Social Work Support in a Primary Health Setting: A pilot

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Key words: social work, primary health, General Practice, pilot, evaluation

Aims: To complete and evaluate a pilot of social work support in a rural practice as a social work placement

Purpose: The purpose of the project was to help identify whether there was a need for social work support in the primary health sector. A time-limited social work service was provided to a general practice.

Design: A small-scale pilot

Background

Motueka is a seaside town in the Tasman Bay in the top of the South Island. It is approximately 50kms from Nelson (its nearest city) and 10minutes drive from the Abel Tasman National Park. During summer, it is a centre for tourist activities and has a varied economy based largely of horticulture and agriculture, fishing, forestry and tourism. Motueka has a population of 7125 with approximately 5000 surrounding it (online Motueka). While there is a large tourist population during particular months the seasonal work also brings with it a large transient population. The local Marae is Te Awhina Marae and is home to two iwi, Te Atiawa and Ngati Rarua (Te Awhina website)

Greenwood Health Clinic (GHC) has an enrolled population of 8405. It has 8 part-time General Practitioners (GPs), equivalent to 4 fulltime positions, 10 part time Practice Nurses (PNs) (excluding casual staff) equivalent to 4 fulltime positions and approximately 9 part time administration staff for 5 full time positions. It is a learning institute and incorporates training registrars and post graduate diploma year two students from the College of GPs and 5th year medical students from Otago.

Three years ago GHC merged into a purpose built building from three smaller practices in the Motueka area. They have combined with a dental business that has two dentists and assistances onsite with their own administration staff member.

Physical health is only one indicator of wellness and the ability to connect vulnerable people with support would potentially save health dollars in the future. The relationship between physical health and environmental and social factors is well established. When someone had a need that falls outside of the criteria used by general practices, the available options for support and referrals are limited.

Health professionals (who have limited timeframes and a need to focus on the presenting health issue of their patients) do not generally have time or resources available to meet the many needs of their patients. Individuals may miss out on preventative support and intervention because their needs do not fit the criteria of the medical services offered.

The District Health Board (DHB) in its Annual Plan (Nelson Marlborough District Health Board, 2011) state that there will be a “focus on delivering services closer to home, with

closer integration of services across primary and secondary care, and a greater range of services being delivered in the community" (Young, 2011). Reducing inequalities and engaging communities is a central aim of the NBPHO (Ministry of Health, 2011). Social work, with its emphasis all aspects of a person and their needs, could help to promote these aims within the enrolled population.

Ultimately, it is hoped that a greater range of services from primary health care can be offered in local communities. This study may go some way towards informing us about the best way to go about this and the potential role to be filled.

Intended Outcomes of the Pilot

- To identify whether there is a need for social work support in the primary health sector
- To gain an understanding of the types of issues that health professionals may refer for social work support
- To gain an understanding of the values of the service to the people who utilise the service

Key Participants and Stakeholders (the community)

- Nelson Marlborough Institute of Technology
- Nelson Bays Primary Health Organisation (NBPHO
- Staff, Greenwood Health Clinic
- Patients, Greenwood Health
- Pilot Study facilitator

Methods & Processes

The length of the pilot was sixty days, which included, one month for preparation, thirteen weeks to engage with patients (3 days a week onsite) and two weeks for evaluation and write up.

For persons to be eligible for the service, they needed to an enrolled patient at GHC. Referrals were received from GPs and PNs. There were two self referrals from persons that became familiar with the service through family members who were engaged with the service.

Potential referrals were informed that the service was voluntary and were given a handout which contained information about the service. At the first appointment the patient was informed about the trial, their right to withdraw at any time, confidentiality and privacy.

All templates and processes were finalised prior to the start of the pilot.

Evaluation & Data Analysis

Data was collected during the length of the pilot. See findings for a summary of the results.

Two questionnaires were developed, one for the participants and the other for the referral source. Both were designed to remain anonymous. Participants received a letter explaining the purposes their questionnaire with a self-addressed return envelope. Practice staff were given the other to complete.

