THE TEAM 1

Referrals to social workers: a comparative study of a local authority intake team with a general practice attachment scheme

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SUMMARY. We studied clients seen by social workers in two settings, one a conventional intake team in a social services department and another where clients were referred to social workers attached to a primary health care team.

In both groups a high proportion of clients were either physically ill or disabled and the attachment group had a high proportion of clients with mental ill health. A large proportion of both groups were elderly and in general they had similar characteristics.

However, clients referred to intake teams were more likely to be unemployed, to be living on benefits in council or rented accommodation, and to have had some contact with social services before. The attachment group consisted of more women who were either housewives or working, living on either their own earnings or their husbands', and were more likely to own their own homes and not to have had previous contact with social services.

Clients referred to attached social workers were more likely to have an emotional or relationship problem, and many had practical problems as well. The implication is that attachment schemes will tap a wider section of the community and that the additional clients will have as many and as severe problems as clients referred to intake teams.

Introduction

SEVERAL different schemes for social work attachment to general practice have recently been developed throughout the country (Gilchrist *et al.*, 1978). However, at a time when most social service departments are struggling to maintain a service fulfilling their statutory commitments, there are reservations about the appropriateness of allocating social workers' time to the primary care team. It is thus important to evaluate the usefulness of placing social workers at the primary care level and to compare their work with that of the social workers in local health authority teams. To this end, a necessary first step is a comparison of the client population referred to social workers in both settings.

An earlier study (Rickards *et al.*, 1976) provided information on the health of clients referred to the 'intake' teams of an outer London borough. The social workers were asked to record information on the health status of their clients and their recent visits to the doctor. The results indicated that a high proportion of the social service clients were suffering from ill health and that nearly half of these clients had consulted their family doctors in the month before referral. Nevertheless, although so many of the intake clients had seen their doctor recently, only five per cent had been referred by their doctor to the social services. This study confirmed the findings of a previous report by Harwin and colleagues (1970) that although general practitioners are consulted for a wide range of social and psychological problems, most doctors have very little contact with social agencies and refer very few patients directly to them.

Studies of social work attachment schemes show that referral patterns alter considerably when social workers are allocated to general practice, for the doctors then refer a wide variety of cases to them (Collins, 1965; Forman and Fairbairn, 1968; Ratoff and Pearson, 1970; Cooper, 1971; Goldberg and Neill, 1972). In a preliminary study we compared referrals to the social workers in a general practice attachment scheme with

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referrals to the local intake teams (Corney and Briscoe, 1977). We used the area office data collected from Rickards and colleagues (1976), and compared it with data from the first 300 referrals of an attachment scheme operating in the same London borough. We found that the populations were similar in terms of sex, age, and proportion suffering from physical ill health.

The psychiatric morbidity of clients referred to the attached social workers was significantly higher, however, than those referred to the intake team and their problems were generally more likely to need casework help rather than practical measures. These differences were considered to be due mainly to the different types of referral agencies operating in the two settings and their perceptions of the social worker's role.

Our preliminary study was limited in several respects. The data from the two settings were collected over different periods of time and the information recorded from the intake referrals, having been collected in a previous study, was restricted in scope. It was, therefore, decided to repeat the study but to collect more detailed information from both teams on cases referred over the same period of time. Furthermore, the attachment scheme had been operating in the practice for three years and had become well established when the data were collected.

Aim

We wished to collect data on all the referrals to four social workers in an attachment scheme and to three social workers in an intake team during the same three-month period and within the same local health authority area in order to compare the client population referred to the two settings.

Method

The four 'attachment' social workers involved in this study spent about two thirds of their time on cases referred by four group practices. The remaining third of their time was spent working in the local authority area team. Three of the group practices are housed within a health centre and the fourth practice, which has three principals, is about a mile away. Together, the practices cover a population of approximately 27,500. The social workers deal with all referrals from the primary health care team and take on both long-term and short-term work.

The local authority social workers cover an area which coincides almost exactly with the area covered by the general practices. The area office has a long-term team of six social workers and an intake team of five social workers, and covers a population of approximately 47,000. Three of these intake social workers co-operated in the study and the seven social workers involved completed three precoded forms on all clients referred to them during a period of just over three months.

Results

Number of referrals

During the three-month period of data collection 201 clients were referred, 119 of these to the intake team and the remaining 82 to the general practitioner attachment scheme. Very few cases were referred directly to the long-term team, except where care or supervision orders were made by the Courts.

