enriched our learning and understanding of what it might mean for social workers to practise in rural settings.

Conceptualising rural in Australia and Ireland

Located in the Southern Hemisphere, Australia is 7,692,024km², making it the world's 6th largest country and the world's largest island (Geoscience Australia, n.d.). Recent estimates calculate Australia's population at 25,739,256 (Australian Bureau of Statistics [ABS], 2021). According to the latest census data, 72% of Australians live in major cities, 18% in inner regional areas, and 10% in outer regional, remote or very remote areas (ABS, 2016).

In contrast, Ireland, at 84,421km², is the world's 122nd largest country and 20th largest island (World Population Review, 2021). Located in the Northern and Western Hemispheres, Ireland has a population of approximately 5,011,500 (Central Statistics Office [CSO], 2021a). In 2016, approximately 31% of people in Ireland lived in rural areas (CSO, 2019).

Defining the concept of "rural" for each country is problematic, with no authoritative social science definition internationally (World Bank, 2022). In Australia, rurality is generally defined by relative access to services, as exemplified by the Australian Statistical Geography Standard (ABS, 2018a). In Ireland, the Central Statistics Office defines rural populations as those that are outside of major cities or towns and have a population of less than 1500 people for the area (CSO, 2019). Given these differences, we needed to develop our own definition of rurality that could be applied across both countries. Reflecting upon Darracott and Lonne's (2017) scholarship, we note that rural communities in both countries generally have smaller populations in geographical contexts – distinct from urban areas, with a higher likelihood of disadvantage due to poor access to services. This broad definition accommodates a range of rural communities in Australia and Ireland and proved significant for our social work inquiry because it recognised the presence of social needs within many non-urban localities.

According to key social work documents, such as the Australian Association of Social Workers' (AASW) *Code of Ethics and Practice Standards*, social work globally promotes social change and development and has a focus on social justice and human rights in which we empower and advocate for more equitable access to service delivery (AASW, 2013, 2020, 2023; IFSW, 2023; IASW, 2020).

Advantages and disadvantages in review

Advantages

Sen (2021) suggested Covid-19 has caused a shift in people's thinking around remote working and the value of access to green spaces, cheaper housing and a better work–life balance gaining momentum. Employers were increasingly encouraging employees to work from home (Australian Government, 2020; Kelly, 2022). In Australia and Ireland, Covid-19 caused an accelerated migratory shift from urban areas to rural areas – and this is projected to increase (Australian Government, 2020). A greater sense of security and being closer to nature may be two reasons attracting people to rural Australia (Bryne, 2021). In Ireland, many are choosing to live rurally and to commute into urban centres for similar reasons. The idea of a less complicated and less expensive lifestyle in a rural community is appealing, especially in the current context where technology supports communication and social connection across vast distances (McConnell, 2021).

The literature suggests that rural communities can foster different relational qualities based on more organic social relations (*gemeinschaft*) than those that characterise urban communities (*gesellschaft*) (Tonnies, 1955; Watson, 2014). Pugh and Cheers (2010) also documented that rural people may have the advantage of larger informal support networks. For example, in many rural communities, there may be stronger values of family, neighbours, and informal community-based networks (Lewis et al., 2013). Such networks may promote a greater sense of belonging, social connection and community resilience, which evidence suggests, may positively impact a person's wellbeing and life satisfaction (Kitchen et al., 2011; Nyqvist et al., 2013).

Rural areas can be perceived to be more self-reliant and autonomous than urban communities. This may be attributed to both the hardships experienced, such as natural disasters that impact livelihoods and higher levels of volunteerism. Voluntary community organisations can play a key role in providing services where there may be a lack of formal services (Warburton et al., 2016). For example, Walsh et al.'s (2012) research about ageing in changing communities in rural and Northern Ireland noted that the absence of formal services in rural communities can create an increased reliance on voluntary services.

Social workers can play an important role in building upon community strengths within rural communities, contributing to the development of increased resilience for individuals and groups (Chenoweth & Stehlik, 2001, as cited in Howard et al., 2016; Harms et al., 2018b). An increased sense of community in smaller towns may be attractive to professionals who desire a sense of cohesion and autonomy.

For example, Keane et al. (2011) surveyed 1879 allied health practitioners in regional, rural and remote areas of Australia and found participants had both a personal and professional commitment to remaining in rural areas; citing as reasons, a more sustained work–life balance, the type of work/clients, climate/location, and the idea that rural areas are a good and healthy place to raise children. Similarly, Makate et al. (2021) noted that elements such as lifestyle, career and family were influential in general practitioners (GPs) choosing to live rurally.

Disadvantages

It is important to note that some of the advantages associated with rural communities can be a double-edged sword. Small, close-knit communities may seem idyllic, but monocultures can also foster exclusion and marginalisation of older people (Warburton et al., 2016) or individuals from minority groups (Forrest & Dunn, 2013). For example, research has found South Australians living in rural areas were significantly less tolerant of ethnic diversity and difference, having higher levels of intolerance towards intermarriage, lower support for diversity, and feeling less secure with other cultures than individuals living in metropolitan Adelaide (Forrest & Dunn, 2013). Such attitudes can have devastating consequences for the mental health of individuals and groups, such as people from culturally and linguistically diverse backgrounds, First Nations Peoples and Travellers (McCalman, 2015).

Considering these disadvantages through the lens of the social determinants of health framework (World Health Organisation, 2020), negative attitudes may also impact individual health and wellbeing. Five examples are listed here. First, in the context of gender and violence, traditional ideas regarding women's roles within the home and or/community can perpetuate gendered power dynamics, reinforcing the silence surrounding such an issue (Little, 2014; Pitt et al., 2019; Volkova et al., 2015; Wendt, 2009). Second, the inaccessibility of services can lead to further isolation as some people may withdraw from their social circle (Darracott & Lonne, 2017). Third, some attitudes about masculinity can impact the health and wellbeing of people. For many Australian rural farmers who identify as male, cultural norms around stoicism, self-reliance and distrust of medical professionals can dissuade engagement with health and mental health services (Hull et al., 2017). Fourth, higher levels of stigma surrounding mental illness amongst older adults in rural communities compared to urban communities may further exacerbate this problem and hinder access to treatment (Stewart et al., 2015). Similarly, Kennedy (2017) documented the experience of people having poor mental health, particularly depression, as a source of stigmatisation in rural Ireland. Fifth, a lack of anonymity in rural communities may discourage people from accessing services for fear that privacy and confidentiality cannot be assured (Humble et al., 2013). These challenges need to be addressed so that the rights of all members within a community are upheld, and belonging and social inclusion are ensured.

