

A STUDY OF THE CRAIGMILLAR HEALTH,
WELFARE AND ADVICE CENTRE WITH A
METHOD OF FAMILY LINKAGE



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M.Sc.
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SUMMARY

This study was designed, in the main, to answer certain questions about clients using the social services provided in a new experimental, multi-disciplinary social service Centre that serves a defined geographical area of Edinburgh. The Centre is a forerunner to similar centres that will be established in all parts of Scotland when the Social Work Scotland Act (1968) is implemented from November 1969.

The Centre (Craigmillar Health, Welfare and Advice Centre) was established on 14th March, 1968 to serve the electoral ward of Craigmillar. The Centre is unique in that it is the first in Scotland to streamline the social services for a defined geographical area and to bring together under one roof and a single administration the usual statutory social workers and the voluntary agency social workers. In addition a psychiatrist attends the Centre on a part-time basis and participates in its work.

The aims of the study were as follows :-

1. To describe the characteristics of the clients (and their households) who use the Centre and their presenting problems.
2. To determine any familial clustering of Centre clients.
3. To determine the rate at which new clients from the defined area of Edinburgh which the Centre serves reach social workers serving the area.
4. To study the possibility of incorporating a simple data collecting method into the routine of the Centre.

It is thought that the results of the study would be useful not only to workers in the field of the social services, but also to psychiatrists, policy makers and administrators.

The relevant data were collected using a proforma that was completed in respect of every new client by a social worker. The proforma serves the dual purpose of being a research tool and forming the "front sheet" of the permanent record of the Centre. The reliability of the data collected by the social workers was on the whole good. One hundred and twentyeight clients (new clients from January to March 1969) formed the cohort studied in detail, while familial clustering was sought in 563 clients (new clients from 14th March 1968 to 31st March 1969).

Fortyfive out of the 563 clients were found to have a sibling or a mother who was also a Centre client.

Twentyeight clients (27 females and 1 male) out of the 45 had a sibling attending the Centre - an over-representation of females that falls slightly short of statistical significance.

Most clients referred themselves to the Centre. More females than males used the Centre during the period studied, with young married women predominating. By comparison with the population from which they were drawn, the following groups were significantly under-represented: males, people aged 15 to 19 years, people aged 45 years or over (particularly those aged 65 years or over), single or widowed people, and social classes 1 to 4; while the following groups were significantly over-represented: females, people aged 20 to 44 years,

married or divorced people and social class 5. The age-sex-marital status of the clients is compared with the attempted suicide population of Edinburgh and the implication of this for any preventive measures for attempted suicide, channelled through the Centre, is discussed. Most of the clients were born in the Edinburgh area and had lived at their contact address for short periods. Certain zones of the ward were found to contribute disproportionately high numbers of clients and a direct relationship was found between zonal referral rates and the age of the oldest Corporation property in the zone.

Most clients came from households of poor economic circumstances with previous contacts with social work agencies, particularly the Ministry of Social Security, Children's Department and Psychiatric Hospitals. Slightly more than one third of the clients came from households without a parent or spouse. The possible adverse effects of such households on the children is discussed. Apart from the absence of a parent or spouse some of the households were found to be very complex and unstable.

Though the majority of clients requested material help, a substantial proportion were found to have emotional problems. Clients frequently had multiple problems. The allocation of cases to the workers at the Centre also showed that emotional problems were severe enough in some cases to warrant intervention. 41.9% of the allocated cases were to the psychiatrist, mental health officers and marriage guidance counsellors, with the psychiatrist receiving the largest number of individual allocation. No significant difference was noted

between clients who had lived at their contact address for less than five years and those who had done so for five years or more, with respect to the presence of emotional problems in them or their households. This study underlines the widespread emotional disorder which is often associated with social problems.

Most of the cases were closed within the first three months of contact with the Centre and the highest proportion of closures was in the first month of contact. Slightly less than one half of the closed cases had a duration of contact of two weeks or less.

Among the recommendations made are the continued use of the proforma for research purposes and the incorporation of a Health Service and psychiatric facilities in the Centre.

The psychiatric value of this study lies in the fact that the ward which the Centre serves is an area of marked personal and social disorder. Thus the Centre could serve not only as a base from which studies of psychiatric relevance could be carried out but also a route through which psychiatric services could be channelled to the community.

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INTRODUCTION AND OBJECT OF STUDY

Research workers have carried out surveys of various aspects of social work agencies. Thus there have been :-

1. Descriptive studies of clients using a particular service or a group of services and the problems they present (Lingard et al 1956; Jeffreys 1965; Wedge 1965).
2. Studies on the distribution of social problems within a community (Castle and Gittus 1957).
3. Studies of special groups within the caseload of social work agencies or communities (Lidbetter 1932; Blacker 1952; Bowerbank 1958; Cadbury 1958; MacGregor 1958; Shaw 1958; Wright 1958).
4. Surveys of the social workers themselves (Jeffreys 1965).
5. Studies on the assessment of the results of social casework (Rose 1957).

Because of the organisation of social work agencies with fragmentary and sometimes duplicated services, research workers have tended to concentrate on particular agencies or some defined groups of clients. Also, agencies which are often centralised, serve ill-defined populations. This has made it difficult to obtain as near a total picture as possible of the social problems of a community and even the rate at which people with such problems reach social workers. And yet it is important to have well documented research and factual information for use by policy makers, administrators and social workers themselves (Bemmels 1964).

The establishment of a Health, Welfare and Advice Centre (a social service centre incorporating the statutory social work agencies and

voluntary organisations) to serve a defined zone of Edinburgh provided a unique opportunity for carrying out a survey in a setting where there is an attempt at co-ordinating all the social work agencies serving that zone of Edinburgh.

Research from such a centre could provide demographic data about the clients, information on the problems they present with, and the facilities available for handling them and data about rates at which clients reach social workers. Such information is vital for assessing the needs of the community and planning. Also, if family linkage studies show familial clustering of clients, it would mean that social workers should deal not only with the presenting client, but with other members of the client's family.

The aims of the study were as follows :-

1. A description of the characteristics (including some family and social characteristics) of the clients who use the Centre and the problems (including emotional ones) that they present.
2. Identification of sibling and mother - child(ren) groups that use the Centre (Family linkage studies).
3. To determine the rate at which new clients from the defined zone of Edinburgh reach the social workers serving the area.
4. An experiment at incorporating a scheme for obtaining information relevant to items 1 and 2 above in the routine of the Centre without launching a special survey.

REVIEW OF RELEVANT LITERATURE

There have been three types of approach to surveys of clients of social workers or social work agencies.

The first type is the survey of special groups of clients or defined categories of clients. Early studies belonging to this category focussed on 'problem families'. One important criticism that has been made of such studies is that there are no objective criteria for identifying such families, hence prevalence rates from one study to another do not lend themselves to comparisons. In the study by Blacker et al (1952) the social workers in five areas were asked to submit "names of any family which, in your personal work, has recently confronted you with a chronic or intractable problem and which you have found difficult to deal with or assist". Such a criterion is open to different interpretations by different people. They found that the number of problem families per thousand families ranged from 1.2 to 6.2 in the five areas surveyed, and concluded that plurality of mention by three or more social work agencies was a suitable criterion that could be used for identifying problem families. Since then there has been little or no advance in the criteria for identifying these families and surveys have on the whole been based on subjective criteria. MacGregor (1958) found that 1.43% of the 172,000 families investigated were either potential or hard core problem families. He found a high rate of emotional instability combined with low intelligence in the families in the problem and potential problem group. His methodology is not discussed in the paper

and his criteria for identifying the families, low intelligence and emotional instability were not stated, nor was the rate of emotional instability and low intelligence in non-problem families stated.

Wilson (1959) identified problem families from previous records and emphasized the marked physical, economic and psychological stress in the environments of these families. The standard and reliability of the records were not stated and his criteria for categorizing families within problem groups were not stated. Cadbury's paper (1958) and that of Wright (1958) on problem families did not mention their method of data collection and no objective data were given. The latter paper mentioned the harm that the family environment causes the children (a high proportion of whom are illegitimate or stepchildren) in such families.

Other studies which have looked at special groups include the studies of Shaw (1958), Bowerbank (1958) and Pavenstedt et al (1967). Shaw's pilot study (1958) and Bowerbank's study (1958) were directed at clients who had been on National Assistance for long periods. They concluded that it was very difficult living on "statutory incomes" for more than 12 months and that these clients often had additional problems which were not financial. Bowerbank's survey which was on volunteers failed to analyse those clients who refused to participate in the project. Pavenstedt et al looked at families with pre-school age children who showed "gross social and psychological pathology and were not working in a constructive manner with community services". They found many problems resulting in contacts with various agencies and suggested a multi-disciplinary approach to the

study of the group. Their selection of clients was subjective and it is not clear how their data were collected.

The second type of survey has been directed towards the entire caseloads of particular social work agencies. Lingard et al (1956) published an account of the work of the Manchester Family Clinic - a clinic that was established "to help family members with any kind of emotional problem that was outside the range of child guidance clinic". The report lacked detailed objective data. Bannister et al (1955) reported on the marriage welfare work of the Family Discussion Bureau. It was a descriptive report of the work of the bureau in its first five years and contained data relating to social class, source of referral, age (at referral) and sex of clients.

The third type of survey has been concerned with all the case loads of social workers within particular local authority areas or serving a given area. Bemmels (1964) surveyed the case loads of social workers in a demarcated zone in the Washington H eights health district and calculated prevalence rates for all cases and mental health problems. She asked the social workers to submit a list of all the cases they had over a given period. No definition of a case was given and the method used for collecting certain basic data relating to the clients was not clear. However, she laid down criteria (not described in the study) for categorizing a problem as psychological. She concluded that a high proportion of the clients "were known or suspected of having psychological disorder".

Jeffreys (1965) studied social welfare staff and their clients in the county of Buckinghamshire. Social workers were asked to fill

in a proforma about clients they had seen in a typical week. The author herself pointed out the bias that could operate in such a method of selection of material. Her study emphasized five major areas that needed "comprehensive appraisal", namely

- " 1. Recruitment of staff.
2. Training of staff.
3. Deployment of staff and services.
4. Co-ordination of social services.
5. The place of voluntary workers in such a set-up."

Wedge (1965) surveyed clients of social workers in Preston County Borough, using a questionnaire which the social workers were asked to complete in respect of families (who had to have children under eighteen) with serious social problems likely to require long term help. The selection of clients was an entirely subjective one, and the data collected were retrospective as social workers were asked to supply information "already known to them and not to seek information especially from clients". He concluded that about one in twenty of the population under 18 years lives in families with serious social problems. Thus, surveys of the types described above have suffered from :

1. Lack of objective criteria, with use being made of subjective criteria. Hence results cannot be compared.
2. Use of retrospective data.
3. Absence of objective data in some reports.