Ethics and Confidentiality
This was informal research and therefore there was no ethics approval. The ANSASW code of ethics Section 8 of the responsibilities for research and publications was used as a guide and professional supervision was undertaken through out the placement.

The patients' medical records were kept separate from the social work notes. All case notes and documentation was kept onsite and were destroyed at the completion of the evaluation.

Findings

Referrals were received from GP's or Practice Nurses. There were 42 referrals to the service during the length of the pilot. Below is a table which shows the referrals to the service by gender.

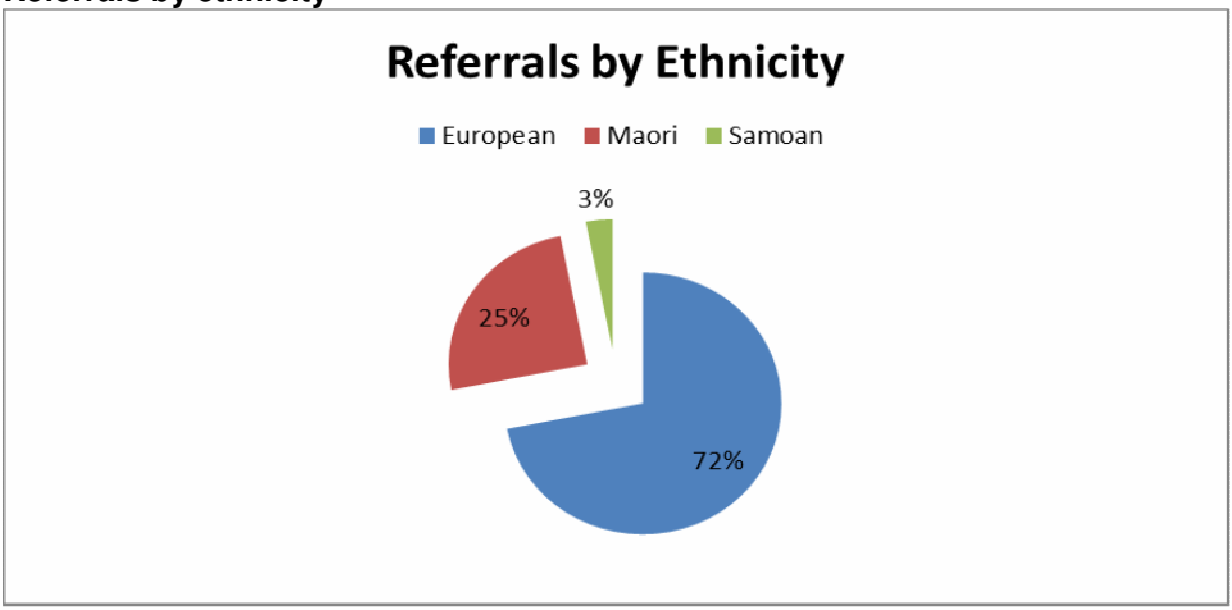
Referrals by gender

Gender	**Referral numbers**
Male	25
Female	17
Total	42

- Males made up the largest portion of referrals (60%)