Another major disadvantage in rural areas is limited access to services, where many individuals experience long wait lists for basic health services, owing to a lack of resources or problems recruiting suitably qualified staff (Australian Institute of Health and Welfare [AIHW], 2020a). A recent inquiry conducted into rural health care in New South Wales, Australia, highlights such issues; it stated, “more than one-third of children are unable to access the health services they need” (Royal Far West, 2020, p. 1).

This resourcing problem is often remedied through referral pathways to urban and regional centres for essential treatments. Yet the problem persists with people in rural Australia requiring extra resources and time needed to travel, often long distances, for treatments (AIHW, 2020b). This is similar to Ireland, where the distance to access most health services is at least three times longer in rural Ireland than in urban areas (CSO, 2021b).

Although relevant for most people in rural areas, access issues are particularly problematic for those with complex needs in rural communities, which can have devastating impacts on individuals' health outcomes. For example, Germov (2019) highlighted that some First Nations people in Australia experience disadvantages across all determinants of health, with lower educational attainments, poorer housing conditions, and higher rates of chronic illness and death. This may be because some First Nations people reside on their traditional lands in remote areas which are not well supported by government funding and services (Howard et al., 2016). Regardless of culture or nationality, human rights violations and poor health outcomes ought to be challenged and addressed.

As suggested by the issues outlined above, social work and its focus on social justice and human rights has the potential to provide a critical role in light of the significant disadvantage that people in rural communities across many countries face in comparison to their urban counterparts. In Australia and Ireland, those living in rural communities are understood to face significant disadvantages with poorer outcomes in relation to health, education, income and mortality (AIHW, 2022; Social Justice Ireland, 2023). Therefore practice standards, such as Standard 3 (AASW, 2023), that promote the achievement of fair and equitable access to services and resources are particularly relevant. While aligned with principles and practice standards, social work in rural contexts has particular challenges.

Complexities of rural social work

Due to the many disadvantages experienced by those living in rural communities, social workers face many challenges when providing services in rural communities, whether face to face or online. Owing to the centralisation of services, fewer practitioners are located within rural areas, leading to limited access to supervision and training, resulting in many social workers experiencing a sense of professional isolation (Brownlee et al., 2010; Halton et al., 2015). Research in Australia, however, has shown peer group supervision can help overcome many of the challenges affecting rural social workers (Halton et al., 2015; Nickson et al., 2016).

The limited face-to-face services available in rural areas may increase the pressure on organisations and professionals, who, due to staff shortages, may feel the need to work more hours than they are contracted to, or feel conflicted about taking leave. There is some evidence to support this. For example, Keane et al. (2011) in a cross-sectional survey of 1879 rural allied health care workers in New South Wales, Australia, found 65% reported working more than 35 hours per week, while only 49% described their position as full time, and that 16% were working overtime. Keane et al. (2011) also found that the average amount of unpaid overtime was significantly larger than the average amount of paid overtime.

Keane et al. (2011, p. 42) suggested that these results indicate a “generalised commitment to service” but note that being underpaid and overworked can contribute to job burnout. Consistent with this argument, 32% of the health care workers surveyed by Keane et al. (2011) agreed or strongly agreed that they felt burned out.

Online services such as Telehealth and other internet-based programs aim to meet the needs of people in rural areas. For example, online mental health and wellbeing programs can offer a level of anonymity for those people in rural areas who might not normally seek support due to issues of stigma (Gunn et al., 2021). However, issues regarding service access and implementation remain. For example, Bryant et al. (2015) reviewed the social work literature regarding the uptake of Information and Communication Technologies (ICTs) in service provision in rural areas. ICTs have the potential to improve access to services in rural areas; however, this review notes that social work has been slow to embrace technology in practice, while offering suggestions for how social work can embrace ICTs in a way that is consistent with the values of social work (Bryant et al., 2015).

A crucial aspect of rural social work practice is the issue of managing dual relationships and multiple roles in the community, where personal and professional boundaries often blur (Howard et al., 2016). As generalist practitioners, many rural social workers work on problems beyond their expertise, adding to the stress of managing dual relationships and roles.

There are many things that universities can do to encourage and support the recruitment and retention of social workers in rural areas. Innovative placements with a rural focus and using co-operative inquiry, as described in the current article, can create space for students to critically and reflexively consider rural social work practice at a deeper level than merely reading about the challenges (Davey et al., 2021; O’Neil, 2018). Furthermore, graduates from rural placements are more likely to choose to live and work in a rural area upon completion of their degree (Allen, 2005).

Methodology and methods

Covid-19 disrupted field education, and many universities requested that social work researchers assist by providing indirect social work research placements or supporting face-to-face placements. In response, since 2020, the University Centre for Rural Health, Sydney University, Australia (UCRH), Australia and members of the International Network of Co-operative Inquirers (INCIInq) have annually offered students from various universities within Australia and Ireland the opportunity to lead an online research social work placement. This 2022 inquiry consisted of social work students and academics who were members of INCIInq and who came together for this CI. This project not only introduced students to CI as a research methodology, it also opened up dialogue about rural social work, by exploring the question: *How do rural advantage and disadvantage impact access to services from an Australian and Irish social work student perspective?* CI was chosen due to it being a qualitative, participatory and inclusive process-driven methodology (Alston & Bowles, 2018).

CI is underpinned by the principle of equality of voices within a co-authoring process, where the researchers are also the participants (Short & Healy, 2017). The unique feature of the current project was that it was student-led. Utilising a student-led process, with the students directing the content and conversations, mitigated potential power imbalances that can occur between the students and academics, and promoted the upholding of social work values of social justice and human rights (AASW, 2020; IASW, 2020). Additionally, linking CI with social work values ensured an emphasis on power sharing regarding decisions for this inquiry (Alston & Bowles, 2018; AASW, 2020; International Network of Co-operative Inquiries [INCInq], 2022).

It was determined that ethics approval was not needed for this inquiry as this project was considered to be nil to negligible risk. Participation was voluntary for all involved, no third-party or sensitive data were collected, and there was no assessment component for the students connected to the inquiry.

Participants

The co-authors, who were also co-researchers, co-inquirers and co-participants, consisted of seven social work placement students and seven academics from five universities across Australia and Ireland (see Table 1 for details). It was a convenience sample, with all the academics being members of INCInq. The academics who volunteered for this inquiry informed the Field Education Teams at their universities of this opportunity, and these teams promoted it. No students were compelled to participate in the inquiry and all interested students were accepted. See Table 1 for an overview of the co-authors who participated in the inquiry.

