Middle Articles

GENERAL PRACTICE OBSERVED

Social Case-work in General Practice: An Alternative Approach

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Summary: During a two-year period a senior case-worker was seconded by a voluntary family case-work agency, the Liverpool Personal Service Society, to work with three general practitioners. The commonest reasons for referral of the 157 new patients to the social worker over this study period were extreme poverty; housing, matrimonial, and psychiatric problems; and problems of fatherless families. The successful and valuable co-operation between the general practitioners, case-worker, and various specialist professional and financial services of the Society have proved that a professional social worker has an important role in the general-practice team.

Introduction

This is an account of a project which satisfied two long-standing needs—that of the doctors, who realized their inadequacy in dealing with the heavy load of social sickness presenting itself at their surgeries, and also that of the Liverpool Personal Service Society, which had long felt that preventive case-work could begin much earlier if regular contact with family doctors could be established.

Social case-work undertaken by medical social workers in general practice has been described by Paterson (1949) in the General Practitioner Teaching Unit in Edinburgh, by Collins (1965), who worked in Cardiff, and by Foreman and Fairbairn (1968) in Barnstaple. In each instance a medical social worker left the environment of a hospital, with its professional support, to work in general practice. These workers were aware of a feeling of professional isolation; Collins (1969) described her situation in Cardiff as one of great loneliness. In another study at the Caversham Centre in London a family case-worker is working in a group practice under the protective wing of the National Institute for Social Work Training (Goldberg *et al.*, 1968). This body is able to give a very large degree of professional and academic support to the worker, who does not feel this same sense of isolation (Neill, 1969). Wolfe and Teed (1967) described another study in Saskatoon, Canada. After this pilot study began the Seeborn committee (Ministry of Housing and Local Government, 1968) published its report, which included the recommendation that social workers should work more closely with general practitioners.

The General Practice

The practice consists of three partners, two men and one woman, having a combined National Health Service list of 7,400 patients. At the beginning of the pilot study there were two full-time secretary-receptionists, and a health visitor

attended the infant welfare clinic held at the surgery one morning each week. The surgeries are situated in a Victorian house and comprise a suite of rooms modernized in 1963 with the aid of a group practice loan. General practice has been carried on continuously from the same premises for at least 100 years, thus giving the present partnership strong historical links with the local community. The practice is situated on the edge of a densely populated working-class area of south Liverpool, close to the docks. More than 80% of the patients still live within 1½ miles (2.4 km.) of the surgery. The social structure of the practice is predominantly working-class, the docks, motor-car factories, and public utilities providing the main work. Most of the housing dates from the turn of the century, but slum clearance and urban renewal schemes are proceeding rapidly in the heart of the practice, bringing with them their own problems and anxieties.

The Liverpool Personal Service Society

The Liverpool Personal Service Society, founded in 1919, is a large voluntary family case-work agency employing 28 staff and using many voluntary workers. In 1939 the Citizens' Advice Bureaux were added. Some of the large staff have specialist knowledge, and the society offers personal help to anyone with a social or personal problem. Since the Society came into being there has been an enormous change in the pattern of life. Society's attitude towards poverty has altered. There have been great improvements in the living standards of the many, but these contrast strikingly with the deprivations of the few—such as those of widows, the chronic sick, the mentally ill, and children in poverty-stricken large families. Many people in these groups are now turning to their doctors for help with social problems.

One of the assets of the Liverpool Personal Service Society is the large fund of local lore resulting from the combined knowledge and experience of its staff. Through its long tradition of service it has become an integral part of the Liverpool scene.

Practice Case Conference

Many general practitioners recognize that a large proportion of their patients come to their surgeries with complaints for which no physical cause can be found. Early in 1963 the doctors in this practice became increasingly perplexed by patients whose problems were more social than medical. The doctors, frustrated by their inability to offer any constructive help and needing assistance themselves with these problems, invited the health visitors from two of the local authority clinics to meet them and discuss these difficulties. The first meeting was attended by the three partners and six health visitors. Particular problems were discussed and the health

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visitors were able to suggest simple procedures or services which could be provided for patients. They arranged a period of convalescence for a harassed mother and organized the home laundry service for an incontinent old man who was being nursed at home. The doctors, trained only in hospital medicine, had little knowledge of the services offered by the

the patients did not identify her as a member of the practice team. Instead she chose Friday mornings because the practice was always busy, and this is the present arrangement.