Demographic features of the population

Both samples contained many more women than men. In the health centre sample, 80 per cent of the referrals were women; in the intake group women accounted for just over 60 per cent ($p < 0 \cdot 1$). Predominance of women occurred in all age groups but particularly in the attachment group for the 20 to 44 year age group where 95 per cent of the clients referred were women. This is probably a reflection of the higher female attendance at the doctor's surgery and at the clinics, as women visit their doctor not only on their own behalf but also on behalf of their children.

The age/sex distribution of the clients referred to both groups is shown in Table 1. A higher proportion of clients over 65 was referred to the intake group. While the attachment groups received a higher proportion of

Table 1. Age/sex distribution of referrals to both settings.

Age group	Intake team				General practitioner attachment			
	Male		Female		Male		Female	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Under 20 years	7	*5.9*	11	*9.2*	2	*2.4*	5	*6.1*
20 to 44	15	*12.6*	23	*19.3*	2	*2.4*	34	*41.5*
45 to 64	5	*4.2*	11	*9.2*	4	*4.9*	11	*13.4*
65 plus	13	*10.9*	32	*26.9*	8	*9.8*	15	*18.3*
Not known	0	*0*	2	*1.7*	1	*1.2*	0	*0*
	40	*33.6*	79	*66.3*	17	*20.7*	65	*79.3*

clients aged up to 44, proportions of middle-aged clients (45 to 64) were similar in both groups. It is possible that the total proportion of elderly was slightly higher than usual as the cases were collected from 1 January to mid-April, a period when the elderly are especially at risk.

The marital status and household composition of the clients referred to both groups were very similar. The slight differences between the two groups were due to the different age distributions. The intake team received a slightly higher proportion of clients living alone and widowed clients (the majority were over 65); a higher proportion of married clients living with their families were referred to the attachment group. The two populations were very similar to each other in terms of their clients' racial origins. Approximately 85 per cent of each sample was British, 10 per cent were from Africa and the West Indies, and only one per cent were of Asian origin. When compared with the distribution of the racial groups in the area as a whole, it appears that the West Indians and Africans make much use of the social work services.

Source of referral

Table 2 shows that the doctors and other health workers operating outside the attachment scheme referred very few people to the intake team during the three months of the study. This has also been recorded in previous studies (Harwin *et al.*, 1970; Rickards *et al.*, 1976; Corney and Briscoe, 1977). In 40 per cent of the intake cases, the date of the client's last contact with his doctor was recorded. Where this was known, 90 per cent of the intake clients had seen their doctor in the three months before referral, implying that the doctors' low rate of referral was not due entirely to lack of contact with the client. Seventy per cent of the intake cases were either self-referrals or referrals made by relatives or friends. The agencies referring to intake were predominantly non-medical, such as the Education Department, the DHSS and the Housing Department.

In the attachment scheme, the patients were not encouraged to refer themselves but were asked to go through their doctor or another member of the primary care team. The majority of self-referrals were clients who already had some contact with the social workers and had been told to contact them again if necessary. Doctors referred nearly two thirds of the cases to the attached social workers, while health visitors and district nurses referred just over 20 per cent. The doctors referred patients of all ages; the health visitors tended to refer women under 44 (mostly with children) and district nurses to refer the elderly.

Table 2. Referral agents to the two settings.

Referral agent	Intake team		General practitioner attachment	
	Number	Percentage	Number	Percentage
General practitioner	1	*0.8*	52	*63.4*
Health visitor	0	*0*	12	*14.6*
District nurse	0	*0*	6	*7.3*
Self	50	*42.0*	7	*8.5*
Friends/relatives	35	*29.4*	2	*2.4*
Education department	5	*4.2*	0	*0*
Other local authority department	9	*7.6*	1	*1.2*
Other agency	19	*16.0*	2	*2.4*
	119	*100.0*	82	*100.0*

Table 3. Referral status in both settings.

Type of referral	Intake team		General practitioner attachment	
	Number	Percentage	Number	Percentage
New referrals	57	*47.9*	65	*79.3*
Re-referrals	62	*52.1*	17	*20.7*
Total	119	*100.0*	82	*100.0*

Table 4. Reason for referral.