Table 1

Introducing the Co-authors who Participated in this Inquiry

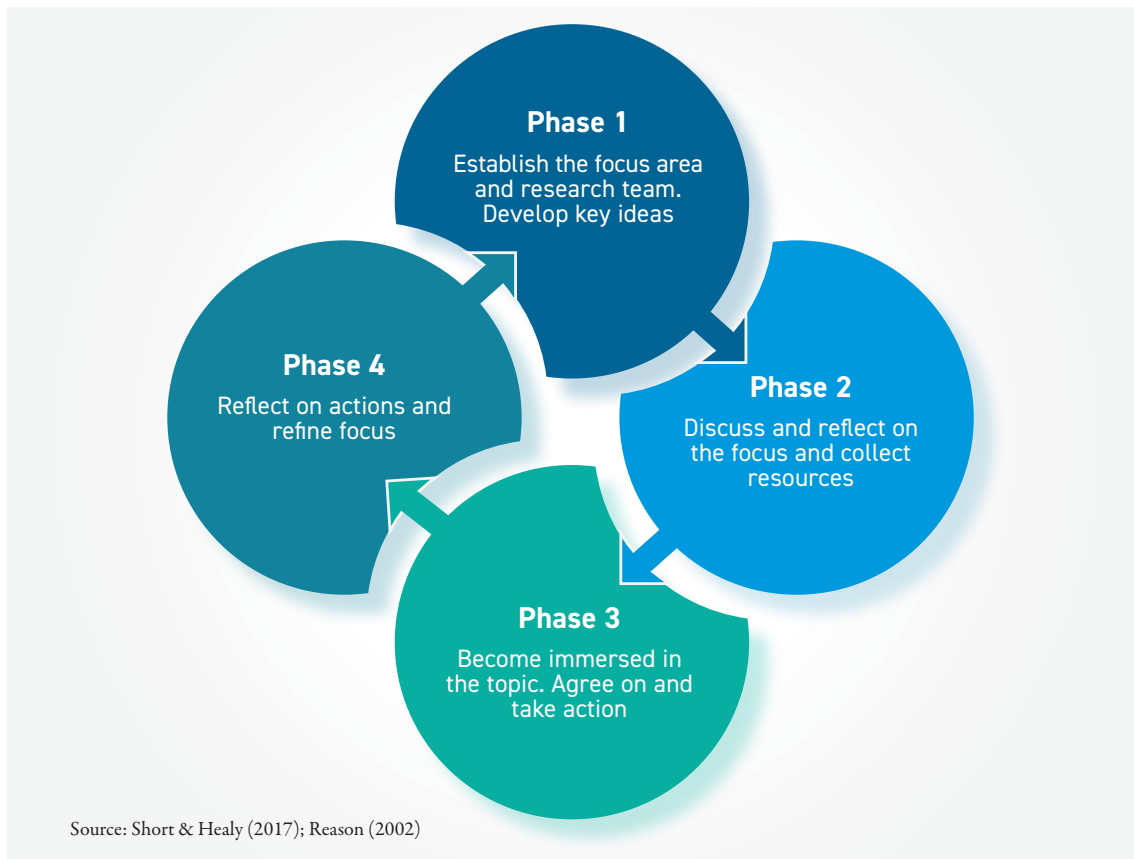
University and location <i>(in alphabetical order)</i>	Number of students, qualification, placement hours and placement type <i>(In Australia and Ireland students undertake two different placements totaling 1000 hours. Students are expected to experience direct and indirect social work activities.)</i>	Number of academics and their qualifications
Charles Sturt University, Online, Australia	1 Masters qualifying <i>(first placement 500 hours)</i> Social work research placement	1 research fellow <i>(psychology academic)</i> 1 social work academic

Table 1 (continued)*Introducing the Co-authors who Participated in this Inquiry*

University and location <i>(in alphabetical order)</i>	Number of students, qualification, placement hours and placement type <i>(In Australia and Ireland students undertake two different placements totaling 1000 hours. Students are expected to experience direct and indirect social work activities.)</i>	Number of academics and their qualifications
Southern Cross University, Lismore, Australia	3 Masters qualifying <i>(2 first placements, 400 hours and 1 second placement, 600 hours)</i> All completing a social work project and policy placement	1 social work academic
University of College Cork, Cork, Ireland	1 Masters qualifying <i>(second placement, 500 hours)</i> Social work direct practice placement.	1 social work academic
University of New England, Armidale, Australia	1 Masters qualifying <i>(first placement, 500 hours)</i> 1 Bachelor <i>(first placement, 500 hours)</i> Social work community development research placements	2 social work academics
University Centre for Rural Health, Lismore, Australia	N/A <i>(supported all seven students)</i>	1 social work academic
Total	N = 7	N = 7

Method

Co-operative inquiry requires the researchers to engage in four phases of deep reflection, testing of ideas and action (Heron & Reason, 2006). This cyclical process allows researchers to refine the research topic, increase the richness of the data collected (Short & Healy, 2017) and enhance the validity of findings (Heron & Reason, 2006). Figure 1 below illustrates the four phases that an inquiry cycles through.

Figure 1*Phases of Co-operative Inquiry****Phase one:***

In phase one, our research team came together. The students in both countries were undertaking placements. They were all studying in regional universities and were united by an interest in health and social care in rural areas. This co-operative inquiry was an optional activity as part of their placements and was not assessed. In the first few meetings, it was agreed that the whole group would meet weekly via Zoom® for one hour and that the students would meet alone for another hour following. The students directed the inquiry, including identifying the research question and identifying a focus area that they considered would grow their social work knowledge base. The beginning phase allowed the authors to get to know each other and establish ground rules.

During this phase, the method of data collection was agreed upon (Short & Healy, 2017), which was regarding how to record people's observations about the extant literature in the field. The minutes of each meeting became the data, and this data were recorded in a Google Doc®, which only the participants, who were also the authors, had access to. Each person had a password-protected laptop. Students took turns in minute-taking which was then recorded directly into a Google Doc® in real time at each meeting. It was agreed that no second- or third-party data were to be collected. The Zoom® meetings were also recorded in order to further validate findings if necessary.