Below is a chart that shows the participants by ethnicity

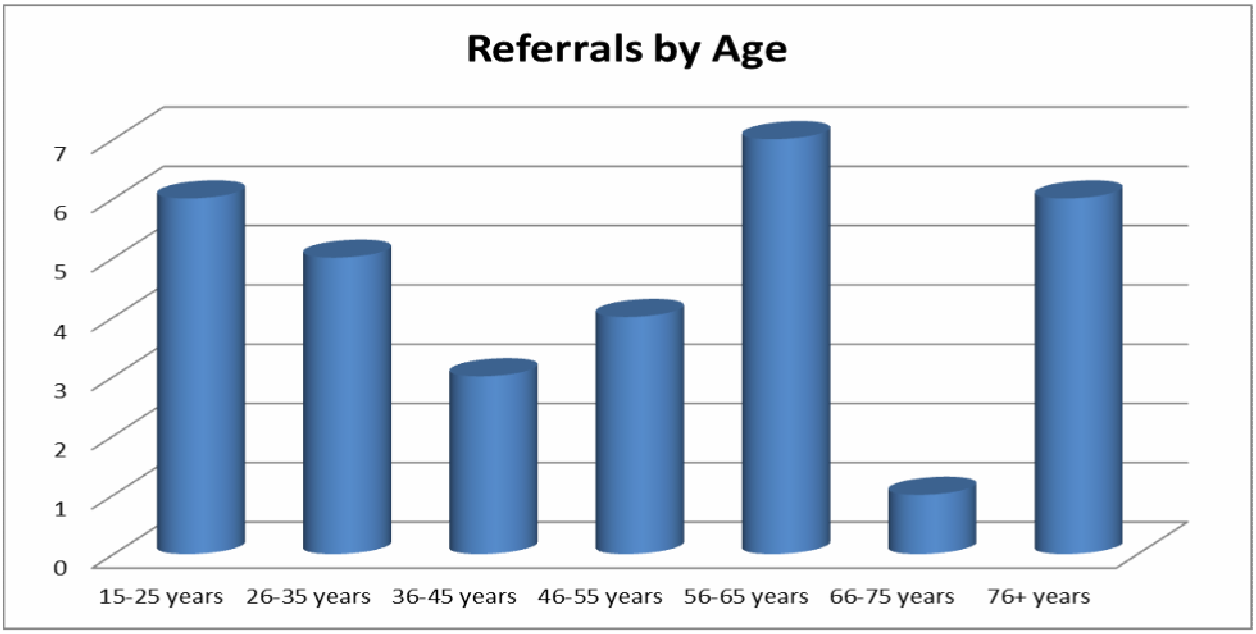
Referrals by ethnicity



- NZ European accounted for 72% of the referrals followed by Maori at 25%.

Below is a chart, which shows the participants by age range

Referrals by age



- Persons aged 56-65 (7) made up the highest number of referrals followed by persons 15-25years and 76 years + (6)

Not all of the 42 persons referred to the service attended. Below is a table which shows the access to the service

Access to service

Attended the service	32
Refused initial appointment	5
Trial finished before appointment could be arranged	3
Did not attend and then unable to contact	2
Total Referrals	**42**

- 32 patients attended the service

WINZ an Example of System Stress[1]

There appeared to be a clear connection between being a recipient of a benefit and requiring the support of the service. Many identified their interactions with WINZ as a major source of stress. The reason the identified WINZ as a source of stress included:

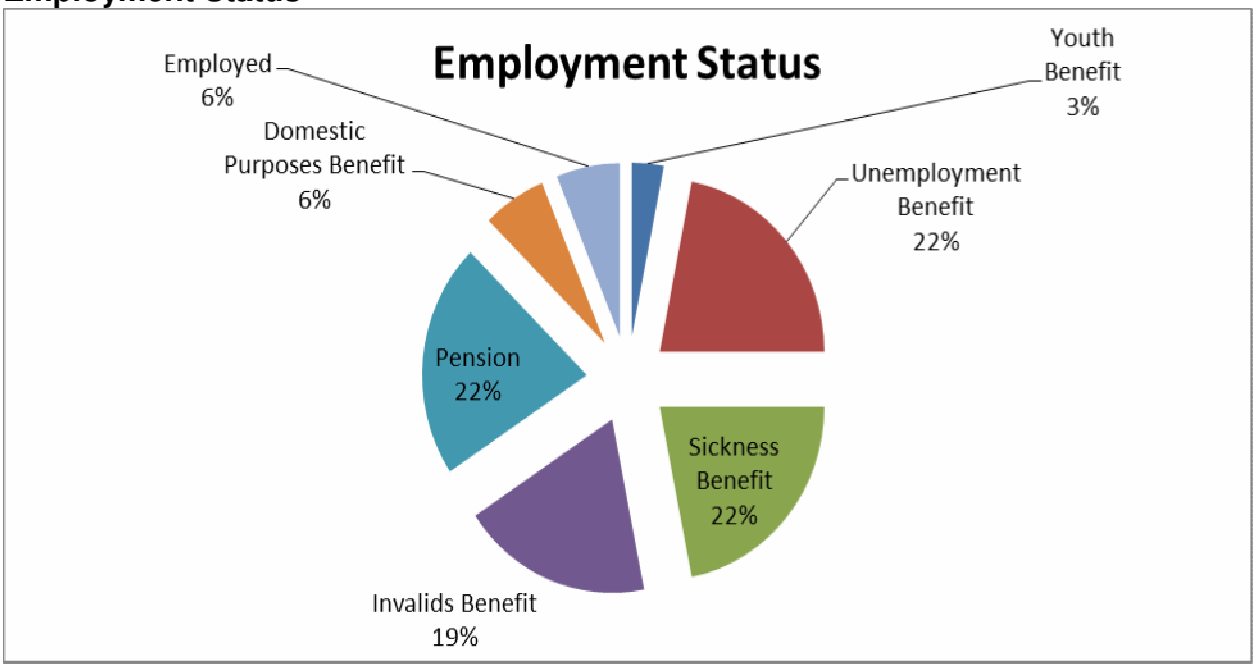
- not understanding the reasons for the decision
- being declined help without an explanation
- conflicting information
- changes in benefits (reduction in income)
- An overwhelming sense of disempowerment
- Confusing paperwork