Familial Incidence of Social Problems

There is a dearth of documented evidence on the familial occurrence

of social problems customarily handled by social workers. Workers, e.g. Cadbury (1958) and Pavenstedt et al (1967) have commented on long family histories of social problems without providing objective evidence. Apart from Lidbetter (1933) no other worker has provided evidence in this area. Lidbetter constructed pedigree charts that showed familial occurrence of "chargeability" from one generation to another. Wootton (1959) queried the reliability of the records he used as these records went back over two or three generations. The demonstration of familial occurrence of a condition is not conclusive proof that genetic factors are the only ones at work. Lidbetter assumed that "degenerate tendencies" - a term which covered a host of medical and social pathology were due to a common underlying genetic cause. With particular reference to juvenile delinquency, West (1967) reviewed the evidence and concluded that both inherited and environmental factors are at work.

One approach that could be useful in providing evidence of familial occurrence of social problems is the use of family linkage method. By this method records pertaining to members of the same family are brought together. Kennedy et al (1964, 1965) and Acheson (1967) have described computer methods for linking such data. Computers, however, are still not within reach of every social work organisation, nor are the numbers in some cases enough to warrant the use of computers. There is, therefore, need for a simple manual method for family linkage studies.

Distribution of Problems within a Community

Castle and Gittus (1957), West (1967), among others, have stressed that the demonstration of high rates of social problems within particular areas of a community does not necessarily mean that a simple cause-effect relationship operates between the environment and a particular social problem. In fact, Wilson (1958) has said that ecological factors, per se, are not sufficient for the explanation of juvenile delinquency, as "delinquency in some areas is not a behaviour pattern acquired by all young people who happen to live there." Such studies are important, however, quite apart from any light they may throw on aetiology, for highlighting problem areas, for the purposes of planning or siting services within a given community.

With particular reference to Edinburgh, Philip and McCulloch (1966) have shown that the Craigmillar ward, ranked first out of the 23 wards in the city on four out of the 18 social variables which they studied. The four variables were juvenile delinquency, children taken into care, overcrowding (more than 1.5 persons per room)*R.S.S.P.C.C. referrals and proportion of Council houses. It was second on variables that included self-poisoning, rent arrears and infant mortality.

* Royal Scottish Society for the Prevention of Cruelty to Children.

THE CRAIGMILLAR CENTRE

Craigmillar is one of the 23 wards of the city of Edinburgh. It is on the eastern side of Edinburgh and is bounded on the eastern side by Musselburgh town, on the west by Newington ward, on the north by Portobello ward and on the south and south eastern side by Liberton ward. The current *estimated population of the ward is 26,220. According to the 1966 10% sample census, 86.6% of the population lived in houses rented from the Council; of the economically active and retired males, 1.2% were in social class I, 2.3% in social class II, 45.9% in social class III, 25.6% in social class IV, 21.2% in social class V, and 3.8% were unclassified with regard to social class (Registrar General's classification of 1966). As at 28th May, 1968 there was a total of 7,289 houses in the ward. Of this number, 5,745 (78.8%) were Corporation houses, 1,426 (19.6%) private houses and 118 (1.6%) private tenements. From 1967 to 1968 there was an increase of 311 in Corporation houses. Philip and McCulloch (1966) showed that Craigmillar ward had a high proportion of the city's social problems. With particular reference to self-poisoning rates, it ranked second out of the 23 Edinburgh wards in 1967, and preliminary figures for 1968 showed that it ranked first.

Short and McCulloch (1968) presented the plans for a Health, Welfare and Advice Centre in one of the "problem areas" of Edinburgh.

* Current estimated population by Edinburgh Medical Officer of Health's office.

The Centre set up by Edinburgh Corporation in, and to serve, the Craigmillar ward of Edinburgh, was opened on 14th March, 1968. It is staffed by social workers from the various disciplines of the statutory and voluntary bodies and aims at providing integrated social and some paramedical services for the area and undertaking research. Since their report in which they reviewed the need for an integrated and multidisciplinary approach to social services, the Social Work Scotland Act (1968) has been passed by Parliament. This act, when implemented, will enable local authorities to integrate their social services. It is envisaged therefore that centres similar to the Craigmillar Health, Welfare and Advice Centre, will soon become quite common in Scotland.

Staff of the Centre

The social workers at the Centre are drawn from the following statutory departments and voluntary agencies :-

1. Children's Department (statutory).
2. Probation Department (statutory) .
3. Welfare Department (statutory).
4. Mental Health Department (statutory).
5. Health Visitors' Department (statutory).
6. Royal Scottish Society for the Prevention of Cruelty to Children(voluntary)
7. Marriage Guidance Council (voluntary).
8. Citizens Advice Bureau (voluntary).
9. Simon Square Centre (voluntary organisation that caters for disabled people
10. Little Sisters of the Assumption (voluntary religious order).

Apart from social workers from the above agencies, there are also a Centre secretary and a receptionist/telephonist. The Centre is in the charge of a Co-ordinator/Director - a senior social worker who is administratively responsible to the Depute Medical Officer of Health for Edinburgh. All the agencies, with the exception of the Welfare Department and Simon Square Centre, operate from the Centre. A psychiatrist from the Medical Research Council Unit for Epidemiological Studies in Psychiatry has close working relations with the Centre, attends intake meetings of the Centre, and has clients allocated to him. Students taking courses in social work are also attached to the Centre from time to time for practical experience. The Catholic Marriage Advisory Service, though not contributing to the day-to-day work of the Centre, is available for consultations and has a small number of cases at the Centre.

Staff Disposition at the Centre as at 31st March, 1969.

<u>Staff</u>	<u>Number</u>
Centre Co-ordinator	1 (male)
Centre Secretary	1 (female)
Receptionist	1 (female)
Child Care Officers	3 (1 male, 2 females)
Probation Officers	2 (1 male, 1 female)
Welfare Officers	2 (1 male, 1 female)
Mental Health Officers	2 (2 females)
Health Visitors	5 (females)
Marriage Guidance Counsellors	2 (females)
Citizen Advice Bureau workers	8 (females)
Occupational Therapist (Simon Square Centre)	1 (female)

<u>Staff</u>	<u>Number</u>
Social Worker (Simon Square Centre)	1 (female)
Little Sisters of the Assumption	1 (female)
Inspector - Royal Scottish Society for the Prevention of Cruelty to Children)	1 (male)
Visitor - Royal Scottish Society for the Prevention of Cruelty to Children)	1 (female)
*Rent Collector	1 (male)
*Psychiatrist	1 (male)

The Work of Staff of the Centre

New **clients are usually seen at the Centre. All clients on arrival at the Centre are received by the receptionist who ensures that the client comes from the catchment area of the Centre. She enters the client's name, address and date of visit in the Day Book and finds out briefly the client's reason for coming to the Centre. All new clients are interviewed by the duty officer who prepares a written report of the interview, and fills in (in duplicate) a proforma about the client. Until recently, the duty officer's function rotated among all the **social workers but this is now the responsibility of the Citizens Advice Bureau.

* Not full time at the Centre.

** To avoid any repetition, clients and social workers are referred to as females, though some of them are males.

Behind the Citizens Advice Bureau worker is the Duty social worker whose functions are :-

1. To assist the Citizens Advice Bureau workers should the volume of work become too heavy.
2. To advise the Citizens Advice Bureau worker if difficulties arise.
3. To take on any social work emergencies such as immediate reception into care of children, and helping with the arrangements for admission into a psychiatric hospital of a client or member of her family.

Depending on the nature of the client's problem, the Duty Officer may deal with it immediately (e.g. ringing up the Electricity Board to arrange instalment payments of an account and hence prevent the client's electricity supply being cut off) on her own or after consultation with the Co-ordinator or some other member of staff. Or, she may ask the client to go away and await the decision of the intake meeting. It should be noted that a majority of the cases are not emergencies and that all cases, whether fully dealt with or not at the initial visit of the client to the Centre, are brought to the intake meeting.

Intake meetings are held on Tuesday and Thursday afternoons, starting during the lunch hour (staff usually provide their own packed lunch) and are attended by all the social workers operating from the Centre, the Welfare Officers, the Social Worker from Simon Square, the Centre secretary and the psychiatrist.

At the intake meeting each new client is presented for discussion by the worker who carried out the initial interview or, in some cases, if the worker is not available, by a colleague. At the discussion any workers who already know the client or her family contribute relevant information. Health Visitors are very useful in this regard as they are in contact with families in the area who have children under the age of five years. The client and her problems are discussed and a decision is taken. This is usually one of the following :-

1. The client is allocated to a worker and from then on she becomes the responsibility of the worker.
2. The case may be unallocated. This may be due to one of the following reasons :-
 - (a) Further reports are thought necessary. In such a case the source from which such a report should be obtained is decided upon. A worker may be given the responsibility of making a visit to the client's home to gather more information or information may be sought from another agency or organisation.
 - (b) The case is thought to have been adequately dealt with at the initial interview. It is then closed but could be re-opened at a later date if necessary.
 - (c) An action is needed (e.g. arranging for debts to be paid by instalments by the client) but it is not thought necessary to allocate the client to any worker, although at a later date the client may be brought up again and then allocated to a worker.

Such unallocated cases, in general, remain the responsibility of the Co-ordinator who carries out the action decided upon or delegates it to the secretary or to some other worker.

When a client is allocated to a particular worker, she becomes the responsibility of that worker but the worker can bring back the case to intake meetings to seek help from other members. Sometimes a client may be transferred from one worker to another, depending on the needs of the client as assessed at an intake meeting. Apart from these meetings, workers consult with their colleagues informally about clients. If an old client comes to the Centre she is seen by the worker to whom she has been allocated. If the worker is not available the client is seen by the duty officer or any other worker who, in any case, writes her comments on the case file. Unallocated clients who come to the Centre are also seen by the duty officer.

In addition to intake meetings there are staff meetings every three weeks for the discussion of administrative or policy matters. There are also staff seminars every three weeks run by a consultant psychiatrist. Each meeting is assigned to a particular agency which brings up one or two on-going cases that they have found particularly difficult or interesting for discussion and guidance. Hospitals, ministers or general practitioners can also call a case conference as the need arises. At such a conference, everybody concerned with the client's (or patient's) family attends, and a decision is taken about how to handle the problems of the family. All the workers, except Marriage Guidance Counsellors and members of the Citizens Advice Bureau, also carry out home visits

which constitute an essential part of their casework method.

From the outset the Centre has been interested in looking at the potentials of the community to see how it could help itself. For example, it has encouraged a group of mothers to run their own play group for children. The Centre also participates in an advisory capacity in various community activities, e.g. membership of the Craigmillar Festival Committee. The Centre has very good relationships with the local police unit and clergy in the area.