Phase two:

In phase two, the co-researchers explored the issues agreed on, specifically regarding rural social work practice (Heron & Reason 2006). Alongside this project, students collaborated with the academics and UCRH educators on the topic and attended multidisciplinary and social work dedicated rural education sessions which were led by staff in the Centre. The knowledge and practice wisdom gained in these sessions informed the inquiry discussions. Within this phase, the themes began to emerge, becoming clear to us that the social work student voice was missing from rural social work theory.

Phase three:

Students and academics became deeply immersed in the inquiry (Heron & Reason 2006). We, the authors, shared our positionality/experiences regarding rurality. The data collected in this phase followed the process outlined in phase one. During this phase, two students and one academic presented a poster about the inquiry at the 26th Asia-Pacific Regional Social Work Conference (Lawson et al., 2021). This allowed the students to explore the research topic and reflections with a wider audience.

Phase four:

Moving into the fourth phase, we critically reviewed the data and the emerging themes (Heron & Reason, 2006). To ensure qualitative rigour we conducted a manual thematic analysis (Braun & Clarke, 2022). NVivo® was used to code the data which consisted of minutes taken from Zoom meetings via Google Doc® of the author's discussions. We identified the patterns within the data, cycled back over them six times, and interpreted the meaning. Our analysis was also informed by the extant literature such as scholarship regarding the social determinants of health. This approach helped ensure a robust and trustworthy research process. Writing this paper collaboratively further deepened our understanding of the field. The themes which emerged from this analysis are described below.

Hearing what the students discovered

All the students had, prior to the inquiry, considered the social determinants of health for rural populations. However, several social work students authoring this inquiry had no prior rural experience. Further, before the project, some students indicated assumptions about what it might mean to deal with some of the challenges involved in living and working as a professional in a rural context. This is exemplified by Lizzy, an Australian student (AU-student), who stated:

We ... form these assumptions, based on what other people say ... or within the media ... I come from a metropolitan area, so my idea of remote areas was ... yeah there's socio-economic disadvantage and they don't have the same access to health services that we do. Through this process I am learning and [my] assumptions of rural health are being challenged.

Lizzy knew of rural disadvantages from the media and her studies, but through this inquiry, she was able to gain deeper, more nuanced insight into such issues. Additionally, the dialogue facilitated in the inquiry enhanced our (the students') learning about rurality, such as how social determinants of health apply in rural areas.

In the themes below, we (the students) present our insights and discuss how they enriched our learning. In our dialogue about rural disadvantage, we went from talking superficially about the extent of disadvantage in rural areas and how this differs from urban settings, to exploring the notion of connectedness in rural communities and to considering what all this might mean for social workers who practise in smaller rural communities.

New knowledge for the students: Accessing services in rural Australia and Ireland is complicated

Tayabba (AU-student):

Not everyone has the same amount of disadvantages.

Jessica (AU-student):

... people with unique circumstances and how belonging to rural areas affect their experience.

As the two quotes above indicate, rural communities can experience greater disadvantages than urban ones. However, the Irish and Australian experiences of disadvantage differ. We spent time discussing the geographical difference and including how geography impacts the determinants of health and the wellbeing of people through the provision of health and social services in Australia and Ireland. For example, Amy, an Irish Student (IR-student) shared how travelling to access essential services in Ireland can be problematic for some, due to: a) unreliable public transport in remote areas; and b) people with a car, having to travel an hour or two. In contrast, the size of the Australian continent creates more extreme problems, and we are aware of people travelling eight hours or more for vital health services. Organisations such as the Rural Flying Doctors try to address barriers and the social injustice that distance causes, but such geographic distance also creates psychological and financial barriers that can result in different health outcomes for people in rural Australia. As Carmel (IR-academic) states:

I [heard] about women in rural Australia getting a mastectomy instead of radiation and that shocked me because, [I think] that wouldn't occur in Ireland.

Carmel's (IR-academic) comments point to the particular problems in rural Australia that may not occur in Ireland. It seems distance, psychological and financial barriers can create more radical and even haphazard approaches to dealing with health issues.

We also recognised that particular groups of people appear to be impacted by the tyranny of distance in Australia as is pointed out by Georgia (AU-student):

I was [considering] transport disadvantage and [some] First Nations people [in Australia] don't have access to a car ... People living with a disability are also less likely to have access to transport because public transport is not often designed with their needs in mind.

Limited accessible public transport, a lack of financial resources and massive distances mean many people in rural areas of Australia do not access the services they need. These issues are similarly faced in Ireland, albeit on a smaller geographic scale. Our reflections on these issues led us to wonder: how can social workers in both countries advocate for the rights of those living outside cities, overcome the barriers and uphold equitable access to service?

This wondering led us to consider the disadvantages created by geographical distance in Australia and Ireland as being relative. We can not adequately quantify the human experience in one place over another. As social work students, we recognise the importance of the lived experiences and the intersection of different points of oppression and disadvantage and their impacts.

Rural connectedness

The idea of connectedness can feed the stereotype of 'close knit' as being a definitive quality of smaller rural communities. Nevertheless, we agree with the aforementioned literature that smaller communities can foster a greater sense of community spirit. This idea is exemplified by Georgia (AU-student), who lives in an urban area and who had read a Bulgarr Ngaru and Northern NSW Local Health District (2021) fact sheet, where, in 2017-18, 71% of Casino, a small rural community in Australia, residents had said they felt included in the community.

This shocked me because I reflected and realised that I have not felt that kind of connection to a community, I have just felt like just another person in [a large city] ... We've talked about isolation in rural areas, it can also be extremely isolating to live in a metropolitan area, even though people are more concentrated...

Georgia's comments remind us that whilst social isolation can be an issue in rural areas, we often forget that it can also occur in urban or metropolitan areas as well, where anonymity can result in a loss of identity. This idea was further explored by Jessica (AU-student) when talking of the Australian context:

A big advantage for both rural populations and Indigenous populations is living in those close-knit communities. You know your neighbours and you see people that you know when you walk down the street, and this has a huge psychosocial advantage to having a close-knit community, which might deter people from moving to a city where they kind of disappear.

This was further supported by those of us who actually live in rural areas, first by Amy (IR-student):

I am in a small village [of] less than a thousand [people], with just a shop in the area. It may not have a lot, but it is a close-knit community. Kids playing outside is not an issue. Compared to the cities you really have a different level of cohesion and social inclusion.

And by Emma (AU-student):

There is a really social aspect of our community, we're always involved in a community, in sporting groups, etc. These groups bring our whole town together, and when for example, someone passes, the whole community feels it.