[1] A term I use to explain the additions anxiety, stress and pressure people express pressures of being forced to be engaged with rigid and unmoving systems.

The social worker found the many of our compulsory services, ACC, IRD, WINZ and others are set up in such a way as to disempower and cause anxiety in people. With benefit changes being signalled in the next years, there is a need for people to have support in working through these systems. Emotions are often high when people engage with these services and having an outside professional to support them through paperwork and processes ensures a smoother experience.

People identified that they required support to access benefits. Attending appointments with the patient helped reduce their anxiety and provide an objective opinion. Only two of the 32 patients referred to the service were employed and both these were on low enough incomes to require WINZ top ups. Below is chart that shows the employment status of those referred.

Employment Status



- Sickness benefit, pension and unemployment benefit were the most common employment status (22%) followed by invalids benefit (19%).

Isolation

A number of those accessing the service were single and not engaged with the community, friends and family. Often the only people they had contact with were those that were helping them with their health needs or other compulsory services such as periodic detention or accessing daily methadone. Connecting people to social groups and increasing the ability to contribute and participate in the local community was a key role of this service. Below is a chart which shows the living situation of the participants.

Living Situation of Participants

Single, living alone	16
Single, flatting with another person	4
Single parent	3
Single adult living with parents	4
Couple	3
Couple with children	2
Total	**32**

- Of the 32 persons who attended appointments, single people living alone made up the greatest percentage of referrals (50%) the referrals followed by single in a flatting situation 12.5%)

Presenting Issues

Clients presenting to the service identified a number of issues that they required assistance with. The information has been grouped into themes.

Mental Health, including: anxiety, stress, adjustment, lack of motivation and depression. 20 of the 32 participants presented with these issues. Many of the people required help with basic problem solving and to develop coping skills.

Social isolation, many of those referred were not connected socially, were unemployed, had limited family contact or lacked purpose. 19 of the 32 participants presented with these issues. All identified that they wanted to be employed but required flexible and/or supportive work. Many had self-esteem issues.

High & Complex Needs/Co- existing disorders, such as drug dependency, multiple or chronic health issues or chronic pain and injury. This group were frequent users of the GP practice, repeatedly attending visits to primary health to receive help to manage their conditions. 12 of the 32 participants presented with these issues.

Preventative Services / Older People living alone who needed some support as a preventative measure to avoid having to engage them in more expensive interventions (i.e. aged care). 11 of the 32 participants presented with this issue.

Financial Stress such as persons who were in financial debt, living on a benefit and/or living in poverty. Many required advocacy with WINZ, support getting into part-time work or help with accessing other community resources. 27 of the 32 participants presented with this issue

Potential Benefits of a Service for Wider Community and Stakeholders

The results from the questionnaire suggest that there is a need for such a service. See appendix A for a summary of the results of the survey. Below are some examples of how a social work service could meet some of the needs identified by the clients and referrers.