Apart from clients who have been allocated to the workers by the Centre, some workers have clients (mostly from the Craigmillar ward) who have been allocated to them from their own departments or agencies. Most of these are clients they had before the Centre was opened. Since the Centre started, however, any clients from the Craigmillar ward reaching statutory agencies outside the Centre are referred to the Centre, but some voluntary workers at the Centre still have clients who are allocated to them from their own departments or reach them directly. If such clients of voluntary bodies are thought to require the resources of the Centre, they are transferred to the Centre caseload. It should be noted that social workers are seconded to the Centre by their departments or agencies and are still responsible to them, but various departments have delegated certain powers to the Co-ordinator of the Centre. These include :-

1. Power to receive children into care under the 1948 and 1963 Children's Act.
2. Payment of money under Section One of the 1963 Children's Act for families in difficulty.
3. Supervision of all agencies in the Centre.

Recently, because of the amount of money the Centre has to handle, a member of staff from the City Collector's Department attends the Centre twice a week to collect rent from clients and deal with queries concerning rents.

The administrative structure of the Centre is not one that has been imposed on the Centre; rather, it has evolved and is in the process of evolving through the process of experiments and willingness of the staff to participate in a scheme like this.

Record Keeping at the Centre

A system of record keeping is being evolved at the Centre. A Day Book is kept at the Centre. In this are recorded, on any given day, the names and addresses of all the clients who come to the Centre and the name of the worker who sees or interviews them. There is an alphabetical index of all the clients known to the Centre. This index shows the name of each client with her date of birth or age, names of her spouse (if married) and children, with their ages, and names of her parents and siblings with their ages if she is still living with them. The index also shows the date of contact with the Centre by the client, and the social work agencies with whom the client has had contact in the past. In addition, it contains similar information about some clients who are known to some agencies but are not Craigmillar Centre clients.

There is a case file on every client. The files are kept in two sections - open cases and closed cases. Files in each section are arranged in alphabetical order of surnames. Each file contains a completed proforma in respect of the client at the first contact with

the Centre, records of interviews with the client, and any records or papers that pertain to the client. Duplicate copies of the proforma are kept together in a special research file. The Centre also keeps a list of children from the Craigmillar ward taken into care.

Each organisation or department within the Centre also maintains its own index of clients and/or files on all the clients referred to or allocated to them but these departmental records were not used in the present study.

In addition to records maintained by the Centre, there are lists or records which are sent regularly to the Centre. They include the following :-

1. A weekly list of people on the eviction list.
2. A list of people from the Craigmillar ward who have been placed under probation.
3. A list from the Welfare Department of old people from the Craigmillar area, admitted to old people's homes.
4. A list of people from the Craigmillar ward who are clients of the Medical Social Worker from the Public Health Department.

DESIGN AND METHOD OF STUDY

The study was designed to answer a number of questions, namely the characteristics of the Centre clients, the size of the problem that social workers deal with in Craigmillar ward, and whether there was any familial clustering of Centre clients.

There are two groups of data which have been collected about the Centre clients for research purposes. One group consists of retrospective data that accumulated before this study was begun in October 1968, and the other group is prospective data that was collected during this study. For analysing the characteristics of Centre clients the data used were prospectively collected, but in the aspect of the study concerned with family linkage both retrospective and prospective data were used. The reason for using retrospective data is clarified under the section where the family linkage study is described.

Study of Characteristics of Centre Clients

As stated in the description of the Craigmillar Centre there are two groups of clients that social workers at the Centre deal with. The clients included in the study of characteristics of Centre caseload were those categorised as Centre clients. Clients who were entirely the responsibility of particular agencies were not included, but if at a later date such clients were transferred from a particular agency to the Centre caseload they were then included. The non-Centre clients were excluded because it would have been burdensome on the social workers to provide the necessary information, since the data

collected by each agency for its own clients were not strictly comparable to those collected for this study. Also, it would not have been administratively easy to incorporate research data collection into the routine of the agencies as non-Centre clients were wholly the responsibility of the agency concerned. Because of the system of record keeping at the Centre, and the co-operation of the Co-ordinator of the Centre and his staff, it was possible to identify all Centre clients who fulfilled the requirements for inclusion in this aspect of the study, and hence to obtain the necessary data on them. It was felt that a similar check could have been extremely difficult with non-Centre clients.

All new clients of the Centre from 1st January, 1969 to 31st March, 1969 inclusive were studied. A client was defined as new if she was using the Centre for the first time. Data relating to all the clients were prospectively collected.

Study of Craigmillar Ward Referrals to All Agencies

As this aspect of the study was concerned with assessing the size of problems (from the Craigmillar ward) that social workers dealt with, it was necessary to include Centre as well as non-Centre clients. All the social workers at the Centre, the Edinburgh Council of Social Services, the Catholic Marriage Advisory Service and the Catholic Social Services Centre, were asked to submit a list of all clients (with their addresses) from the Craigmillar ward who were new to their agencies from the period 1st January, 1969 to 31st March, 1969 inclusive. The lists submitted, together with the list of new clients of the Centre, were brought together to ensure that no names appeared more than once. A client was

defined as new to the Centre or an agency if she was making the first contact ever with the Centre or agency. As the social workers were asked for only names and addresses of clients, it was thought that this would not be burdensome on them nor would it interfere with their normal routine.

The Edinburgh Council of Social Services is a voluntary organisation and has an office that caters for the Craigmillar area. Before the Centre was opened, it undertook a lot of the casework service for the area.

Family Linkage Study

This aspect of the study was concerned with identification of sibling and mother-child(ren) groups in the Centre caseload. This study would be more rewarding only if the total Centre caseload is studied. Thus all clients who have used the Centre from its inception on 14th March, 1968 to when the study was concluded on 31st March, 1969 inclusive were included. It is hoped that this aspect of the study would continue as part of the research routine at the Centre. Because this study began in October 1968 some of the material used (i.e. data on clients from March 1968 to October 1968) was retrospective. However, from the inception of the Centre, the social workers were requested to record the client's full name, the client's maiden surname (mother's married surname), the client's mother's maiden surname, the client's mother's first name(s) or initial(s), and the client's date of birth. These items of information, necessary for the linkage study, were also prospectively collected in respect of clients referred to the Centre from October 1968. The data from the retrospective and

prospective materials were therefore exactly similar.

Collection and Processing of Data

Since it was decided that a special survey was not to be undertaken to obtain the necessary information, a proforma was completed (in duplicate) in respect of the clients included in that part of the project dealing with characteristics of clients. The proforma, filled in by social workers at the first interview with a client, provided certain data in respect of the client, her spouse, household and social circumstances, and served as part of the permanent record keeping system of the Centre. One copy of the proforma was kept for Centre records and the other copy was used for research purposes.

Before the proforma was introduced the author held a meeting with the social workers to explain the object of the project and seek their co-operation. Each worker was given a set of explanatory notes about the information wanted in the hope that data gathered would be as uniform as possible. When a new social worker joined the staff the form was discussed with her and a copy of the instructions made available. The author was frequently available to clarify any points that arose from the explanatory notes. Soon after a form was completed it was checked by the author and the worker consulted, when necessary, to clarify points or fill in any omissions. The proforma and the explanatory notes to the social workers are reproduced in Appendix A and Appendix B respectively.

On completion and checking of the proforma, the information contained in it was transferred to an item sheet (reproduced in Appendix C). The item sheet for each client was supplemented with

information from interview notes made by social workers and information (e.g. the client's previous contacts with other agencies) from the alphabetical index of clients maintained by the Centre. The items of information on the item sheet were coded and transferred to a transcription sheet (transcription code and street coding are reproduced in Appendix D and Appendix E respectively) which was checked to ensure that every column that should have an entry did in fact have one. The codes were then punched on an 80-column card. Information relating to a client was contained on one card. The cards were checked for legality of punching and consistency of coding, by means of a computer, using the information reproduced in Appendix F and Appendix G respectively. The cards were subsequently sorted on an I.C.T. machine.

It was necessary to check the reliability of some of the information collected. This was done by checking the records of the Probation Department, Children's Department and Ward 3 of the Royal Infirmary (the Regional Poisoning Treatment Centre where all cases of self-poisoning and self-injury from the city of Edinburgh are admitted). Using the Ward 3 admission registers of 1962 - March 1969 inclusive, which contain the name, address, date of birth and/or age of every patient admitted to the ward, a list of all the patients from the Craigmillar ward with their addresses, date of birth, date of admission and discharge was made. This was matched against the list of the 128 clients studied in detail. If a client featured on both lists then her date of birth on the Craigmillar Centre record was checked against her date of birth on the Ward 3 register for any

discrepancy. The addresses from both records were also compared if the dates of contact with both the Craigmillar Centre and Ward 3 were near enough to eliminate the possibility of a recent change in address. The Craigmillar proforma and index of clients were also checked to establish whether it was noted that such a client had been in Ward 3. A similar procedure was carried out using the records of the Probation Department. The Children's Departmental list of children taken into care from the Craigmillar area from 1st January to 31st March, 1969 was also used. This list was checked against the list of clients under study to ensure that children (in care during the period for which information was sought) of clients of the Centre were shown as having been in care. Their dates of birth as entered on the Children's Department forms were also checked against similar items on the Craigmillar Centre records. In general, the information provided by the social workers was reliable. The results of the reliability checks are detailed under the section on results.

Registers of Clients and their Mothers

Two registers (one arranged in alphabetical order of surnames and the other in numerical order) of all the clients of the Craigmillar Centre, and two registers (arranged as the clients' register) of clients' mothers' married names have been built up. It was possible to include clients who used the Centre before the author started the study because social workers were asked to record the information necessary for the registers from the inception of the Centre.

Each register consists of loose-leaf sheets filed in a hard-backed jacket. A new sheet can be placed in its alphabetical or numerical

position in the register without difficulty. A sheet on a register contains information relevant to a client or her mother and there is cross reference from the register of clients to the register of mothers, and vice-versa, as each client and mother is assigned a code number. Clients who are also siblings are assigned the same code number for their mother. For the register of clients' names, each sheet contains the following :-

1. Client's surname (with maiden surname in brackets) followed by the client's first name(s) or initial(s).
2. Client's code number.
3. Client's mother's code number.
4. An identification mark (C) on the top right hand corner.
5. Client's address.

A client who is also the mother of another client has an asterisk against her name. The layout of information on each sheet is illustrated below.

Layout of information on Clients' Names Register

	C
*JACKSON (SMITH) Janet Sheila	0001
Mother's name	0564
Address:	

For the register of mothers' names, each sheet contains the following :-

1. Client's mother's married surname (i.e. client's maiden surname) with client's mother's maiden surname in brackets, followed by client's mother's first name(s) or initial(s).

2. Code number assigned to the client's mother.
3. Code number(s) of her child(ren) who are clients at the Centre.
4. An identification mark (M) on the top right hand corner.

A mother who is also a client at the Centre is indicated by means of an asterisk against her name.

The layout of information on each sheet is illustrated below.

Layout of information on Register of Mothers' Names

	M
*SMITH (McCALLUM) Agnes	0564
Clients:	0001 0236

As new clients make contact with the Centre the register is brought up to date by filing the sheets relevant to the new clients and their mothers in their alphabetical and numerical positions. When a new client's mother's name is already on the register of mothers' names the client's code number is written in the relevant area on the sheet in the register of mothers' names.