Reason for referral	Intake team		General practitioner attachment	
	Number	Percentage	Number	Percentage
Material/practical problems	46	*38.6*	19	*23.2*
Relationship, emotional problems and minor mental ill health	40	*33.6*	46	*56.1*
Problems associated with physical disability	27	*22.7*	15	*18.3*
Other	6	*5.0*	2	*2.4*
Total	119	*100.0*	82	*100.0*

Re-referrals

All the referrals were checked for previous contact either with the social services department or the attachment scheme. Clients who had any previous contact with either were designated 're-referrals'. Table 3 shows that a much higher percentage of new referrals was referred to the attachment scheme ($p < 0{\cdot}01$). In general, clients made contact with the same scheme as in their previous contact; thus the local authority clients would go back to the social services department, while attachment group clients would revisit the health centre.

Reason for referral

The social workers were asked to record the reasons why the case was referred using a shortened and modified version of the problem classification developed by Fitz-

Table 5. Nature of housing tenure in the two groups.

Tenure	Intake team Number	Intake team Percentage	General practitioner attachment Number	General practitioner attachment Percentage	Percentage composition of area covered by the schemes*
Owner occupied	25	26.6	43	58.1	54.2
Council	32	34.0	16	21.6	11.7
Rented	29	30.9	12	16.2	33.8
Hostel/boarded out and other	7	7.4	3	4.1	
Homeless	1	1.0	0	0	0.3
	94	100.0	74	100.0	100.0

Housing tenure was not known in 25 intake cases and eight attachment cases.
*Figures taken from 1961 census.

gerald (1978). These 23 categories were simplified into three categories (Table 4).

Table 4 shows that a higher proportion of clients were referred to the intake team with practical and material problems, whereas the attachment group were referred with more relationship and emotional problems. These differences in reason for referral occurred mainly in the clients under 65; in the elderly the reasons for referral to both facilities were similar.

Fewer than 15 per cent of the elderly in either group were referred with relationship or emotional problems. Approximately 50 per cent of the elderly in both groups were referred with problems of home management and physical disability. Housing and financial problems were also prominent. Some of these old people were referred for a social work assessment for Part 3 accommodation, others for services such as home help or meals on wheels. Among the younger clients (those under 65), just over 40 per cent of the intake group were referred with housing and financial problems compared with less than 15 per cent of the attachment group. By contrast, just over 40 per cent of intake clients were referred with relationship or emotional problems compared with 70 per cent of the attachment group.

Housing—nature of tenure

Table 5, presenting the nature of housing tenure in the two groups, shows that there was a much higher proportion of owner occupiers referred to the attachment service than those referred to the intake team. However, this difference between groups occurred only with clients under 65 ($p < 0{\cdot}01$) as the elderly clients referred to both groups had similar housing tenure. The differences were greatest in the 20 to 44 age group, where less than 10 per cent of those in the intake group were owner-occupiers compared with over 60 per cent in the attachment group.

The percentage of owner-occupiers in the attachment group was similar to the percentage of owner-occupiers in the area as a whole, whilst council tenants were over-represented in both social work groups.

Financial situation and employment status

Table 6 shows that the attachment group has a much higher percentage of employed clients than the intake ($p < 0{\cdot}01$) and this difference is also reflected in their financial situation ($p < 0{\cdot}01$). Many more of the intake group under 65 were living on social benefits, while a higher percentage of the clients in the attachment group were either living on their earnings or dependent on others (i.e., housewives and children). The great majority of clients over 65 in both groups were retired and living on pensions.

Physical and mental health of clients

All social workers were asked to record any medical diagnosis of physical or mental illness, or handicap mentioned by the referral agent or the client. The social workers did not include their own assessment of the client's ill health except where a handicap was obvious (e.g., blindness or deafness). In addition, the attached social workers had access to the medical records of their clients and recorded any diagnosis written in their notes. All these diagnoses were then classified to indicate severity according to the system developed for this purpose by Eastwood and Trevelyan (1972).

The information collected on health status of intake clients was incomplete as the intake social workers had little contact with medical agencies and no access to medical notes. To supplement this, the research worker recorded any diagnosis written in the medical notes of the 25 intake clients who were registered at the health centre. Thus, information on this sample of intake clients registered at the health centre was more complete than for intake clients registered elsewhere.

Table 7 shows the high proportion of clients referred to both settings with physical ill health. The sample of intake clients registered at the health centre had a higher percentage of the physically ill than those referred to the attached social workers, suggesting that the intake group as a whole had a slightly higher proportion of physically ill clients. This could be due to the higher proportion of elderly referred to the intake group: the

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Table 6. Employment status of the under-65s in both groups (where known).