A Community Link: This role could become a key link between the practice and the community. The role could be a single point of contact for issues other than specific health needs (managed by GP's).

People with Information: A professional within the practice who has a good knowledge of community resources and who can also keep up to date on service or legislative changes.

Supporting Access to Services: cost can be a barrier to accessing health services. Providing advocacy for such things as with WINZ, support getting into part-time work or help with accessing other community resources, paperwork or seeking adequate housing.

Psycho-Geriatric Support: visiting people in their homes to help them maintain some independence and help keep them out of more costly care. The key role is building relationships with vulnerable people so that supports can be installed in a timely manner to avoid crisis. Another key area of need for this group of people was attending GP and assessment appointments so that relevant information is shared with family, support people and those completing the assessments.

Issues and Limitations
This was a time limited pilot with a small number of participants.

Conclusion
There was good support for the service from both the clients and referrers (GPs and Practice Nurses). Much of what was fed back supported the data which had been collected during the pilot. Those that responded to the questionnaire were able to identify the benefits of such as service in a primary health setting. There was a belief that there was a need for this type of service which seemed to fill in some gaps in service which Greenwood Health Centre had not been providing to its patients.

There were specific groups of people with issues where the type of service was beneficial such as single men, those with co- existing disorders/ chronic and complex health needs, those struggling with mental health issues and those with significant amount of life stressors.

Social Worker Identified Benefits to being Onsite within a practice:

- Streamlined assessment process
- High levels of engagement of men
- Available to visit people in their homes to given context to their overall treatment
- Visit to homebound patients and an overall assessment not based on criteria or budgets but on needs and wellbeing of person
- Ability to be a central contact for complex cases
- Able to follow up vulnerable people that services are obtained in a timely manner
- Offer another dimension to the multi-disciplinary team at practice
- Support for staff and able to answer questions made from the public to the practice
- A link between GPs, and WINZ regarding the requirements of medical certificates, and changes in benefit to avoid unnecessary stress for patients

References
Ministry of Health. (2011). *Primary Health Care*. Retrieved July 26, 2011, from www.moh.govt.nz/primaryhealthcare
Nelson Marlborough District Health Board. (2011, June 24). *Annual Plan 2011/12 with statement of intent.* Retrieved July 2011, 22, from www.nmdhb.govt.nz
Young, S. (2011, July 22). Cutbacks still on agenda despite surplus. *Nelson Evening Mail* . Nelson.

All templates, tools, and documents to recreate this pilot are available from jolene.kinabeach@yahoo.com or jolene.salmond@barnardos.org.nz

Appendix "A"

Evaluation summary of Participant responses

Of the 30 questionnaire sent out, 11 were returned.

100% of respondents found the support they received from the service between 7and 10 on the scale from 0 (not helpful) and 10 (very helpful)

100% of respondents felt that the service had benefited them. Some of the comments are listed below.

- Gave me a chance to talk through my problem/issue 9/11
- Helped me reach my goal 6/11
- Helped me see a way through my situation 10/11
- Came to an appointment with me 4/11
- Put in touch with the support I needed 9/11
- Supplied me with information I needed10/11
- Offered me a support person when I needed it 8/11
- Not benefited me at all 0/11

7 out of 11 would prefer to meet onsite at the practice while 4 preferred a home visit with 2 not minding either way

10 of the 11 felt that the service had help them understand the social work role. Some comments were:

- All of us need someone sometimes
- A social worker doesn't just listen and talk it puts it into action to help our needs (participant)
- Yes helped me understand things I don't know
- It helped me understand more about what they have to offer people, a range of things I wasn't aware of
- The social worker was there to help me
- Made things a lot smoother with appointments with WINZ and all paperwork

Additional comments included:

- If I had a car I would help the social worker in her job
- The social worker was just great
- We were pleased to learn there was so much information and help out there if we used it
- The social worker was lovely and easy to talk to she just listen and observer before she gave advice
- Bloody good job, keep the sense of humour going at all costs please and thanks
- Would be a great addition to Greenwood Health and an advantage for their clients
- I found the social worker pleasant to talk to and she was always cheerful when we meet for appointments at the clinic
- I found it easier to talk to the social worker instead of having to go over things with the doctor. I found working through her was better, so that I only had to talk to the doctor for prescriptions and diagnosis