Identification of Sibling and Mother-Child(ren) Groups

Family linkage has been defined as assembling information recorded about people at different times and/or in different places into family groups. A necessary preliminary to such an exercise is to identify individuals who belong to the same family. This aspect of the study was limited to identifying sibling and mother-child(ren)

groups who have used the Centre from its inception on 14th March, 1968 to 31st March, 1969.

When a new client's proforma was received the register of names of clients was checked to ensure that the client's name was not already on it. The register of names of mothers was then checked to find out if the client's name appeared on it (a check to find out if the new client was also the mother of another client). If her name agreed with a name on the register of names of mothers, other checks were brought in to establish whether she (the new client) was the mother of the client whose code number was shown in the register of mothers' names. The first was to find out if the new client's maiden surname (i.e. her mother's married surname) was the same as the old client's mother's maiden surname and whether the new client's initials or first names agreed with those of the old client's mother. The other check was to compare the age of the new client (the possible mother) and the old client (the possible child). If the ages were such that the new client could not possibly be her mother then the possibility of a linkage was ruled out. If, however, the age gap was such that the new client could be the mother of the old client, then this information, together with the other factors already described, established a mother-child linkage. Similar steps (except the comparison of ages, since the ages of mothers of clients were not routinely recorded) were used in establishing whether the mother of a client was also a client at the Centre.

In identifying sibling groups, a client's maiden surname (which is the same as the surname in the case of a male or unmarried female

client) was checked against the register of names of mothers. If it was the same as any other name on the register then the clients who had the same maiden surnames would be grouped as siblings only if their mother's maiden surnames and first names or initials were the same. If information relating to two or more clients agreed in these respects, they were regarded as siblings and given the same code number for mother's name.

Usually when any linkage was established by the method described, confirmation was sought from the clients themselves or from social workers (particularly health visitors) who knew them. In some cases where information was incomplete, it was possible to say that a linkage did not exist if the age difference of the clients was such that they could not be siblings or a mother and child.

The method used is basically similar to that used by Masi and others in 1964 in identifying first degree relationships in patients found in a survey of 17 hospitals in Baltimore to be suffering from Hashimoto's disease. In their study, each patient's current name, the natural father's birth name, the natural mother's maiden name, (among other information) were punched on an 80-column I.B.M. card. Each female who had ever been married had an auxilliary card which contained the patient's current name, the natural father's birth name and the patient's own maiden name. By sorting the cards alphabetically, for example, on father's birth names, and re-producing the information contained on the cards using a mechanical printer and visually examining the alphabetical list for names that

had been duplicated, they were able to establish father-child relationships. By sorting on other areas of the information on the cards they identified mother-child and sibling groups. This present study differs from that of Masi and others in that at no stage was mechanical sorting used; instead the matching of names of new clients against names on the registers was done manually.

As linkages were established a list was built up cumulatively of such people. At a future date, if data relating to all the clients are put on to punch cards it would be possible to sort out groups of siblings as any such group would have the same code number for their mother's name.

RESULTS

Results are presented in this section and interpretative comments follow in a later section.

New Clients from 14.3.1968 to 31.3.1969.

1. From 14th March, 1968 when the Centre was opened to 31st March, 1969, 563 new clients (467 females and 96 males) were taken on as Centre clients. The distribution of these clients by month of first contact with the Centre is shown in Table 1 and Figure 1. Table 1 also shows the number of new clients per day of opening for each month from March 1968 to March 1969. This information is shown as a frequency polygon in Figure 2. There was an upward trend in the number of new clients per month, as well as in the number of new clients per day from the opening of the Centre until June 1968, followed by a downward trend (except for a slight rise in November) for the rest of 1968 until January 1969. The figures for February and March 1969 show an upward trend. The highest number of new clients, as well as new clients per day was in June 1968, and the lowest was in January 1969.

2. Sibling and Mother-child(ren) Groups

Of the 563 clients in the cohort, information for determining sibling linkage was sufficient with respect to 525 clients (436 females and 89 males), while in 12 cases it was not possible to establish or rule out a mother-child relationship with another client.

Twelve groups of sibling were identified. Four of these groups consisted of three people each, while the remaining eight groups

consisted of two people each. Thus the 12 sibling groups accounted for 28 clients, only one of whom was a male. The χ^2 (difference of proportion) test applied to the male-female ratios in the linked client population and the client cohort on whom sufficient information for linkage was available equals 3.49 (d.f. = 1, $p < .10$).

Nine mother-child(ren) groups were identified. Each group consisted of a mother and child, except for one group that consisted of a mother and three children. The total number of clients who had a sibling, mother or child who was also a client at the Centre was 45 out of 563 clients.

New Clients from 1.1.69 to 31.3.69.

3. This aspect of the study was concerned with some of the characteristics and problems of new clients who made contact with the Centre from January 1st to March 31st, 1969 (inclusive). There was a total of 128 clients.

4. Sex Distribution of Clients

There were 100 females (78.1% of the client cohort) and 28 males (21.9%) in the client cohort studied. In Table 2 a comparison is made of the percentage sex distribution in the client cohort and *Craigmillar ward population aged 15 years or over. The χ^2 (goodness of fit) test applied to this distribution equals 32.91 (d.f. = 1, $p < .001$). Males were significantly under-represented and females over-represented in the client cohort.

* Data for the Craigmillar ward population, unless otherwise stated, are from 1966 10% sample census.

5. Age Distribution of Clients

The age-sex distribution of clients is shown in Table 3 and Figure 3. In Table 4 a comparison is made of the age distribution of the client cohort and the Craigmillar population aged 15 years and over.

The age range of the clients was 19 to 87 years, and 47 clients (36.8%) were aged 20 to 29 years. This is the age group with the highest number of clients. Ninetyseven clients (78.2%) were aged under 50 years and 26 clients (21.8%) were aged 50 years or over, with only 6 clients (4.7%) aged 65 years or over. By comparison with the Craigmillar population aged 15 years and over, the following age groups were under-represented; 15-19 years, 45-54 years, 55-64 years and 65 years or over: whereas the age groups 20-24 years, 25-34 years and 35-44 years were over-represented to a significant extent. (χ^2 goodness of fit test = 43.64, d.f. = 6, $p < .001$).

6. Marital Status of Clients

Table 5 shows the distribution of clients into 13 categories of marital status. Eightysix clients (67.1%) were married and living with their spouses; 25 clients (19.5%) though married, were no longer living with their spouses; 8 clients (6.2%) were single and 7 clients (5.5%) were widowed. One client, though divorced, was still living with his spouse.

In Table 6 the categories are combined and compared with the marital status of the Craigmillar population aged 15 years or over. Single and widowed people were significantly under-represented, while married and divorced people were over-represented in the

in the client cohort (χ^2 - goodness of fit test = 34.23, d.f. = 3, $p < .001$). Inspection of Table 6 shows that the "single" group contributed most to the χ^2 ; thus single people were grossly under-represented in the client cohort.

7. Religion of Clients

Table 7 shows the distribution of clients according to their religious affiliations. Ninetyfive clients (74.2%) were Protestants and 29 clients (22.7%) were Catholics. The religion of four clients was not stated. No comparable figures for the Craigmillar population are available.

8. Socioeconomic Groups of *Clients

The socioeconomic groups of clients (using the Registrar General's Classification of 1966) is shown in Table 8. Fortyeight clients (37.6%) were in socioeconomic group 11, while groups 9, 10 and 11 accounted for 104 clients (81.4%). The socioeconomic groups of 13 clients could not be determined.

In Table 9, the socioeconomic groups have been combined to make comparison with the Craigmillar population possible. Only 3 categories - (i) group 11 (unskilled manual workers), (ii) groups 16 (members of the armed forces) and 17 (people whose occupations were inadequately described) and (iii) groups 7 (personal service workers), 10 (semi-skilled manual workers) and 15 (agricultural workers) were significantly over-represented. (χ^2 - goodness of fit test = 40.02, d.f. = 6, $p < .001$). Inspection of the χ^2 shows that group 11 contributed most to it, thus group 11 was grossly over-represented in the client cohort.

* The occupation of the "chief breadwinner" of the client's household was used in determining the client's socioeconomic group and social class.

9. Social Class of Clients

Table 10 shows the distribution of clients by social class, using the Registrar General's Classification of 1966. Apart from 19 clients (four of whom never had any occupations, and the occupations of 15 of them were not known), the remaining clients belonged to social classes 3, 4 and 5, with social class 5 accounting for the highest number of clients (48 clients or 37.6% of cohort). There were no clients in classes 1 and 2.

In Table 11 a comparison is made between clients and the Craigmillar population whose social classes were known (χ^2 - goodness of fit test = 30.18, d.f. 3, $p < .001$). The difference in distribution is significant, with social class 5 (the only class over-represented) contributing most to the χ^2 . Thus social class 5 was grossly over-represented in the client cohort.

10. Employment Status of Chief Breadwinner of Client's Household

Table 12 shows the employment status of the chief breadwinner of the client's household at the time of contact with the Centre. Only 48 of them (37.5%) were working, 37 (28.8%) were unemployed for varying periods, 29 (22.7%) were temporarily off work (28 because of ill-health and one for some other reason) and eight (6.3%) were retired. The employment status of two of them was not stated.

11. Place of Birth of Clients

The distribution of clients by place of birth is shown in Table 13. In four cases (3.1%) the place of birth was not stated, 91 clients (71.1%) were born in Edinburgh and 33 (25.8%) were born outside Edinburgh.

Out of the 91 clients born in Edinburgh, it was certain that 19 of them were born outside the Craigmillar area, while six were born in the Craigmillar area; the particular areas where the remaining 66 clients were born were not specified. Comparison of these data with the relevant Craigmillar population figures was not possible, as the latter are not available.

12. Zonal Distribution of Clients

The streets in the Craigmillar ward were grouped into seven geographical zones for this study (Figure 4). No special criteria, except proximity of streets, were used in delineating the zones. Zones 1, 2, 3 and 4 are in the northern part; zones 5 and 7 are in the central part, while zone 6 is on the southern part of the ward. The *population aged 21 years or over in each zone is as follows: zone 1 - 59; zone 2 - 2,156; zone 3 - 2,027, zone 4 - 863; zone 5 - 4,583; zone 6 - 1,024 and zone 7 - 3,945.

The Centre is situated in zone 7, near its boundary with zone 5. No special survey of the zones was carried out but zones 5 and 7 appear to be the most densely populated part of the ward and the areas with the highest proportion of old Council property. Most of the houses in zone 5 were built in 1930; the oldest houses in zones 6 and 7 were built in 1938, zone 2 in 1948, zone 3 in 1957, and zone 4 in 1958.

Table 14 shows the number of clients from each zone, as well as a comparison between the percentage of people aged 21 years or over

* The names of people aged 21 years and over in the Craigmillar area were obtained from the 1968/9 electoral register where they are listed by addresses.

in the client cohort and each zone. Zones 1 to 4 were under-represented while zones 5 to 7 were over-represented in the client cohort. This distribution is significant (χ^2 - goodness of fit test = 28.18, d.f. 6, $p < .001$). Inspection of the χ^2 figures shows that zone 5 contributed most, followed by zones 3 and 4 in that order. Thus zone 5 was grossly over-represented, and zones 3 and 4 grossly under-represented in the client cohort.

