

The trainee practitioner and the social services department

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Conflicts and misunderstanding between general practitioners and social workers are widely recognised. The post-Seebohm organisation of social services departments since 1971 has perhaps made these difficulties more explicit because general practitioners have to contact departments for such services as home helps or involuntary admission to mental hospitals, where they once went through the more familiar department of the Medical Officer of Health. Such contacts have not necessarily been harmonious.

There have recently been many publications on the experiences of social workers attached to general practices; the complexity of their experience has compelled each of these social workers to write a book about it. Meanwhile the problems multiplied as the two professions confronted each other—many of them have been described vividly by Ratoff (1973).

One way of fostering understanding is for trainees in general practice to learn about social work during their vocational training, and this opportunity has been taken. Most day-release courses for trainees now include some teaching from the staff of social service departments—usually some lectures and a few visits to local institutions of various kinds. This may not be enough.

An opposite extreme has been described by Smith (1973) in which a doctor accepted the role of social work student for six months and went some way towards learning a new profession from the inside. This probably impractical as a general model.

Somewhere between the two extremes we need an arrangement giving more scope than the first and more capable of being copied than the second. We describe an attachment scheme created for one trainee and present some suggestions for a scheme that could be used elsewhere.

The general practice involved is Darbshire House Health Centre, which contains the Department of General Practice of the medical school of Manchester University. The practice population contains many serious social problems both acute and chronic. These problems stimulated the trainee to an interest in ways of coping with them, an interest encouraged by the trainer and the psychiatric social worker on the staff of the Department.

The trainee's educational programme included one morning a week attending hospital out-patient departments in the specialties most useful to him, and it was decided that these mornings might be used for an attachment to the Manchester Social Services Department during a period of a few months.

In 1973 the trainer asked the Director of the Manchester Social Services Department for an arrangement. The reply was firmly positive, and the result was that the senior training officer and a field work supervisor from the Social Services Department met the trainer and trainee.

Objectives

Before this meeting the trainer wrote out his objectives for the attachment:

'To give the trainee sufficient understanding of the work of the Social Services department to enable him to work in useful co-operation:

- (1) To understand the fundamental concepts of Seebohm,
- (2) To learn the broad outline of the structure of the Department,
- (3) To learn the major effects of the changeover—its advantages, disadvantages, and difficulties.

(4) To know something of the training required by various levels of the staff of the Social Services department.

(5) To see something of the relationships of the department with:

(a) Other local authority departments, especially housing and education, and with the health department (since April 1974 part of the new health authorities),

(b) Various statutory agencies, e.g. government agencies locally, and hospitals,

(c) Voluntary agencies,

(d) The Social Services Committee—the professional/political dynamic.

(6) To consider problems which may arise in 1974 from changes in local authority boundaries and structure, and from changes in the National Health Service.

Probably the services most relevant for his study will be those for children, especially temporary care and adoption; for the mentally ill, the mentally handicapped, the blind, the temporarily homeless and other identified groups; Part III accommodation; home help; and individual and family case-work."

The trainee defined his objective as: to gain a knowledge of the social services available to the individual, and to be able to use the right channels as a general practitioner to help patients.

At the meeting we agreed that the attachment would last for about eight or ten weeks on consecutive weekday mornings. The detailed programme would be arranged by the field-work supervisor, using the services of the area of Manchester which surrounded the practice.

The Social Services Department's objectives for the attachment were: to promote knowledge and insight into social work, with the aim of fostering co-operation and interest between related social work and other allied agencies—with the intention of understanding the main objectives of the Department itself. We decided to meet again after the attachment had finished. The programme began soon afterwards, and the trainee recorded his experiences.

Analysis of sessions

The first session was held in the headquarters of the Social Services Department. It started with a discussion of the hierarchy of the Manchester Department and its four divisions. The functions and administration of each were described. The recruitment and training of social workers were considered, particularly in the light of the changes wrought by Seebohm. The Department's experimental plans for attaching social workers to a small number of general practices were explained, as were ways in which the results might be evaluated.

The second session was held in an area centre. The field-work supervisor explained that there were six such areas and described their structure, functions, and administration. There was discussion of the best ways of fulfilling the objectives of the attachment, and this was followed by a more detailed look at the work of the area in which the attachment was to take place. The structure of the staffing, the training of the staff members, the nature of the area's social needs, the types of case most commonly seen, the referral system—all were dealt with in detail.

A visit to the duty room provided an opportunity to see how a new case was channelled to a social worker, to go out with her on the case, and to discuss the resources where the Department might deploy. Finally the content of the next session was outlined—a pattern that continued over the remaining six weeks.

Topics covered

Topics dealt with during the rest of the attachment were:

(1) The work of the genetic social worker.

(2) The care of the elderly and handicapped.

(3) Adoption and the unmarried mother.

(4) Children in care, and related areas.

(5) The specialist services.