In the first year the social worker saw 85 new patients. All these might have been seen in a routine way at the offices of the Liverpool Personal Service Society, but the principal difference was that the doctors referred more problems of personal relationships than would normally find their own way to the society. Many of these people presented initially to the doctors with vague symptoms of headaches, anxiety, lassitude, etc. Over the two years of the experiment (July 1967 - June 1969) 157 new patients were referred. The broad categories are shown in Table II. Patients have been eager to accept social-work help when offered by a general practitioner they know and trust, and have expressed relief in having someone to talk to who understands their problems. Just under half of all the patients referred had only one

TABLE I.—*Practice Case Conferences*

Permanent Members	Occasional Members	Observers
The three partners	Mental welfare officers	Medical students
G.P. assistant	Probation officers	Social work students
Six health visitors	Child care officers	G.P. colleagues
Welfare services: Old people Home helps Occupational therapy Meals on Wheels	Social worker from Personal Service Society	School-teachers
School medical services: Principal S.M.O. or his deputy Local S.M.O. School nurse	Juvenile liaison officers of local police force	
Manager of local Ministry of Social Security office	Psychiatric registrars from local hospitals	
Head M.S.W. of local teaching hospital	Social work representative of Department of Health and Social Security	
	Alcoholics Anonymous	
	Men's voluntary services	

local authority or other social agencies; in time, however, this was put right by their contact with the health visitors and other workers in the area.

Undoubtedly this first meeting was an outstanding success; it resulted in a spontaneous request for further conferences of the same kind. A slightly larger meeting took place a month later which also included members of the local authority welfare staff. These case conferences rapidly became a regular feature of the practice. The doctors quickly realized their great value and exploited them further by inviting other workers to take part. Ability to contribute to the welfare of the patient was the sole criterion for attendance. As time went on the number of workers regularly attending the conferences increased, and specialist workers were invited to attend on individual occasions when they could help with specific problems; there were also several non-participating observers. The number and diversity of professional workers attending the conferences are shown in Table I.

It became clear that the conferences improved relationships and understanding between the doctors, health visitors, and other workers attending. Each began to appreciate the skills of the other workers, and through face-to-face contact with each other were able to give a more comprehensive service to the patient. Because ultimately it emerged that such large conferences threatened the principle of confidentiality, they were discontinued in 1967. They were later replaced by small groups of selected specialist workers qualified to deal with specific problems arising in the practice.

Pilot Study

Early in 1967 it was proposed that a professional member of the staff be seconded on a part-time basis to the general practitioners. The Executive Committee of the Liverpool Personal Service Society readily gave its approval, and the project began in July 1967. It was decided that the social worker would attend the surgery on one half-day each week to see patients with pressing and difficult problems. Full use was to be made of the statutory and voluntary services, and she would undertake detailed case-work only when no other suitable services were available. Initially the social worker attended on the doctors' half-day, but this was unsatisfactory as she felt that she was working in a vacuum and that

TABLE II.—*Types of Referrals*

	Cases	
	No.	%
Families on the poverty line, including families with serious debts	49	31
Families with serious housing problems	27	17
Fatherless families	5	3
Families with multiple problems	16	10
Matrimonial problems	44	29
Emotional problems of teenagers	5	3
Mainly psychiatric cases	11	7
Total ..	157	100

TABLE III.

No. of Interviews	Patients	
	No.	%
1	72	46
2-4	53	34
5-9	8	5
Over 9	24	15
Total ..	157	100

interview with the social worker, whereas 15% required more than nine interviews (Table III). In this latter group many of the interviews were carried out by case-work students under the supervision of the social worker, mainly in the patients' own homes. The full scope of the services of the Liverpool Personal Service Society has been used to benefit these patients. There has been a noticeable tendency for some patients to return to the social worker voluntarily.

Two Examples

Fatherless Family with Complex Problems.—Mrs. A. was a young widow in advanced pregnancy with an only child of 18 months. Her husband, a Nigerian, had died suddenly some weeks before, and she was referred to the society by the doctor because of problems of widowhood and difficulties in handling her only child. She needed support to help her face bereavement and the impending birth of her second child. Her immediate financial problems were sorted out, but she was the owner of a house which needed considerable repair; she also had a second-hand car, which she sold to pay the funeral expenses. As the case-work relationship developed she produced the expected emotional

problems of guilt and extreme loneliness, but unexpected practical problems emerged as well. There was a debt for car tyres; after consultation with one of the society's lawyers a letter was sent to the firm concerned, which was persuaded to write off the debt. Another major problem was the state of the roof. None of the statutory departments could help her with this and a local charitable trust was approached; £157 was raised and the roof was repaired. The social worker or one of her students has been in regular weekly contact with Mrs. A. for more than 18 months. Both her children are now attending a local day nursery, where she has also found part-time employment. The whole family has undoubtedly benefited from the intensive case-work support.