Table 15 and Figure 5 relate zonal referral rates to the year in which the oldest Corporation property in the zone was built. The relationship which is almost linear, shows that areas with older property had higher referral rates than areas with more recently built property.

13. Duration of Stay at Address from which Contact was made.

Figure 6 shows the distribution of clients according to their duration of stay in half years, at the address from which they made contact with the Centre. In the case of one client, this information was not available. The period of time clients had lived at the address from which they made contact ranged from less than one half year to 94 half years. The modal duration of stay was one half year (17 clients), and the median duration of stay in half years was 7.8. Ninetysix clients (75.0%) had lived at the address from which they made contact, for 19 half years or less; 121 clients (94.5%) for less than 40 half years, and only six clients (4.7%) for 40 half years or more.

It was not possible to compare these figures with the census data on migration into the area, as the data in this study were in respect

of the duration of stay by the clients at the address from which they made contact, and not in respect of how long they had lived in the Craigmillar area.

The relationship, between the duration of stay at address from which contact was made and each of the following groups, was examined.

- (i) Request for psychological help as against request for other types of help (Table 16).
- (ii) Presence or absence of emotional or marital problem or problem of interpersonal relationship (Table 17).
- (iii) Allocation of cases to the psychiatrist, Mental Health Officers and Marriage Guidance Counsellors as against allocation to other workers (Table 18).

Between the two categories in each of the above three groups no significant difference was found in the distribution of clients who had lived at the address from which they made contact for under 5 years, and those who had done so for 5 years or over. (The χ^2 values are shown in the relevant tables).

14. Household of Clients

(a) Number of rooms occupied by households of clients:

Table 19 and Figure 7 show the distribution of clients according to the number of rooms occupied by the clients' households. The modal number of rooms was three, with 79 clients (61.7%) coming from that type of household, and the median number of rooms occupied was 3.5. One hundred and twentyone clients (94.5%) came from households that occupied four or less rooms; only five clients (3.9%) came from households that occupied five rooms, while no clients came from households with more

than five rooms. The number of rooms occupied by the households of two clients was not stated. It was not possible to compare this distribution with that of the Craigmillar population as the definition of a room in this study (bedrooms and livingrooms only) differed from that used for the 1966 10% sample census.

(b) Number of persons and density of persons per room in clients' households:

Figure 8 shows the distribution of clients according to the number of persons in their households compared with the household size of the Craigmillar population. The household size of three clients was not stated. Households of one to four persons were under-represented, and households of over five persons were over-represented in the client cohort. The difference in distribution is statistically significant (χ^2 - goodness of fit test = 65.66, d.f. 7, $p < .001$). Inspection of the χ^2 figures shows that households with eight or more persons contributed most, followed by six-person and one-person households - in that order. Thus single-person households were grossly under-represented, and six-person households and households with eight or more persons were grossly over-represented in the client cohort. The modal number of persons in the clients' households was five, while it was three in the Craigmillar population. The median number of persons in clients' households was 5.8.

Table 20 and Figure 9 show the distribution of clients according to the density of persons per room in their household. This information was not available in respect of

three clients. It was not possible to compare this distribution with that of the Craigmillar population for reasons already referred to under the number of rooms occupied by households of clients. If overcrowding is taken as living in conditions or more than 1.50 persons per room, then 55 clients (42.9%) lived in overcrowded conditions. The modal density of persons per room was 1.00 and the median density was 1.21. Overcrowding or living in households which had five persons or more was not significantly different between the social classes from which the clients were drawn (Tables 21 and 22).

(c) Number of children in households of clients:

Table 23 shows the frequency of clients in relation to the number of male, female, and all *children in the client's household. This information was not available in respect of three clients. The commonest type of household was that without any child with respect to male children (46 clients), that with one child with respect to female children (43 clients), and that with three children (25 clients) with respect to the total number of children. Only 12 clients (9.4%) came from households with more than five children and no client came from a household with more than ten children.

The children in the household of clients were grouped into three age categories, namely under four years, five to fifteen years, and sixteen to eighteen years. This information was not available in respect of three clients. The distribution of clients, according to the number of children in each of these

* In this study a child was defined as anybody aged 18 years or under, living in the client's household.

age groups, is shown in Table 24. With respect to each of the age groups, the commonest type of household was that without any children (52 clients came from households without children aged under four years, 55 clients came from households without any children aged five to fifteen years, while 105 clients came from households without any children aged 16 to 18 years). No client came from a household with more than four children aged under four years. With respect to children aged five to fifteen years, no client came from a household with more than eight children, while in the age groups 16 to 18 years, no client came from a household with more than two children.

(d) Children in care or Institutions:

Six clients came from households from which children were away at the time the clients made contact with the Centre. The number of children involved and the type of homes or institutions in which they lived, and the reason for being away from home, are shown in Table 25.

(e) Type of family unit from which clients made contact:

The five classifications of family units from which the clients came are defined in Appendix D. The type of family unit was not known in the case of two clients. The largest number of clients (72) came from families which were "normal" and the smallest number (6) from families which were "permanently incomplete" (Table 26). It should be noted that families which were categorized as "other" were "incomplete" and "anomalous".

(f) Previous contacts by clients or their households with social work and other agencies:

Figure 10 shows the distribution of clients according to the number of social work and other agencies which they or their households had made contact with prior to their attendance at the Centre. Fifteen clients or their households had no previous contacts; 48 had previous contact with one agency; 45 had previous contact with two agencies, while 20 had contact with three or more agencies.

Table 27 shows the distribution of clients according to the agencies which they or their households had made contact with prior to their contact with the Centre. The times at which such contacts were made are also shown. The three agencies with the highest number of clients known to them were as follows.

(i) Ministry of Social Security (81 clients); (ii) Children's Department (29 clients); (iii) Psychiatric hospitals or mental health officers (28 clients). The agency with the lowest number of clients known to it was the Welfare Department (1 client).

15. Source of referral of clients

The distribution of clients by source of referral to the Centre is shown in Table 28. The source of referral was not stated in respect of three clients. Self-referrals accounted for the highest number of clients (50), followed by referrals by social workers and friends which accounted for 15 and 13 clients, respectively. Relatives, General Practitioners, and the R.S.S.P.C.C. referred eight clients per group. There were no referrals by the Clergy in the cohort studied.

16. Problems of clients

The problems of clients and their households were examined in the following ways :-

- (a) Type of help for which clients specifically asked, or were referred for.
- (b) Problems noted during the first two weeks of contact with the Centre. This information was extracted from interview notes made by social workers, and
- (c) Allocation of clients to workers at the Centre.

(a) Type of help asked for by clients:

Table 29 shows the distribution of clients according to the help which they specifically sought. Ninetyfour clients (73.5%) sought material help, 10 (7.8%) *psychological help, while four clients (3.1%) wanted both material and psychological help. The types of help sought by 20 clients were categorised as 'other'. Two of these clients did not seek any help but were referred to the Centre because of their neglect of their children, while the remaining 18 clients wanted the following help :-

1. Legal advice (7 clients).
2. Reception of children into care or help with looking after children because of temporary absence of mother (5 clients).
3. Looking after self or children (2 clients).
4. Nursery placement for a child (1 client).

* Psychological help included help with marital problems.

5. Transfer of daughter to a nearby psychiatric hospital (1 client).
6. Fostering a child (1 client).
7. Prevention of adopted children being taken away (1 client).

(b) Problems noted during the first two weeks of contact with Centre:

Apart from the type of help explicitly asked for by clients, each client's file was read to assess the problems present in the client's household during the first two weeks of contact.

The problems noted were classified as follows :-

- (i) Problem stated by the client only.
- (ii) Problem seen by the social worker only.
- (iii) Problem seen by both the client and social worker.

The findings are detailed in Table 30. The two *categories with the largest number of clients were "financial problems" (78 clients) and "emotional problems" (40 clients), while the category with the smallest number of clients was "relationship outside the family" (4 clients). The category of "other" comprised problems that did not fit into any of the other nine categories. It consisted of the following. Physical illness (14 clients); illegitimate child expected in the family (3 clients); trouble with the law (3 clients); recidivism of a member of the household or a member of the household in prison at the time under consideration (3 clients); client or a member of the household just out of prison at the time of contact (2 clients); neglect or threat of neglect of children (3 clients); miscellaneous

* The categories are listed in Table 30.

group of problems (7 clients).

For all categories of problems, except emotional problems, the number of clients in whom the social workers alone noted the presence of a particular problem, was less than the number of cases in which both the social worker and client agreed on the presence of a problem. With respect to emotional problems, however, the number of cases in which the social worker alone noted the presence of a problem (23 clients) was more than the number of cases in which both the social worker and client agreed on the presence of a problem (15 clients).

Table 31 shows the distribution of clients according to the number of categories of problems present in their household within the first two weeks of contact with the Centre. Most clients (99) had only one or two problems.

Table 32 shows a cross-tabulation between the presence or absence of emotional, marital or inter-personal problems in the client's household and the kind of help requested by the client. Clients on the whole tended to ask for material help, irrespective of whether other problems referred to above were present or not.

(c) Allocation of clients to workers at the Centre:

The allocation of the 128 clients studied to workers at the Centre is shown in Table 33. The table refers to the allocation of clients within the first two weeks of their contact with the Centre. The largest number of individual allocations (10 clients) was to the psychiatrist. Sixtythree cases were unallocated. These unallocated cases consisted of the following :-

1. Cases which were deemed to have been dealt with at the initial interview by the duty officer, and which were closed at the first intake meeting following contact with the Centre. This category contained the largest number of clients.
2. Cases similar to category 1 above but which were not immediately closed. They may be allocated at a later date if necessary.
3. Cases where further reports or information were thought necessary before a decision about allocation was made.

Table 34 is a cross-tabulation between the type of help clients asked for and the allocation of cases to workers at the Centre. Fifty-nine out of the 94 clients who requested/help material were unallocated, while the others were distributed among all the workers at the Centre. No clients who requested *psychological help, or both material and psychological help, were unallocated and all such clients were allocated to the psychiatrist, Mental Health Officers, Marriage Guidance Counsellors and Health visitors.

Table 35 is a cross-tabulation between the presence or absence of emotional, interpersonal or marital problems, and the allocation of the cases to the workers at the Centre. With respect to the cases where such problems were present, the highest number of allocations were to the psychiatrist (10 cases), Marriage Guidance Counsellors (8 cases), and Mental Health Officers (5 cases). The highest number of allocations with respect to

* Psychological help included help with marital problems.

cases where such problems were absent were to the R.S.S.P.C.C. officers (8), *C.A.B. officers (5), and Welfare Officers (5). Twenty cases with, and 46 without such problems, were unallocated.