Employment	Intake team Number	Intake team Percentage	General practitioner attachment Number	General practitioner attachment Percentage
Employed	11	*17.5*	20	*36.4*
Unemployed	22	*34.9*	11	*20.0*
Retired	6	*9.5*	2	*3.6*
Housewife, schoolchild or student	24	*38.1*	22	*40.0*
	63	*100.0*	55	*100.0*

Employment status was not known in 11 intake cases and four attachment cases.

Table 7. Physical ill health of clients referred to the two settings (figures in brackets for sub-sample of intake clients registered at health centre).

Health	Intake team Number	Intake team Percentage	General practitioner attachment Number	General practitioner attachment Percentage
Slight ill health	6 (2)	*7.2 (8.0)*	3	*4.2*
Moderate ill health	19 (5)	*22.9 (20.0)*	12	*16.9*
Severe ill health	9 (4)	*10.9 (16.0)*	12	*16.9*
No ill health	49 (14)	*59.0 (56.0)*	44	*62.0*
	83 (25)	*100.0 (100.0)*	71	*100.0*

Physical ill health was not known in 36 intake cases and 11 attachment cases.

over-65s accounted for approximately two thirds of the physical illness in both groups.

In the attachment group, 50 per cent of clients below the age of 65 were regarded as mentally ill. The majority of these clients were seen as suffering from depression, none of them falling into the category of major ill health. Only six out of the 23 elderly clients referred to the attachment scheme were suffering from mental ill health; four of these were suffering from senile dementia and two from depression.

Of the intake clients registered at the health centre, only 12 per cent had a diagnosis of mental ill health recorded in the notes (Table 8). This is a similar percentage to that of the intake group as a whole. A very small proportion of clients were regarded as suffering from minor psychiatric illness. Of the four clients referred with major mental illnesses, two were over 65 and had been given a medical diagnosis of senile dementia and two were in the 20 to 44 age group with a diagnosis of schizophrenia.

Social workers' assessments of clients' problems

The social workers were asked to record all the prob-

lems in each case using a checklist and to indicate which was the client's major problem. They recorded the severity of each problem on a three-point scale using set guidelines as discussed in the pilot study.

In the under-65s over 85 per cent of the attachment group had relationship or emotional problems. Over 55 per cent of the group also had practical problems but few had problems associated with physical illness or disability. In the intake group these percentages were also high; approximately two thirds of the clients had practical problems and rather fewer had relationship problems.

The over-65s in both groups had a high percentage of clients with problems of physical disability and practical problems. Over 55 per cent of the elderly in the attachment group had relationship problems in comparison with one third of the intake group.

These differences between groups are not as large as those found when "reason for referral" was considered. This is due to the large proportion of both groups who had more than one category of problem.

Table 9, indicating the major problems of the clients in both groups, also shows similarities between the groups. The higher proportion of clients in the intake group with physical disability as their main problem is probably due to the greater degree of physical ill health in this group and to the larger proportion of over-65s.

Both groups had similar proportions of cases where child care was their major problem, whilst the attachment group had a significantly higher proportion of clients with marital and emotional problems as their major problem and the intake group had higher proportions of other types of relationship problem and educational problems as their major problem.

Clients under 65 who owned their own homes were more likely to have relationship or emotional problems as their major problem than clients in other types of accommodation. For example, 80 per cent of the owner occupiers under 65 in the attachment group had relationship and emotional problems as their major problem in comparison with less than 50 per cent of clients who rented their houses or were in council accommodation. The same difference occurred in the intake group but not to such a large extent.

No major differences were found between the two groups in terms of severity: the problems encountered by the attachment social workers were just as severe as those seen by the intake.

Discussion

There are obvious methodological problems inherent in a study of this kind. It is very difficult to obtain all the data necessary for an adequate comparison to be made between groups of social work clients. It is also difficult to ensure that the social workers complete the forms in a uniform manner, for the busy social worker has little time to fill up forms additional to those of the local