This example shows very clearly how the combination of case-work, practical help, with the aid of several of the society's specialist services, and medical care were all needed to support this family through a period of severe strain.

Financial and Practical Need.—Mrs. B., an elderly widow living alone, was referred because of debt for electricity. Though she had a slot meter, she was not using sufficient electricity to pay the rental on the meter. Consequently she received a bill for more money than the meter contained and she was unable to pay it. The position was explained to her after discussion with the electricity authority, who agreed to recalibrate the meter. The Ministry of Social Security was approached, and they agreed to pay the outstanding balance. Later she returned to see the social worker complaining of dampness in her home. The Public Health Department was contacted and the matter dealt with. An approach was also made to International Voluntary Service for help with some necessary decoration in the house.

Discussion

Once the doctor had referred the patient to the social worker she was in a position to look at the family in its complete social context. For example, with a matrimonial problem in which only one partner was registered with the practice the marriage partner was interviewed and the whole family benefited from joint counselling. As the time available to the social worker was limited, cases were chosen by the doctors with considerable care. Patients whose needs could be met by State services and those with long-standing emotional problems were not seen by the worker, though their needs were discussed. The effects of re-housing and slum clearance have not been studied and nor have the needs of the elderly. Because of lack of time it has been impossible to tackle all the problems that exist within the general practice.

Being placed in general practice creates a unique situation for the social worker. Normally a patient makes his own approach or is referred by someone to whom the case-worker may make a report. In the present situation the doctor introduces the case-worker, so that the patient receives simultaneously the services of the doctor and the social worker, who are also in touch with each other. This creates a three-cornered relationship, which can be of great benefit to the patient as well as giving the doctor and social worker a greater understanding of each other's methods of working.

Evaluation of the Experiment

The unique feature of this method of attachment has been the support provided by the Liverpool Personal Service Society for the social worker. Though the project arose quite spontaneously and without any previous knowledge of other experiments in this field, it was quickly realized that the great strength of the attachment lay in the availability of all the varied professional and financial resources of the Liverpool Personal Service Society. On several occasions referred patients were found to be old clients of the society, who had well documented case papers at the head office, though often the doctors did not know this.

Another very important asset has been the availability of social work students and voluntary workers. Under the

supervision of the worker they have visited patients in their own homes and carried on supportive work when it would have been impossible for the worker to do so herself. The social worker has, however, remained responsible even though students may have undertaken many of the interviews. Undoubtedly the intelligent use of students and voluntary workers has greatly increased the range of case-work. In emergencies patients were referred direct to the head office in the city, thus receiving immediate attention for their pressing problems.

At all times the doctors have regarded the social worker as a consultant colleague and a member of the practice team. With very few exceptions the social worker has been readily accepted by the patients. The doctors' experience of the case conferences taught them enough to deal with the less difficult problems themselves. During the early stages of the pilot study the doctors had to learn the nature and extent of the case-worker's skills and interests, and the social worker in turn assessed the doctors' particular interests. When the doctors were in doubt about the suitability of a case, preliminary discussions took place before the patient made an appointment to see the social worker in the surgery.

This experiment was not merely the addition of a social worker to the doctors' practice; it showed a method of making easily available to patients and their families the services of a family case-work agency. There is ample evidence to indicate that the social services are not used by those in greatest need. Here we have shown that a social worker in a general practice team can alleviate social problems which might otherwise reach the social services only after a major crisis has engulfed the individual or his whole family.

The Future

This two-year pilot study has proved without doubt that a professional social worker has a place in the general practice team and that general practitioners can co-operate successfully with an outside agency. The project has not shown the full extent of the incidence of social sickness in general practice, nor the true case-load which could be expected by a social worker based full-time in general practice. In recent years great interest has been focused on the composition of the general practice team and on the roles of its various members.

In an attempt to find an answer to some of these questions the Department of Health and Social Security has agreed to finance a five-year action project in which the Liverpool Personal Service Society will attach one of their social workers to the practice on a full-time basis. This experiment will be evaluated by a university department of social medicine.

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