17. State of cases after three months:

The state of the cases with respect to whether they were closed or still open on 30th June, 1969 is shown in Table 36. Of the 128 cases that made contact with the Centre between 1st January and 31st March, 1969, 29 (22.7%) were still open, 63 (49.2%) were formally closed, and 36 (28.1%) were administratively closed by 30th June, 1969. A case was regarded as administratively closed if no contact was made by the client for three consecutive calendar months, the date of closure being regarded as three calendar months from the date of the last contact.

Table 37 shows the state of the January, February and March cohorts at monthly intervals (from the date of their first contact with the Centre) over a period of three months. The cumulative percentage of closed cases of each cohort at monthly intervals is shown in Figure 11. By the end of three months from the date of first contact with the Centre, 79.3% of the January cohort, 45.7% of the February cohort, 69.8% of the March cohort, and 63.3% of the January to March cohort were closed. The difference in distribution was significant (χ^2 - difference of proportion = 10.33, d.f. = 2, $p < .01$). For each cohort the highest proportion of closures was in the first month of contact with the Centre.

Table 38 is a cross-tabulation between the February, January and

* Citizens Advice Bureau

March cohorts, and whether the client requested material or other type of help. The distribution was not significant (χ^2 - difference of proportion = 0.26, d.f. = 1, $p < .10$).

18. Duration of contact with the Centre of closed cases

The distribution of closed cases by duration of contact with the Centre is shown in Table 39 and Figure 12. Fortyfive clients were in contact with the Centre for two weeks or less. Of the cases that were in contact with the Centre for 12 weeks or over (38 clients), 36 of them were closed ^{**}administratively.

19. Referrals from Craigmillar Ward to Social Work agencies

Of all the agencies that were approached to submit lists of all the new clients (with their addresses) who made contact with them between 1st January and 31st March, 1969 (inclusive), only the Catholic Marriage Advisory service was unable to do so because of the confidentiality of its work.

The number of new clients for each agency during the period studied is shown in Table 40. After matching the lists submitted by the agencies (to exclude any names which were mentioned more than once) the number of new clients was 244. This number included 27 clients who were referred to the Citizens Advice Bureau which normally does not function as a casework service.

The crude rate per thousand of the *Craigmillar population for new clients making their first contact with all the agencies that

* Estimate of the current total population of Craigmillar ward was obtained from the Medical Officer of Health's office. The population for each age-sex group was calculated from the total population using the proportion in which it was present in the 1966 10% sample census.

** Administrative closure is defined in Appendix D.

co-operated was 9.3 for the first quarter of 1969. A similar rate for Craigmillar Centre clients only was 4.9.

As sufficient data were not available on all the new clients, the sex-age specific rates for the first quarter of 1969 were calculated only on the new clients of the Craigmillar Centre. The rates are shown in Figure 13. For each age group the rate was higher in females than males, and for each sex the highest rate was in the 35-44 age group, although the rate for the females aged 25-34 years was very close to the highest. The lowest rate with respect to males was in the 15-24 age group, while it was in those aged 45 years or over with respect to females.

20. Reliability checks

The reliability checks were carried out by matching the Centre records in respect of some clients against similar records of the Probation Department, Children's Department, and the Regional Poisoning Treatment Centre, with a view to finding any discrepancies.

Checks using the Regional Poisoning Treatment Centre (Ward 3) records: eight clients came from households from which people had been admitted to Ward 3 between January 1962 and March 1969. Only in the case of three clients was this information not shown on the Centre records. The addresses of the clients in the Centre and Ward 3 records agreed in every detail; the dates of birth or ages of clients agreed in seven out of the eight cases, while in the eighth case, the Centre records did not show the date of birth or age of the client.

Checks using the records of the Probation Department: Of the six clients who came from families with previous contact with the Probation

Department, only in the case of two clients was this information not documented in the Centre records. There were no discrepancies in the addresses of the clients as recorded in the Centre and Probation departmental records. With respect to the dates of birth or ages of clients, there was complete agreement in the case of three clients, while in the other three clients there was a discrepancy only in the day of the month on which the client was born.

Checks using the records of the Children's Department: This was only possible in the case of five clients on whom Children's departmental records were available. There were no discrepancies between the Centre and Children's departmental records with respect to the items of information that were checked.

DISCUSSION

METHOD

The use of multiple recorders to collect data (as in this study) is not necessarily a disadvantage, as multiple recorders might theoretically cancel out their individual biases. As all the data required in respect of each client (except for the problems of clients) were data which could not be influenced by the interviewer (except for error of recording) individual biases could scarcely exist. The reliability of the data depended to a large degree on the accuracy of reporting by the client and how much the client could remember certain things about her household or herself. To avoid any ambiguity about certain items, the social workers were issued with a set of guiding instructions, reproduced in Appendix B.

Clients' Problems

With respect to problems of clients, there are two possible approaches to recording them. One approach is for the interviewer to record all the problems as seen by both her and the client, and later these can be put into a number of defined categories by the research worker. The other method is for the interviewer to state whether or not a number of defined categories of problems on a 'check list' are present. Jeffreys (1965) discussed the advantages and disadvantages of each method. In the present study the first method was used. One important limitation of the method used is that the interviewer tends to record problems relevant to her orientation and speciality more frequently. Jeffreys (1965) has shown the marked

difference between the types of problems mentioned, and the frequency of mention of problems by social workers of different orientations. Perlman and Jones (1967) have pointed out that clients' problems tend to "be defined in terms of the workers' skills and professional stance so that clients will be dealt with on the basis of services that are offered rather than the interconnected problems the client is experiencing". In the present study, this problem was minimised since each client was discussed at an intake meeting following the initial interview, and the discussions and contributions from other social workers who knew the client, generally made the picture clearer. Also, the fact that a social worker who carried out the initial interview was not necessarily the one to whom the case was allocated, and the availability of a wide range of services, made the interviewers aware of the need to get as near a total picture of the client's problems as possible. A 'check list' would have tended to produce a premature classification of problems and would have introduced some disruption into the routine of the social workers.

The reading of the social workers' case notes, to elicit the different categories of problems, has the following limitations :-

1. The fact that a problem was not recorded does not necessarily mean that the problem was absent.
2. The subjective element in categorizing the problems, particularly emotional problems. However, the fact that only the author categorized these problems made whatever bias that was present uniform.



The relevant results should therefore be interpreted with the limitations discussed above in mind.

The reliability checks showed that on the whole there was little discrepancy between the date of birth as recorded by workers at the Centre and similar information recorded elsewhere. However, the checks showed that clients previous contacts with social work agencies were under-reported.

Family Linkage

Some of the material in respect of some clients included in the linkage study was retrospectively collected. However, as the retrospective and prospective materials were similar factual materials (client's maiden surname, client's mother's surname (maiden) and client's mother's first name), no error was introduced by using retrospective material. The main difficulty in using the retrospective data was that some of them were incomplete, and attempts were made to reduce these to a minimum.

The method used in establishing linkages in this study (manual linkage) can only be used in a small scale operation because it is much slower than an electronic method. The critical size of the population on which such a method can be used would vary with different workers. Linkages were carried out only via the mothers.

Acheson (1967) discussed the possible sources of error in manual linkage. Some of the difficulties are :-

1. The same surname may be spelt in different ways by different people. This difficulty was overcome by checking all people with similar surnames and linking people only if

certain criteria (already discussed on the section on method) were fulfilled.

2. Missing a linkage because of a change of surname. This source of error was eliminated by the use of the client's maiden surname, mother's maiden surname and mother's first names or initials.

It was certain therefore that of those on whom sufficient information was available, no possible linkages were missed.

New referrals from the Craigmillar Ward to all Agencies

The author did not examine the records of the agencies which co-operated, except the records of the Craigmillar Health, Welfare and Advice Centre but made clear the geographical area and period in which he was interested. It is not certain therefore whether the lists submitted by such agencies were complete.

RESULTS

It is not possible to compare the results of this study with most other social work surveys carried out in this country as such surveys, in general, have been either on individual agencies or special groups of clients; whereas this study was on new clients within a specified population who made contact with a new multi-disciplinary and experimental social work centre. However, references will be made to certain surveys where necessary.

The results should be interpreted with the limitations mentioned in the section on the discussion of method in mind.

New Clients making contact with the Centre

It is premature, on the basis of data for only about one year,

to conclude that there is a seasonal variation in the monthly rate of new referrals to the Centre (Table 1 and Figure 1). Even on the basis of the number of new clients per day that the Centre was open (Table 2) the monthly distribution of new clients showed a decrease from July 1968 to January 1969, by comparison with the rest of the period studied. There is no known factor in the Centre that could possibly account for this. The lowest referrals occurred during the holiday period when people are usually away on holidays; also children may go away to camps or on holidays to relatives during the summer months, thus reducing the problems mothers have to deal with. In addition, during the summer months there are more labouring jobs available and, therefore, less people would be unemployed. There is a two-week rent free period in December and July for people living in Corporation houses and this, though financially small, does lessen the financial pressures on such people. The period from February to June may be the period when demands are made on the clients for bills that have accumulated from the winter months and this would tend to bring them to the Centre.

Rates at which new clients from the Craigmillar Ward reached social workers

The rates for January to March 1969 (Figure 13) represent a minimum as one agency did not co-operate, and there were probably other agencies that were unknown to the author. Bemmels (1964) found a two week prevalence rate of 1.3 per 1,000 from the Columbia-Washington Heights area. The rates in the present study represent incidence rates.

The raw figures show that the Centre as such had 128 out of the 244 new clients from the Craigmillar ward (Table 40). Thus, the Centre received just over half of the new clients from the area. Most of the non-Centre clients were the pre-existing responsibility of workers who were working at the Centre. One of the objects of integrating social services for a given area is to channel the available resources through one central body in order to avoid duplication of services among other things. It is clear that over the period studied the Centre alone was not receiving all the clients from the Craigmillar ward, and the possibility of duplication of services could not therefore be entirely ruled out.

Linkage study

The number of clients identified as having a sibling or a mother who was also a client at the Centre represents a minimum as information for linkage was not sufficient in some cases. The incidence of 'linkage' within the Craigmillar ward is not known, nor are comparable figures available from other surveys, to allow any comparisons or conclusions to be made. The method, however, offers a simple way of identifying related people with a view to studying their problems in some detail.

Though not statistically significant at the usually accepted level of confidence, there is an over-representation of females in the linked siblings. This may be explained in the following way. Females from the Craigmillar ward who seek social work help may be more likely to have siblings in the area than the males. This may be due to the fact that women, when they get married, continue to

live in the area whereas the men tend to leave the area. This hypothesis could be tested by comparing the place of birth or length of stay in the Craigmillar ward between female and male clients, but was not tested in this study because of the following reasons :-

1. The information provided about the place of birth in respect of many clients was not specific enough.
2. The information about 'duration of stay' was in respect of the address from which the client made contact and not in respect of how long she had lived in the Craigmillar ward.