As these excerpts from our conversation suggest, community involvement, participation and belonging aid social connection (Harms et al., 2018b). The positive aspect of rural living was an important focus in our discussion because, as emerging social workers, we are concerned with sociality. As our discussion on this progressed, the complexity of this topic deepened because we were also able to identify how the social in rural communities can also create barriers. This was exemplified by Emma (AU-student) who talked about the stigma associated with mental health issues:

I know it's everywhere in Australia, the stigma related to mental health, but in rural areas it's possibly worse because you are really visible within the community ...

In addition, Amy (IR-student), explored traditional notions of masculinity in rural areas and how this can create barriers for accessing services:

We have a lot of older men who are running the farms from home, and there's a lack of separation between work at home for them ... they don't feel comfortable accessing a lot of social services, because there is a big social stigma here for us.

Furthermore, Toni (AU-student), referred to the issue of discrimination and the exclusion that First Nations peoples can experience, with their communities often being excluded from visibility within the main town:

... I see a lot of services for Indigenous people but I don't see Indigenous people in the main community – aren't they a part of the community?

Partly prompted by Toni, our dialogue identified two sides to the concept of community connectedness. We think that connectedness is, essentially, what makes us human, but it risks stigma, exclusion, marginalisation and disadvantage.

Impacts on social work practice and recruitment

Amy (IR-student):

[I]solation is ... an area of concern in rural areas.

We reflected on Amy's comment in relation to social work practitioners, the expectations that surround their role, especially in the context of disadvantage, and how this impacts their practice. As the aforementioned literature suggests, practice in the rural context can mean dealing with issues outside one's area of expertise, often without much guidance from senior practitioners. This issue was exemplified by Amy (IR-student) who observed the following during her placement:

In my placement, they find it difficult to get people to move and work here because it's such a rural community. A social worker I work with now has had to take up a dietician's role when explaining things to patients even though they are not trained and this may negatively impact people who are receiving that service.

Situations, such as that described above by Amy, can increase the stress upon practitioners in Australia and Ireland who fulfil many roles, sometimes with no formal training. In our conversations, this caused us to reflect on upholding professional integrity and social work ethics, and the potential harm caused when too much is expected from practitioners. For example, Toni (AU-student) says:

It brings into question a lot of problems about professional integrity and the pressures that are placed on practitioners in rural areas.

This increased expectation mentioned by Toni was also confirmed by Rosalie (AU-academic):

... a person in a rural community expects a social worker to be able to handle a range of complex issues.

Along with the potential sense of isolation that can accompany the actual experience of feeling pressured, it made us think that there are often problems recruiting professionals to live and work in a rural context.

Emma (AU-student) noted that:

Within Australia, incentives exist to attract staff to rural locations, such as higher pay and additional leave and rural and remote tax offsets.

In contrast, Carmel (IR-academic) said:

Recruitment of social workers to rural areas is a challenge for social work services in Ireland also. However, while planned, similar incentives are currently not available in Ireland for social workers to relocate to rural areas.

Despite efforts by governments and employers, rural areas continue to experience workforce issues in relation to the recruitment and retention of fully qualified professionals.

Next, we considered what it would take for us to work in a rural location. We reflected on the intersection of professional and personal barriers to providing a service in rural areas. Specifically, we discussed our own positionality in regard to rural practice. For example, Tayyaba (AU-student) wondered:

Do you think they [rural clients] would respond to [a person from a culturally and linguistically diverse background] social worker differently? People can tell I belong to a different community. Would that be a positive or a negative? ...[in my experience] acceptance can take a while.

Tayyaba's narrative helped us contemplate the lived experience of working in a rural community. We concluded that with support, appropriate supervision, professional development and strong organisational structures, emerging practitioners from all backgrounds have the potential to excel at rural social work practice, grow our skills, networks and knowledge and become the leaders of the future. This positive sentiment is expressed by Lizzy (AU-student):

... they [social workers] have spoken to the advantages of practising in rural areas as they have learned to become more resourceful ...

And Jessica (AU-student):

Generalist [social worker] is not a jack of all trades but a specialty. This highlights the space that working in a rural area gives to developing practice skills.

Discussion/implications

This project assisted all authors with developing a greater understanding of the holistic nature of social work as a profession. The key themes to emerge from this project have resulted in this student inquiry group gaining a much deeper understanding of the issues associated with rural social work practice. We now recognise that whilst rural isolation and disadvantage (Darracott & Lonne, 2017) is a broad global issue, potentially stemming from social justice and human rights violations, it is experienced differently by individuals in different rural communities around the world. In the context of our inquiry, which focused on Australia and Ireland, we could see the similarities as well as the vast differences between both countries.

In addressing our research question, it was important for us to review the literature and to comprehend the advantages of living and practising in rural communities and the resources that communities can provide. However, what we have learned is rural practice and rural issues are more complex than summarising similarities and differences. For example, we discussed various cultural differences between, and within, rural communities and the advantages that they have in providing inclusive and sensitive practice spaces. We considered the importance of building relationships within the community in which we may work, both professionally and as citizens. The benefits of community connection and engagement were examined. We recognised that although disadvantages involved with living in rural communities existed, there also lies the potential for individuals to feel more socially connected and the potential to experience unique and positive life and career opportunities (Harms et al., 2018a, 2018b).

Comprehending the idea that rurality is not a one-dimensional phenomenon has been transformational for us because it has challenged many of the assumptions that we held about rural advantages and disadvantages before participating in this research project. Through this inquiry we have also better understood the importance of rural social work practice concerning meeting the principles of social justice in a manner that achieves social work standards of practice, particularly around overcoming disadvantages and promoting a community's strengths.

By using the CI methodology to create the opportunity to critically and reflexively contemplate different perspectives in answering the research question, we noted that both Australia and Ireland have similar disadvantages and barriers to accessing services despite being geographically different. The literature similarly indicates this (Warburton et al., 2016). For example, an ABS Socio-Economic Indexes for Areas (SEIFA) publication shows the most disadvantaged areas are generally lower in population density and rurally located (ABS, 2018b).

Considering the research question from a social determinants lens (WHO, 2020) made us aware that people in some rural areas are vulnerable for many reasons: lack of transport, accessibility of services, residing in low socioeconomic communities, and stigma regarding chronic health or mental health issues (Kennedy, 2017; Lonne, 2009; Stewart et al., 2015). We wondered about the intersecting issues of disadvantage and adversity that rural people in Australia and Ireland face. We became aware that access to services is a global fundamental human right and a social justice issue.