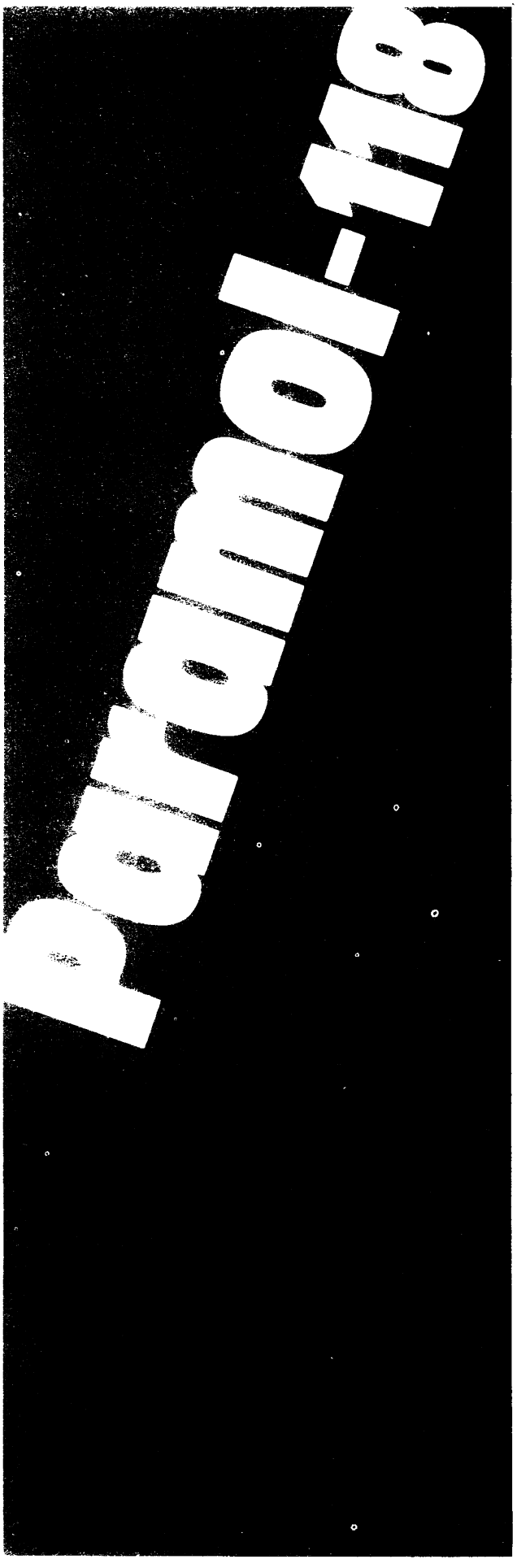

Table 8. Mental ill health of clients referred to the two settings (figures in brackets for sub-sample of intake clients registered at health centre).

Mental illness	Intake team Number	Percentage	General practitioner attachment Number	Percentage
Minor mental illness	6 (2)	*7.4 (8.0)*	23	*31.1*
Major mental illness	4 (1)	*4.9 (4.0)*	4	*5.4*
Alcoholism	0 (0)	*0 (0)*	3	*4.1*
Mental handicap	1 (0)	*1.2 (0)*	2	*2.7*
No diagnosis	70 (22)	*86.4 (88.0)*	42	*56.8*
	81 (25)	*100.0 (100.0)*	74	*100.0*

Mental ill health was not known in 38 intake cases and eight attachment cases.

Table 9. Social workers' assessments of clients' major problems.

Category of problem	Intake team Number	Percentage	General practitioner attachment Number	Percentage
1. Relationship/ emotional/ mental illness	46	*38.7*	42	*51.1*
2. Practical	40	*33.6*	23	*28.1*
3. Associated with physical disability/ illness	33	*27.7*	17	*20.8*
	119	*100.0*	82	*100.0*

authority. She may have very little information about a client, especially where her only contact is with the referral agent or with the client over the telephone. The intake social workers also had little contact with medical agencies and no access to medical notes. For these reasons comparisons between the intake and attachment groups could not be made on certain important factors such as chronicity of problems and the occupation of the head of the household, owing to the incompleteness of the data.

An additional problem lies in the decision about which member of the family may best be regarded as the 'client'. In some cases, information about the child may be recorded; in others, it may be the mother. In view of this difficulty, the social workers were asked to fill up individual sheets for each member of the family with whom they worked. In practice, however, only one individual form was completed per referral after the first week of the study.

Before the pilot study, the completion of the forms had been discussed amongst the social workers concerned. 'Pen portraits' were used to discuss how the problem classification should be used. Despite this, it is likely that some of the differences between the two groups can be attributed to the orientations of the social workers concerned and the way the case was presented to them. Most of the cases in the attachment group were referred by professionals whose major concern was the clients' health. This would affect their reason for referral as well as their expectations of how the social worker should handle the case. This in turn would affect the social worker's attitudes towards the client and her selection of the client's major problem. Clients presenting themselves to social workers in a local authority setting are perhaps more likely to stress their practical or material problems at first rather than their physical or mental health, thus affecting the reason for referral.