The higher proportion of females among the linked siblings could represent more 'sharing' of difficulties by sister-sister pairs than by sister-brother pairs. This could be verified by comparing the proportions among the sister-sister pairs and sister-brother pairs in whom the presenting problems were similar. Because of the small number of siblings (seven sister-sister pairs and one sister-brother pair) no conclusions can be drawn from such a comparison, but the findings are as follows. Five out of the seven sister-sister pairs had similar presenting problems and the only sister-brother pair had similar presenting problems.

Client characteristics

Sex, age and marital status: There were more females (78.1% of the cohort) than males in the client cohort and for each age group females had a higher referral rate than men (Figure 13). A high proportion (70.3% of cohort) of the clients were aged between 20 and 44 years, with only a few clients aged under 20 years or 65 years and over (Table 3).

Though people who were married and still living with their spouses accounted for the highest number (67.1% of cohort), people who were separated or divorced made up 20.3% of the client cohort.

By comparison with the Craigmillar population, females, people aged 20 to 44 years, and people married or divorced, were significantly over-represented, while males, people aged 15 to 19 years or 45 years and over, and single and widowed people, were significantly under-represented in the client cohort.

*Jeffreys (1965) as in the present study, not only found that there were more females than males in her survey, but also that females were over-represented by comparison with the population from which the clients were drawn. She also found that teenagers and people aged 60 to 64 years were neither over-represented nor under-represented; people aged 65 years or over were over-represented, and widowed but not divorced people, were over-represented in the client cohort by comparison with the population from which they were drawn. ** Bemmels (1964) found that most clients were females and that there were more unmarried (single, divorced, separated and widowed) than married people in the caseloads of the agencies which she surveyed. In the present study, however, there were more married than unmarried (single, divorced, separated and widowed) people.

The over-representation of certain groups cannot be explained on any policy of the Centre as there is no selection of clients.

* The survey by Jeffreys was on clients seen in a typical week by the agencies studied.

** The survey of Bemmels was on clients known to the agencies studied over a two-week period.

The over-representation of females may be due to the fact that the Centre opens during hours when people are usually at work and therefore most men are away from home; also most of the females come to the Centre as mothers of their households on whom the responsibility of running the home, settlement of bills, etc. rests.

The age group of 20 to 44 years, which was over-represented and accounted for the majority of the clients, is roughly the child bearing age of women and the period of maximum stress with regard to bringing up a family. Teenagers and old people, by contrast, were under-represented. Teenagers presumably try to resolve their problems in other ways or do not think that the Centre has anything to offer them. Problems of people aged 65 years or over in the area appear to be dealt with either by admission to hospital or old people's homes, or by other services.

As Craigmillar ward has one of the highest attempted suicide rates in Edinburgh, it is pertinent to compare the sex-age-marital status of clients with those of attempted suicides in Edinburgh. It has been shown (Aitken et al, 1969) that the highest rates in Edinburgh for attempted suicide are in young people, with divorced, young married and young single people having the highest rates. If the Centre is used as an avenue for channeling any preventive measure for attempted suicide in the Craigmillar area, it is likely that all except the teenage population and single people will be reached.

Religion of Clients

Although the distribution of the Craigmillar population, according to religious affiliation, is not known the impression

gained from talking to workers at the Centre is that Protestants were over-represented in the client cohort by comparison with the Craigmillar population. If this impression is correct, then the under-representation of Catholics in the Centre clientele may be due to the fact that Catholics on the whole have stronger ties with their church and priests than Protestants, and are therefore likely to use any available Catholic social services. It is known that the local Convent, the Catholic Marriage Advisory Service, and the Catholic Social Services Centre are very active in the Craigmillar area.

Economic Circumstances of Clients

Unskilled people were over-represented in the client cohort in comparison with the Craigmillar population (Tables 9 and 11). If this is considered with the employment status of clients (Table 12) and the request made by clients (Table 29), then it is clear that relative poverty is an important problem which the Centre has to deal with.

The present study did not explore the financial circumstances of clients. Sprott et al (1952) pointed out that in the working class homes which they surveyed, not infrequently there were other adults apart from the chief breadwinner also working. The unsuitability of using only the chief breadwinner in assessing the economic circumstances of a family has been pointed out by other workers, e.g. Sklaroff (1953). Whatever the economic potential of the households of the clients studied, what was very striking was their very precarious financial state resulting in the balance

being seriously upset if the chief breadwinner was off work for even a relatively short period.

Migration of Clients to the Craigmillar Ward

The data show that a majority of clients are not migrants to Edinburgh as 71.1% of the clients were born in Edinburgh (Table 13). Although the relevant data, as collected by the social workers, were not specific enough as to whether the majority of the clients born in Edinburgh were born in the Craigmillar area or not, the data about the duration of stay at the contact address suggest that a majority of the clients had migrated to the Craigmillar ward recently (75.0% of the clients had lived at the address from which they made contact for less than 10 years). It is assumed that migration within the Craigmillar ward is minimal, as most of the houses are Council property and migration would on the whole tend to be into or out of the area. Therefore, the duration of stay at the contact address generally reflects the length of time clients have been living in the Craigmillar ward. Thus, recent migrants, (i.e. people who have lived at their contact address for relatively short periods) into the Craigmillar ward and not migrants from outside Edinburgh, constituted the majority of the cohort studied.

There is some evidence that international migrants and even migrants within the same country have a higher rate of psychiatric illness, particularly schizophrenia. This has been interpreted using two different hypotheses, namely 'breeder' hypothesis and 'selection' or 'segregation' hypothesis. Meazey (1960) carried out a study on Hungarian refugees to England referred to the Maudsley Hospital, and

concluded that "except in affective disorders it is difficult to ascribe aetiological importance to the stress of emigration in the causation of psychiatric disorders of the patients". Hall (1966) found that affective disorders and hysterical reactions were common among immigrants, but would not ascribe causative importance to the immigration.

With respect to frequency of mention of emotional problems in clients or their households, the client's request for psychological help, and/or allocation of cases to workers who traditionally help people with emotional problems (Tables 16, 17 and 18), no significant difference was found (in this study) between those who had lived at their contact address for less than five years and those who had lived at their contact address for five or more years. Bearing in mind that the clients were not examined, the limitations of the data collection, and the fact that the duration of stay at the contact address is only a crude index of migration into the ward, the findings do not differentiate between recent migrants and older residents in the ward with respect to presence or absence of emotional problems. Martin et al (1957) found that mental health problems were significantly more common on a new housing estate which they studied "than might be expected on demographic grounds". Sainsbury and Collins (1966) found that "moving" was a "stress to which the women had reacted with illness", but they could not conclude whether the stress was related to moving into a new home or into a new area. Their finding was not confirmed by Hare and Shaw (1965), Chave (1966), nor by the author.

Maule and Martin (1956), Martin et al (1957) and Wilson (1963)

pointed out the difficulties inherent in moving to a new house, emphasising that moving into a new house affects many aspects of family life and would have a dislocating effect. It is possible that moving to a new house by itself is not sufficient to dislocate a family, but if it is combined with other family problems and handicaps then the total effect could be a dislocation of the smooth functioning of the family. Buell et al (1952) said that "constellations of disabilities tend to accelerate family deterioration, not only undermining the capacity to function as a self-sustaining economic unit, but also accentuating the specific disabilities which impair the competence of individual families".

Zonal Distribution of Clients and Referral Rates

It is impossible to account for the over-representation and higher referral rates of zones 5 to 7 (Table 14 and Figures 4 and 13) without a detailed sociological survey of the area. The location of the Centre in zone 7, which is contiguous to zone 5, may be an important factor, but it is known that many people in these zones also make contacts with agencies (Catholic Marriage Advisory Service and Catholic Social Services Centre) which are some distance away from the area. The zone which is grossly over-represented and has also the highest referral rate (zone 5) contains the highest proportion of Corporation property as well as the oldest Corporation property in the Craigmillar ward. The relationship between the age of housing and zonal referral rates has been pointed out in the previous section. The houses in these zones probably reflect the financial circumstances of the people who live in them.

It is perhaps relevant to point out that the only Bingo Hall and most of the betting offices and pubs in the ward are in zone 5. These are a serious source of temptation to these families whose finances are poor.

Clients' Households

In comparison with the Craigmillar population, households with five or more persons were significantly over-represented in the client cohort (Figure 8). Also, slightly less than half of the clients lived in overcrowded conditions (Table 20). These findings do not appear to be a reflection of social class 5, as there was no significant association between living conditions and social classes (Tables 21 and 22). These findings are similar to those of Jeffreys (1965) who found that there was "a considerable excess of households with over 6 members" among the social welfare clients, and that the clients were "disproportionately drawn from those living in poorer conditions and from less well-to-do sections of the community". Her survey which contained a high proportion of elderly people, showed that one-person households were also over-represented.

Children in Care

Only five clients came from households which had children in care at the time of their contact with the Centre. This is a small number in view of the finding of Philip and McCulloch (1966) of a high rate of children being taken into care from the Craigmillar ward. The low figure is due to the Centre's intervention through arranging other alternatives, such as using Section 1 money under the 1963

Children's Act which hitherto had been used by only the Children's Department. Thus the instances where children have been taken into care have been unavoidable; for example where a family has been made homeless before the Centre could do anything about it.

Type of Family Unit

There was a substantial proportion of clients whose marriages or households could not be regarded as normal if it is assumed that the normal household should consist of both parents and their children only.

Of the 25 households that were incomplete (Table 26) most of them had a spouse or parent absent because of death or break up of the marriage. The detailed classification of clients by marital status (Table 5) also shows that only 67% of the clients were actually living with their spouses at the time they made contact with the Centre. This is similar to the results from the survey by Wedge (1965) who found that 35% of the families in his survey were without a parent.

The figures do not give a complete picture of the very complex nature of some of the households from which some of the clients came. For instance, a married client separated from her husband may be cohabiting with a man. In the household, in addition to herself, there may be the man she is cohabiting with, the children of her marriage and her illegitimate children before her marriage, some of the children of the man and his own wife, and the client's children by the man with whom she is cohabiting! Some of the family units resemble those that have been described in relationship to "problem families", the feature of which is the "complex structure

reflecting the instability of present and past sexual relationships of the parents" (Blacker, 1952). Apart from the complex composition of these households some of them were very unstable and could be different every time the client was interviewed at the Centre!

The composition of households in the entire Craigmillar ward population is not known, nor is it known at what point the households of the clients became incomplete or anomalous, but it is reasonable to assume that such households, particularly households in which a parent or spouse is absent, are bound to affect its members in some adverse way.

The effect of parental absence from home on children has been the subject of various reports. Bowlby (1961) reported the adverse psychological effect of maternal deprivation on children; Lidz and Lidz (1949) found a history of parental loss in 40% of young schizophrenic patients and 36% of older schizophrenic patients; Oltman et al (1952) found no significant difference in the incidence of parental deprivation between schizophrenics, manic-depressives, alcoholics, other psychotics and a control group, but found a significantly higher incidence of parental deprivation among psycho-neurotics and psychopathic personalities. Ferguson and Cunnison (1951) in their survey of Glasgow boys leaving school at the age of 14 found that "families from which a parent was absent produced more than their share of delinquency at post school age, but not while the boy was still attending school", and that crime was higher in boys whose families had been disrupted by causes other than death.