As a social determinant lens suggests, accessibility issues and remoteness are part of a multidimensional issue for communities and individuals with multiple needs. For people living with a disability, mental health conditions, chronic health conditions or in need of surgery, for example, access to services and distance to urban centres become an increasingly significant issue (Darracott & Lonne, 2017). We agree with the literature that rural disadvantage is a significant issue and that individuals with intersecting needs living in rural areas will have different experiences from those in urban areas (Germov, 2019).

Additionally, our group discussions on rural disadvantage, and social work practice highlighted the structural and systemic barriers that affect access to services, impacting the health and wellbeing of rural residents, and limiting engagement with services (Cleak, 2017). Paradoxically, we found that barriers to professional practice can also be viewed as advantages. Saltman et al. (2004) noted that a lack of available resources can lead to the development of creative practice skills. In addressing access barriers, social workers may exercise autonomy and take on diverse roles to accommodate the needs of clients. This resonates with us.

Our transformation has not just been in relation to what we learned about the topic under investigation. The unique process of collaborative learning created a valuable opportunity to learn about the connection between rural social work practice and research in a way that was supportive, fun, challenging, confronting and fulfilling. Our co-creation of knowledge around rural practice and the insights gained has exceeded what we as students have learned in our core social work studies. This inquiry has also alleviated some of our apprehension around both research and practice in rural areas and has inspired some of us to seek out further placement research and practice opportunities in a rural setting.

As a consequence of our learning experience, we have started our own transnational community of practice and networks about working in rural settings; the relationships developed within the inquiry will support us when we enter future practice. This is especially true for those of us who wish to work in rural communities and engage with social issues.

In light of our learning, we better understand the need for social work in rural contexts and the importance of social work education that includes rural issues. Social work education in both countries is required to meet professional educational standards that align with the respective codes of ethics and practice standards. There is room for consideration of how the curriculum is developed to grow students' knowledge of, and ability to respond to, rural needs and meet the challenges of rural practice.

This article highlights the dearth of research into rurality from a social work student perspective, and the need for further research and the emergence of rural communities of practice which address rural disadvantage. We recommend further analysis into rurality and service accessibility from the perspectives of Indigenous Australians and the Irish Traveller community.

Limitations

Whilst one of the fundamental principles of CI is valuing the uniqueness and range of voices and opinions of each participant in the co-creation of knowledge (Heron & Reason, 2006), we also acknowledge that such an ideal may be limited as groups can often be vulnerable to "groupthink" (Short & Healy, 2017). The knowledge produced risks bias towards a particular value focus. This potential issue was particularly relevant in our project, where all participants shared the same professional value and ethics base of social work. In response, we decided to collect a spectrum of answers to the research question rather than aim for consensus.

Another issue is the limited scope of this inquiry, restricting its potential to generalise its findings to other students and rural locations. We acknowledge that the reflections expressed during the inquiry are determined by our own individual and collective reflections and positionality.

A third limitation was that we had six Australian students and one Irish student. This imbalance meant we had to be proactive to ensure that the Irish perspective was present in all our conversations.

Conclusion

This student-led CI addressed the research question, *How do rural advantage and disadvantage impact access to services from an Australian and Irish social work student perspective?* It noted that accessing services within rural Australia and Ireland requires a multidimensional understanding of the issues. A multidimensional understanding aligns with the social determinants of health and the literature, which documents both the positives of rural cohesion and connectedness, and the issues associated with rural disadvantage, such as the paucity of social services, lack of transport and the stigmatisation of some groups of people. However, a multidimensional understanding is richer when it includes the student voice.

All involved in this unique inquiry gained a more nuanced, deeper and transnational understanding of what it means to live and work in a rural context. From a social work student perspective, the effects of rural disadvantage is a serious local and transnational social justice issue that social workers need to navigate when practising in rural areas; this is especially important when working with people with complex needs. However, social workers who engage with the issues, who draw upon the advantages and strengths of communities, and who form partnerships with community members can help create positive outcomes. They can assist in building sustainable rural communities.

This inquiry has highlighted for us (the students) the barriers to, and opportunities for, rural social work. Rural social work is challenging – nevertheless, we believe that this field of practice can provide opportunities for significant learning experiences and skill development. Overall, this inquiry has better prepared us students for rural practice in subsequent social work placements or future practice.

References

- Allen, O. (2005). SARRAH: In a nutshell. *Australian Journal of Rural Health*, 13(1), 60. <https://doi.org/10.1111/j.1440-1854.2004.00655.x>
- Alston, M., & Bowles, W. (2018). *Research for social workers: An introduction to methods* (4th ed.). Allen & Unwin.
- Australian Association of Social Workers (AASW). (2013). *AASW Practice standards*.
- AASW Australian Association of Social Workers (AASW). (2020). *Code of ethics*. <https://www.aasw.asn.au/document/item/1201>
- Australian Association of Social Workers (AASW). (2023). *AASW Practice standards*. <https://www.aasw.asn.au/about-aasw/ethics-standards/practice-standards/>
- Australian Bureau of Statistics. (2016). *2016 Census of population and housing: TableBuilder*. <https://www.abs.gov.au/websitedbs/D3310114.nsf/home/About+TableBuilder>
- Australian Bureau of Statistics. (2018a, March 16). Australian Statistical Geography Standard (ASGS): Volume 5– Remoteness Structure, July 2016. <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1270.055.005>
- Australian Bureau of Statistics. (2018b, January 18). *Census uncovers Australia's most advantaged and disadvantaged areas* [Media release]. [https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Media%20Release~Census%20shows%20our%20most%20advantaged%20&%20disadvantaged%20areas%20\(Media%20Release\)~25](https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Media%20Release~Census%20shows%20our%20most%20advantaged%20&%20disadvantaged%20areas%20(Media%20Release)~25)
- Australian Bureau of Statistics. (2021, December 16). *National, state and territory population*. <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/jun-2021>
- Australian Government: Centre for Population. (2020). *Migration between cities and regions: A quick guide to COVID 19 impacts*. <https://population.gov.au/sites/population.gov.au/files/2021-09/the-impacts-of-covid-on-migration-between-cities-and-regions.pdf>
- Australian Institute of Health and Welfare. (2020a). *Rural and remote health*. <https://www.aihw.gov.au/reports/australias-health/rural-and-remote-health>
- Australian Institute of Health and Welfare. (2020b). *Coordination of health care: experiences of barriers to accessing health services among patients aged 45 and over*. <https://www.aihw.gov.au/getmedia/d864d80b-22cb-4356-a1f6-24c2f350004b/aihw-chc-4.pdf.aspx?inline=true>
- Australian Institute of Health and Welfare. (2022). *Rural and remote Australians*. <https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/overview>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.
- Brownlee, K., Graham, J., Doucette, E., Hotson, N., & Halverson, G. (2010). Have communication technologies influenced rural social work practice? *British Journal of Social Work*, 40(2), 622–637. <https://doi.org/10.1093/bjsw/bcp010>
- Bryant, L., Garnham, B., Tedmanson, D., & Diamandi, S. (2015). Tele-social work and mental health in rural and remote communities in Australia. *International Social Work*, 61(1), 143–155. <https://doi.org/10.1177/0020872815606794>
- Bryne, J. (2021). *COVID has disrupted our big cities, and regional planning has to catch up fast*. <https://theconversation.com/covid-has-disrupted-our-big-cities-and-regional-planning-has-to-catch-up-fast-139969>
- Bulgarr Ngaru, & Northern NSW Local Health District. (2021). *Casino community profile*. <https://hnc.org.au/wp-content/uploads/2018/09/20180606-Healthy-Towns-Casino-Community-Profile.pdf>
- Central Statistics Office (CSO). (2019). *Urban and rural life in Ireland, 2019*. <https://www.cso.ie/en/releasesandpublications/ep/p-urli/urbanandrurallifeinireland2019/introduction/>
- Central Statistics Office (CSO). (2021a). *Population and migration estimates, April 2021*. <https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2021/mainresults/#:~:text=Ireland's%20population%20was%20estimated%20to,in%201851%20was%206.6%20million>
- Central Statistics Office (CSO). (2021b). *Measuring distance to everyday services in Ireland*. <https://www.cso.ie/en/releasesandpublications/ep/p-mdsi/measuringdistancetoeveradayservicesinireland/generalresults/>
- Chenoweth, L., & McAuliffe, D. (2021). *The road to social work and human service practice*. (6th ed). Cengage.