Data on health status were also limited and the difference in mental ill health diagnosed in the two groups could be due to a number of factors. Although the majority of intake clients had probably visited their doctor in the last three months, they may have presented symptoms other than those of mental ill health. Doctors may also be unwilling to make a diagnosis of this sort especially when confronted with a depressed patient who is unemployed or is living in bad housing conditions. Doctors may be more likely to diagnose minor mental ill health when a patient complains of marital problems or difficulties with the children. Medical notes are also unreliable and the attachment social workers also included information passed on during referral as well as that recorded in the medical notes. They found that in many cases doctors would make a verbal diagnosis but not record it in the medical notes.

Despite the problems encountered, many important similarities and differences between the two groups emerged. Although the intake team encountered a large proportion of clients over 65, the elderly referred to both groups were similar in many respects. The majority were retired and living on pensions. Approximately one third of both groups lived in their own homes, one third in council accommodation and the final third in rented rooms or flats. The elderly were also similar in their reasons for referral, the types of problems presented, and the high proportion of each group who were physically ill or disabled.

The younger group also had similarities in terms of the social workers' assessments of their problems. The severity of the clients' problems (as judged by the social workers) was similar in both groups. Both groups had a high number of clients with either practical or relationship problems and a substantial proportion of both groups had both types of problems. However, more attachment than intake clients had relationship and emotional problems alone and more intake than attachment clients had practical problems alone.

There were, however, differences in the under-65s.

Intake clients were more likely to be unemployed, living on benefits in council or rented accommodation. Many already had had some contact with social services before. Most referred themselves with a practical problem but would be assessed by the social worker as having other types of problems as well. The attachment group, on the other hand, referred more women who were either housewives or working, living on either their own earnings or their husbands'. They were more likely to own their homes and not to have had contact with social services. Although these clients were likely to have been referred by doctor or health visitor for an emotional or relationship problem, many had practical problems as well.

Another finding was the high proportion of clients in both groups who were either physically ill or disabled. This is similar to previous findings (Rickards *et al.*, 1976; Corney and Briscoe, 1977). Moreover, approximately 40 per cent of both groups were judged by the social workers to have problems associated with their physical illness or disability. The amount of illness in the intake group is high considering that the intake social workers in the study had little contact with the doctors concerned and received very few referrals directly from the primary care team.

Are attachment schemes referred a different section of the population than intake teams? With the elderly, very similar clients were referred to both schemes. In the under-65s the attachment scheme was referred a much wider section of the community, more representative of the area as a whole in terms of housing tenure. Referrals thus included wives of professional men with marital problems as well as unsupported mothers on social security. This is probably due to the doctor and health visitor seeing people of all social classes with all types of problems. Without a special scheme in operation, very few of these people will be referred directly by the health care team to the social services. In this study, the intake group received only one referral from medical agencies although a high proportion of the referrals were physically ill and many had visited the doctor in the last three months.

The intake social worker, on the other hand, sees a smaller section of the community. Those who refer themselves must know about the service and feel that it is appropriate for them. This may account for the high proportion of re-referrals. Other studies indicate that there is a stigma attached to seeing a local authority social worker (Rees, 1974) and more middle-class clients may be willing to see only a social worker who is based in the surgery and recommended by the doctor.

In this study, no evidence was obtained showing that attachment clients had substantially different types of problems or less severe problems than intake clients. This implies that, although the setting up of attachment schemes will tap a wider section of the community, their clients have as many and as severe problems as clients seen by intake social workers.

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Addendum

Copies of the three forms used by the social workers are available on request.

Prostatectomy at a district general hospital

The mortality and morbidity in 600 patients undergoing prostatectomy at a district general hospital are reviewed. Below the age of 70 years the operative mortality was one per cent compared with an overall mortality of 2·3 per cent. Cardiorespiratory disease accounted for the majority of deaths. The increase of postoperative stay due to complications may be reduced by lowering the complication rate and, in the long term, reducing pre-existing cardiorespiratory disease.

Reference

Leach, R. D. (1979). Prostatectomy at a district general Hospital. *Annals of the Royal College of Surgeons of England,* **61**, 459-462.