(a) Mobility officer for the blind

(b) The homeless families officer

(c) The handicapped persons' officer

(6) The welfare rights officer

(7) The home help organiser

(8) The social worker attached to a general practice.

These topics were brought to life by accompanying case-workers on visits; by seeing part III accommodation home, a rehabilitation day centre for the severely disabled, and a children's reception centre; and by speaking to the staff responsible for organising the other services.

Trainee's reaction

The trainee recorded his thoughts. He discovered that implementing the principles of Seebohm still presented many difficulties, and found that conflicts within the service could arise from clashes of personality in a context of severe pressure of work. He noticed that social workers who had gained experience in a particular field in the past might well be used to handling problems in that field either directly or consultatively, but that this did not provide a complete solution to making the 'generic' concept acceptable to them. They often felt that their skills were beginning to atrophy from disuse, and were unhappy about this. He learned that cases he referred as urgent to the department might well appear rather less urgent to social workers in the light of the problems they were tackling: this modified the way in which he subsequently viewed the lack of immediate response to his referrals.

As we had planned, we met again after the attachment and began by looking at what had been done in terms of the trainer's original six objectives. It was clear that the first four had been covered; the fifth and sixth had been omitted mainly for lack of time—though 5(d) posed problems of a different nature and was perhaps impractical. Services for the mentally ill had been neglected in the attachment, but a few important topics not raised by the trainer had been usefully covered.

Recommendations for the future

Based on this experience, we discussed the length and content of a course which would remedy the important omissions but remain practical. We decided that it would need seven whole days, rather than the eight half-days of the experimental attachment. Half of the time should be spent in a particular area, and the rest in the 'centre.' The work at area level would try to explain and show the organisation, functions, and resources of an area.

We constructed one possible time table for the seven days, but we saw that the component parts of both area and centre-based work might need to be modified to fit local circumstances.

Day 1 *Orientation* (central)

Objectives of the attachment,
Seebohm and the generic social work concept,
Structure and functions of the social services department including research,
The training of social work staff,
Relationship to governmental and voluntary agencies.

Day 2 *Case work* (area)

The organisation, functions and resources of an area,
Two visits to clients.

Day 3 *Special services* (area)

Visit to part III accommodation,
Visit to rehabilitation centre for the severely handicapped,
Home helps,
Welfare rights officer.

Day 4 *Special services* (area)

Survey of children's services,
Visits to reception centre, small group home, larger homes, educationally subnormal,
and adoption society.

Day 5 Morning *Case work* (area)

Two visits to clients.

Afternoon *Liaison* (central)

Health Department, Housing Department, Education Department.

Day 6 *Mental Welfare* (central)

Mentally handicapped—visits to creche, junior and adult training centres, sheltered workshops,
and hostel.
Mentally ill—acute admissions, problems of non-specialised social workers.

Day 7 Morning *Special services* (central)

Discussion about and visits to services for the homeless, the blind, and the physically handicapped.

Afternoon *Final session* (central)

The changes of 1974: local authority and National Health Service.

Discussion about the course and how its objectives had been met.

Social work and general practice.

With a highly organised social services department this time table would be practical for a group of trainees for seven more weeks. In Manchester, for example, two trainees could work in each of the six areas, and all 12 trainees could come together for the sessions held centrally. If the whole exercise were to be run twice in a year, up to 24 trainees could be accommodated. We agreed to send a report with these suggestions to the Director of Social Services for his comments.

The Director's response was favourable. He thought that the experiment had been successful and that the suggestions were practical for Manchester—though perhaps not universally. He mentioned the subject of hospital social work, soon to become a local authority responsibility, but we think that this should be covered during the hospital-based part of vocational training.

Our conclusion was that organisers of day-release courses for trainees might find it useful to learn of our experiences, and perhaps adapt our suggestions to their own local circumstances.

REFERENCES

- Ratoff, L. (1973). *Journal of the Royal College of General Practitioners*, 23, 736–742.
 Smith, D. M. (1973). *Journal of the Royal College of General Practitioners*, 23, 692–696.

MEDICAL EXPERIENCE BEFORE ENTERING GENERAL PRACTICE

The study shows that, though the number of doctors joining the general medical services in the year 2 April 1968 to 1 April 1969 rose for the first time, few of the new entrants had the experience considered necessary by the Royal Commission. A substantial percentage had no experience after registration before becoming unrestricted principals, and where some experience had been gained it was often of short duration. There is little evidence of a planned approach to training, the implication being that advice, if available, was not taken, that suitable training programmes did not exist, or that there had been no initial intention of pursuing a career in general practice.

Means of approaching the problem of attracting newly-registered doctors to planned training programmes might be considered under the following headings:

- (i) Attractive incentives.
- (ii) Adequate finance and facilities for the provision of training programmes.
- (iii) Readily available career guidance and advice.

Department of Health and Social Security (1972). *Enquiry into the Previous Medical Experience of Doctors joining the General Medical Services for the first time as Unrestricted Principals or Assistants (England and Wales)*. London: H.M.S.O.