- Darracott, R., & Lonne, B. (2017). Rural and remote practice. In K. Ellem, W. Chui, & J. Wilson (Eds.), *Social Work and human services best practice* (pp. 185–207). Federation Press.
- Davey, J., Collingwood, H., Croaker, S., Grentell, M., Rytkonen, F., & Zuchowski, I. (2021). Using a community development approach to reimagine field education during Covid-19. *Advances in Social Work & Welfare Education*, 22(2), 56–68.
- Cleak, H. (2017). Healthcare. In K. Ellem, W. Chui, & J. Wilson (Eds.), *Social work and human services best practice* (pp. 91–106). Federation Press.
- Forrest, J., & Dunn, K. (2013). Cultural diversity, racialisation and the experience of racism in rural Australia: The South Australian case. *Journal of Rural Studies*, 30, 1–9. <https://doi.org/10.1016/j.jrurstud.2012.11.002>
- Geoscience Australia. (n.d.). *Australia's size compared*. <https://www.ga.gov.au/scientific-topics/national-location-information/dimensions/australias-size-compared>
- Germov, J. (2019). *Second opinion: An introduction to health sociology* (6th ed.). Oxford University Press.
- Gunn, K. M., Barrett, A., Hughes-Barton, D., Turnbull, D., Short, C., Brumby, S., Skaczkowski, G., & Dollman, J. (2021). What farmers want from mental health and wellbeing-focused websites and online interventions. *Journal of Rural Studies*, 86, 298–308. <https://doi.org/10.1016/j.jrurstud.2021.06.016>
- Halton, C., Powell, F., & Scanlon, M. (2015). *Continuing professional development in social work*. Policy Press.
- Harms, L., Abotomey, R., Rose, D., Woodward Kron, R., Bolt, B., Waycott, J., & Alexander, M. (2018a). *Postdisaster posttraumatic growth: Extending ten years beyond bushfires report*. <https://knowledge.aidr.org.au/media/8676/beyond-bushfires-post-traumatic-growth-webinar-slides.pdf>
- Harms, L., Abotomey, R., Rose, D., Woodward Kron, R., Bolt, B., Waycott, J. & Alexander, M. (2018b). Postdisaster posttraumatic growth: Positive transformations following the Black Saturday bushfires. *Australian Social Work*, 71(4), 417–429.
- Heron, J., & Reason, P. (2006). The practice of co-operative inquiry: Research “with” rather than “on” people. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Concise paperback edition* (pp. 144–145). Sage Publications.
- Howard, A., Katrak, M., Blakemore, T., & Pallas, P. (2016). *Rural, regional and remote social work: practice research from Australia*. Routledge.
- Hull, M. J., Fennell, K. M., Vallury, K., Jones, M., & Dollman, J. (2017). A comparison of barriers to mental health support-seeking among farming and non-farming adults in rural South Australia. *Australian Journal of Rural Health*, 25(6), 347–353. <https://doi.org/10.1111/ajr.12352>
- Humble, M. N., Lewis, M. L., Scott, D. L., & Herzog, J. R. (2013). Challenges in rural social work practice: When support groups contain your neighbours, church members, and the PTA. *Social Work With Groups* 36(2–3), 249–258. <http://doi.org/10.1080/01609513.2012.753807>
- International Federation of Social Workers (IFSW). (2021). *Social work and the United Nations Sustainable Development Goals (SDGs)*. <https://www.ifsw.org/social-work-and-the-united-nations-sustainable-development-goals-sdgs/>
- International Federation of Social Workers (IFSW). (2018). Global social work statement of ethical principles. <https://www.ifsw.org/global-social-work-statement-of-ethical-principles/>
- Irish Association of Social Workers (IASW). (2020). *Code of practice*. <https://www.iasw.ie>
- International Network of Cooperative Inquiry (INCInq). (2022). *About us*. <https://incinq.csu.domains/>
- Keane, S., Smith, T., Lincoln, M., & Fisher, K. (2011). Survey of the rural allied health workforce in New South Wales to inform recruitment and retention. *The Australia Journal of Rural Health*, 19(1), 38–44. <https://doi.org/10.1111/j.1440-1584.2010.01175.x>
- Kelly, A., Dáil Éireann debate (Ireland). (2020, 12 Nov). *Vol. 1000 No. 6: Working from Home (Covid-19) Bill 2020: First Stage*. <https://www.oireachtas.ie/en/debates/debate/dail/2020-11-12/20/?highlight%5B0%5D=working&highlight%5B1%5D=from&highlight%5B2%5D=home>
- Kennedy, C. (2017). Stigma towards depression in rural Ireland: A qualitative exploration. *Community Mental Health Journal*, 54(3), 334–342. <https://doi.org/10.1007/s10597-017-0200-1>
- Kitchen, P., Williams, A., & Chowhan, J. (2011). Sense of community belonging and health in Canada: A regional analysis. *Social Indicators Research*, 107(1), 103–126. <https://doi.org/10.1007/s11205-011-9830-9>