Evaluation summary of responses from Referrers and other Staff

Total Returned 10/18 from referrers
Total Returned 4/7 (admin and management)

Just fewer than half the respondent had received some feedback from participants about the service at the time of the evaluation

Examples of feedback included:

- Thanks for information require on a specific issue (admin)
- People had said they found it helpful (admin)
- Service was caring, understanding and not rushed (GP)
- Participant stated feeling more enthusiastic, and proactive about situation (GP)
- Feedback from patient with feelings of isolation after relocating. After work with social worker he reported increased self-esteem and networking(PN)
- All positive (GP)

13/14 of the respondents felt the service had benefited them.

Comments included:

- I think it is good for the patients (admin)
- Yes been able to refer patients (admin)
- Provide service for patient wellbeing when health interventions cannot help (PN)
- Ease of access to relevant service and to coordinate supportive agencies (PN)
- Discussing issues (PN)
- Support and understanding with complex patients (GP)
- Yes but it takes 6-12 months for they system to get going (GP)
- Advocacy for patients with WINZ simplified GPs role in patient care to health needs (GP)
- Immensely useful resource – making plans of action – discussing with another professional knowledgeable about resources available (GP)
- Very useful for difficult social cases (GP)
- Taken pressure off GPs to do in-house consulting counselling (which takes a lot of time) and a greater level of patient satisfaction (management)

100% of respondents could see a benefit to having social work support within a the primary health sector

Comments included:

- Important link to services and saves a lot of GP and PN time (Admin)
- Professional development in working with people by watching a different profession in action (Nurse)
- The increasing number of problems we see which emanate from social situations offer a holistic approach (PN)
- Compliments the Nurses role well and allow patients time to discuss social issues (PN)
- Social worker sees patient at their most vulnerable, at the grass roots and to be able to refer early can help prevent further crisis(PN)

- Absolutely this needs to be a service (GP)
- Liaison with WINZ and connection between services (GP)
- Someone I can ask questions of as well as referring patients particularly with young patients with seeking the sickness benefit (GP)
- Convenient ease of access and ability to have easy dialogue (GP)
- No such service is available in Motueka there is a big gap in linking social, financial and family issues to services (GP)

Recommendations for improvements to the service were:

- To be available longer each week (admin)
- A sense of permanency to the position for it to be funded (PN)
- Consultations to be documented on Medtech (Nurse)\
- Actually having the service (GP)
- Just continue it (GP)
- Too early to know (GP)
- Needs to be long term! (GP)

11/14 felt that the service had helped their understanding of the social work role
Comments were:

- Reassuring to know people are properly trained to deal with situations that people get into (Admin)
- Better concept of those problems which are relevant to for referral (Nurse)
- No was already aware of the benefits of social workers (Nurse)
- Very much so – great to chat about what social work can offer, a broader range of skill than I realised (GP)
- Much... to fill in the gaps in communication (GP)

Additional comments included:

- The needs of community can be meet early and effectively having a competent social worker in primary health. Chronic conditions are being managed more in community now, isolation, mental health and stress related issues all benefit from social work support (PN)
- I feel it's very important to keep available as saves a lot of GPs and nurses time and also a great service to our patients (GP)
- If it was funded separately it will free up funding through nursing time from social issues to all a focus on medical issues (admin)
- Seems such a common sense valuable addition (nurse)
- I believe it is an essential part of a primary health care. I gives a good multidisciplinary approach (nurse)
- This fits well with the concepts of the IFHC and if we are to manage more complex patients then we need social worker input (GP)
- Great coordinator of service/help, great to have an advocate for patients and can go with them to appointments (GP)
- Needs funding (GP)
- Been Great (GP)
- I can definitely see the importance of having a social worker in our practice and I expect it will become more and more valuable & necessary in the future (GP)
- Every health centre should have one(GP)