- Larson, N. C., & Dearmont, M. (2002). Strengths of farming communities in fostering resilience in children. *Child Welfare, 81*(5), 821–835.
- Lawson, J., Pascoe, E., & Ivory, N. (2021, November 11). *Student-led co-operative inquiry: Inquiring into rural disadvantage and advantage* [Poster presentation]. 26th Asia Pacific Regional Social Work Conference, online, Australia.
- Lewis, M. L., Scott, D. L., & Calfee, C. (2013). Rural social service disparities and creative social work solutions for rural families across the lifespan. *Journal of Family Social Work, 16*(1), 101–115. <https://doi.org/10.1080/10522158.2012.747118>
- Little, J. (2017). Understanding domestic violence in rural spaces: a research agenda. *Progress in Human Geography, 41*(4): 472–488. <https://doi.org/10.1177/0309132516645960>
- Lonne, B. (2009). Rural mental health and rural social work. *Rural Society, 19*(4), 370. <https://doi.org/10.1080/10371656.2009.11005535>
- Makate, M., Ledwith, T., Robinson, S., Broderick, I., Miller S., & Bell, J. (2021). Training and retention in rural and remote Australia: Examining the association between GP vocational training placements and subsequent practice location in Western Australia. *Journal of Rural Studies, 86*, 346–356.
- McCalman, J. (2015). *What do Indigenous Australians and Irish Travellers have in common?* ABC (RadioNational). <https://www.abc.net.au/radionational/programs/bigideas/indigenous-australians-and-irish-travellers/6409186>
- McConnell, K. (2021). Covid-19 population impacts on rural and regional Australia. *InterAction, 49*(1), 13–15.
- Nickson, A., Gair, S., & Miles, D. (2016). Supporting isolated workers in their work with families in rural and remote Australia: Exploring peer group supervision. *Children Australia, 41*(4), 265–274. <https://doi.org/10.1017/cha.2016.41>
- Nyqvist, F., Forsman, A.K., Giuntoli, G., & Cattan, M. (2013). Social capital as a resource for mental well-being in older people: A systematic review. *Aging & Mental Health, 17*(4), 394–410. <https://doi.org/10.1080/13607863.2012.742490>
- O’Neil, S. M. (2018). On becoming a better supervisor: A deconstruction of autoethnography as method for professional development. *South African Journal of Higher Education, 32*(6), 483–501.
- Pitt, L., Maidment, J., Crichton-Hill, Y. (2019). Women’s experiences of intimate partner violence in rural Taranaki, Aotearoa New Zealand. *Aotearoa New Zealand Social Work 31*(1), 31–41.
- Pugh, R.C., & Cheers, B. (2010). *Rural social work: An international perspective*. Policy Press.
- Reason, P. (2002). The practice of co-operative inquiry. *Systemic Practice and Action Research, 15*(3), 169–176.
- Royal Far West, (2020). *Submission for inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales*. <https://www.royalfarwest.org.au/wp-content/uploads/2020/12/Royal-Far-West-Upper-House-NSW-Inquiry-Rural-Health-Submission.pdf>
- Saltman, J., Gumpert, J., Allen-Kelly, K., & Zubrzycki, J. (2004). Rural social work practice in the United States and Australia. *International Social Work, 47*(4), 515–531. <https://doi.org/10.1177/0020872804046258>
- Sen, S. (2021). Rejuvenation in rural Ireland in response to the COVID-19 induced urban-to-rural migration phenomenon. *Environmental Science and Sustainable Development, 6*(2), 21–36. <https://doi.org/10.21625/essd.v6i2.835>
- Short, M., & Healy, J. (2017). Writing “with” not “about”: examples in co-operative inquiry. In S. Gair, & A. van Luyn (Eds.), *Sharing qualitative research: showing lived experience and community narratives* (pp. 188–203). Routledge.
- Social Justice Ireland. (2023). *Social justice matters: 2023 guide to a fairer Irish society*. <https://www.socialjustice.ie/publication/social-justice-matters-2023-guide-fairer-irish-society>
- Stewart, H., Jameson, J., & Curtin, L. (2015). The relationship between stigma and self-reported willingness to use mental health services among rural and urban older adults. *Psychological Services, 12*(2), 141–148. <https://doi.org/10.1037/a0038651>
- Tonnies, F. (1955). *Community and association*. Lowe and Brydone.
- United Nations. (n.d.). The 17 Goals. Department of Economic and Social Affairs, Sustainable Development. <https://sdgs.un.org/goals>
- Volkova, O., Lipai, T., & Wendt, S. (2015). Domestic violence in rural areas of Russia and Australia. *International Letters of Social and Humanistic Sciences, 55*, 101–110.

Walsh, K., O'Shea, E., Scharf, T., & Murray, M. (2012). Ageing in changing community contexts: Cross-border perspectives from rural Ireland and Northern Ireland. *Journal of Rural Studies*, 28(4), 347–357. <https://doi.org/10.1016/j.jrurstud.2012.01.012>

Warburton, J., Scharf, T., & Walsh, K. (2016). Flying under the radar? Risks of social exclusion for older people in rural communities in Australia, Ireland and Northern Ireland. *Sociologia Ruralis*, 57(4), 459–480. <https://doi.org/10.1111/soru.12129>

Watson, D. (2014). *The bush: Travels in the heart of Australia*. The Penguin Group.

Wendt, S. (2009). *Domestic violence in rural Australia*. The Federation Press.

World Bank. (2022). *Metadata glossary: Rural population*. <https://databank.worldbank.org/metadataglossary/world-development-indicators/series/SP.RUR.TOTL>

World Health Organisation. (2020). *A conceptual framework for action on the social determinants of health*. <https://www.ruralhealthinfo.org/toolkits/sdoh/1/frameworks>

World Population Review. (2021). *Ireland population 2021 live*. <https://worldpopulationreview.com/countries/ireland-population>