Smythies et al (1968) in their review of the relationship between parental loss and psychiatric disorder, concluded as follows.

"There seems to be general agreement that there is a definite correlation between childhood bereavement and the development of a sociopathic personality and there is some evidence upon which, however, there is not yet general agreement, that there is also a correlation with the later development of psychiatric disorders."

If the absence of a parent or spouse is used as an index of family disorganisation, then 44 out of the 128 clients came from disorganised families or households. Using parental absence as an index of family disorganisation, Kessel (1965) showed that there had been "a great amount of parental absence" with respect to the attempted suicide patients which he studied. Other workers, using similar or other criteria for family disorganisation, have shown the inter-relationships between family disorganisation and attempted suicide (Palmer 1941; Batchelor and Napier, 1953 and Tuckman and Youngman, 1964). Trunnell (1968) concluded from his study of the emotional problems of children from homes with an absent father, that the absence of a father during early childhood was "a significant psychotoxic event" but that "numerous additive factors contributed to the final psychopathological picture".

Thus, there is evidence that the absence of parents from home has adverse effects on the future psychological and social functioning of children. It is therefore quite likely that the children from the 44 homes in the present study, which have an absent parent, have already been exposed to some risk.

Agencies with which the Client or her household had made previous contacts

Only 11.7% of the clients came from households without any previous contact with social work agencies. If the criterion for categorizing a client as coming from a problem family is taken as previous contact with three or more agencies (Blacker, 1952) then 20 out of the 128 clients came from such families.

The fact that the Ministry of Social Security is the agency with which the largest number of clients had made previous contact is due to a high level of unemployment or absence from work that was present in the client cohort. Contact with psychiatric hospitals or mental health officers was the third commonest type of previous contact.

Craigmillar ward has a high rate of juvenile delinquency, and yet only six clients came from households that had previous contacts with the Probation Department. The reason for this is not clear but it is not due to under-reporting as the Centre records were cross-checked against those of the Probation Department; nor could it be due to a possible Magisterial policy of imposing fines or imprisonments on offenders from the Craigmillar ward rather than placing them on probation, as 54 people were placed on probation during the 3-month period studied (Table 40). It is possible that Centre clients come from households which differ in some ways from those of people who make contact with the Probation Department (61% of Centre clients were referred by self, friends, relatives or neighbours, while all referrals to the Probation Department would be from the Courts) or a chance factor has operated.

Source of Referral

Referral by self, friends, relatives or neighbours accounted

for 61% of the clients (Table 28). This is due to the impact of publicising the Centre on television and radio, and the willingness of clients to discuss their problems with relatives or friends. General Practitioners who are thought to know a lot about the problems of their patients (B.M.J. 1968 leading article) referred a few clients only. This pattern of referral to the Centre confirms the point raised by Lythe (1968) that cases reaching social workers come mainly from sources other than the general practitioners. Like the general practitioners, the clergy are thought to have the confidence of their 'flock' who discuss their problems with them, but they referred no clients in the cohort studied. The Catholic priests probably send their members to the Catholic organisations which operate for the area, or the clergy as a whole are able to deal adequately with the problems of the members of their church. The other possible explanation is that most of the clients are nominal Christians with little or no contact with their clergy. It is important to note that the Ministry of Social Security and the Police, who are usually thought of as impersonal organisations, referred clients to the Centre although the numbers referred were small.

Client Problems

A range of problems was noted in the households of the clients, with a greater proportion of the households having more than one type of problem. It should be emphasised that Table 31 shows the number of categories of problems and not individual problems.

Problems categorized as "material" were the commonest and "emotional" and "marital" problems were quite frequent. The commonest request by clients was for material help, with a very high proportion of clients requesting it even in the presence of emotional, marital or interpersonal problems (Table 32). This may be due to the fact that material problems are really the major ones, or clients may feel that the Centre is not the place to seek help with emotional and related problems. The latter is not likely as some clients sought psychological help alone or in addition to a material one. Other possibilities are that firstly, clients may think their emotional and related problems are not sufficiently serious to warrant outside intervention, and secondly such problems might be receiving attention elsewhere at the time of the client's contact with the Centre.

Bearing in mind the limitation of categorizing the problems from the interview notes of social workers, it should be noted that it was only with regard to whether emotional problems were present that there was disagreement between the social workers and client (Table 30). It is not clear whether social workers tend to find emotional problems where none exist, or whether clients have difficulty in formulating their emotional problems, or whether this discrepancy is an artefact of the research method.

In at least one third of the clients attending the Centre, emotional problem, marital problem or problem with interpersonal relationship was noted to be present at the interview by the social worker (Table 32). The psychiatrist at the Centre had the highest

number of allocations of clients to any individual worker (10). If to this number are added clients allocated to Marriage Guidance Counsellors (9) and Mental Health Officers (7) - on the assumption that these two groups also deal with people with predominantly emotional problems - then at least 26 out of the 128 clients were thought, by the entire body of workers at intake discussion meetings, to have psychological problems requiring intervention. This is an under-estimation as clients allocated to other workers might have had mild emotional problems. Bemmels (1964) found in her survey that a high proportion of the clients of the agencies which she surveyed were known to have, or were suspected of having, psychological disorder.

The criteria for allocating cases to workers was not studied but certain findings in this study are relevant. Table 34 is a cross-tabulation between the request of clients and the worker to whom the case was allocated. The figures do not lend themselves to a χ^2 calculation because some of them are very small. The striking feature is that all clients who requested "psychological help" were allocated to the Mental Health Officers, Psychiatrist and Marriage Guidance Counsellors only, and those who requested "psychological and material help" were similarly distributed, except that Health Visitors replaced Mental Health Officers, while people who requested "material" or "other" help were distributed among all the workers.

Clients allocated to the Psychiatrist, Marriage Guidance Counsellors and Mental Health Officers were predominantly cases in which emotional, marital or interpersonal problems were present; the cases of the Child Care Officers were about equally divided between the two categories,

while the cases allocated to the other workers were predominantly cases where emotional, marital or interpersonal problems were absent (Table 35). The figures should be interpreted with some caution as cases may change hands depending on the need of the client; also some of the unallocated cases may be allocated later. Twenty unallocated cases were thought to have emotional problems. A few of these (i.e. those on whom more reports were awaited) were probably allocated later, while the others were presumably those where the client's emotional problems were being attended to elsewhere, or where it was thought that the emotional problems which were present did not require any casework intervention.

Thus, clients' requests, as well as problems thought to be present at interviews and in-take discussions, influenced the allocation to the workers, with clients having emotional or related problems being allocated mainly to workers who traditionally deal with people who have emotional problems. Slightly over half of these cases were unallocated, but a small proportion were probably allocated later. This shows that a client who comes to the Centre is not automatically allocated to workers; rather, the client's problems are given consideration and cases allocated if it is thought that casework intervention is necessary. This prevents swelling the caseload of the workers unnecessarily.

Thus, 51 of the 128 clients were thought to have emotional problems (Table 32), although the commonest request by clients, and the commonest problem noted, was of a material nature. 41.9% of the allocated cases went to the Psychiatrist, Mental Health Officers and Marriage Guidance Counsellors (Table 33).

Duration of contact with the Centre

The majority of cases were closed at the end of three months from the date of their first contact with the Centre, a higher proportion of the cases being 'formal' closures as opposed to 'administrative' ones (Tables 36 and 37). It is not known why the February 1969 cohort had a significantly higher number of unclosed cases after three months than the January and March 1969 cohorts (Table 37), as there was no significant difference in the type of requests made by each month's cohort (Table 38).

45.5% of the closed cases (as at the end of June 1969) had a period of contact of two weeks or under (Table 39). These were probably cases where 'temporary relief' was thought to be the way in which the clients could be helped. Despite the brief contact of a high proportion of the clients, there remained an important group of clients who would probably require long-term casework. The figures do not reflect any further contacts clients made with the Centre after the termination of their first contact.

The cases closed administratively (Table 39) perhaps include clients who expected material help from the Centre rather than casework support, and therefore terminated their contact with the Centre.

CONCLUSIONS

1. The important advantage of using the proforma is that collecting some material for research has been incorporated easily into the routine of the Centre. The information which it yields is of importance to the Centre for service purposes, administrators, and policy makers for social work. If the system is maintained it can form a basis for reviewing certain aspects of the work of the Centre, and making comparisons between client cohorts from time to time. An impression that has been gained by the author is that the standard of recording has improved. The data collected by the social workers in this study were in general reliable.

The method has the limitation of some proforma not being clearly or adequately filled in. However, in this study, after consulting with the social workers and reading their interview notes, the number of items not collected was markedly minimised.

The method used for the linkage study, though slower than an electronic method, is useful for small scale operations particularly where computer facilities are not available.

2. No conclusion can be drawn about the linkage study but there is a suggestion of a higher proportion of females than males in the linked siblings. Neither of the two hypotheses advanced could be tested.

3. There is a suggestion of a seasonal variation in the referral of new clients to the Centre but this has to be confirmed by future results. Only slightly more than half of the clients from the Craigmillar ward were referred to the Centre during the period studied, slightly less

than half having gone to the other agencies. Thus, the possibility of duplication of services in the area cannot be ruled out.

4. Most clients making contact with the Centre were young married mothers, the teenagers and old people forming only a very small proportion of the Centre caseload.

The age-sex-marital status of the clients resembles the Edinburgh attempted suicide population to a certain extent, and the implication of this - for any preventive measure for attempted suicide in the area channelled through the Centre - is that single people and the teenage population are unlikely to be reached.

5. The clients were drawn from households of poor economic circumstances as reflected in the social class of the chief breadwinner of the household. The households were larger by comparison with the rest of the population and had a high rate of absence from work and unemployment. The finances of most of the clients were unstable and the commonest request was for material help.

6. Clients frequently presented with multiple problems and although material needs were by far the commonest, a substantial proportion of clients or members of their households had emotional problems. This emphasises the need for a good psychiatric service to be incorporated in the Centre. Households of clients were often complex and unstable with a spouse or parent absent because of death or break-up of the marriage. The precise effect of such households on its members (particularly children) though not studied, is likely to be adverse. No relationship was found between recent change of accommodation and the presence or absence of emotional problems.

7. The majority of clients came from households with previous contacts with social work and other agencies, with a high proportion coming from households with multiple contacts. The Ministry of Social Security was the agency to whom most were known and contact with psychiatric services was common. These reflect the high rate of absence from work and psychiatric problems among them.

8. Zones 5 to 7 had a disproportionately higher number of clients and higher referral rates than the other zones. The reason for this is not known but a direct relationship between age of the oldest property in the zones and high referral rates was found.

9. Though the majority of cases had only a short duration of contact with the Centre, there is a proportion of cases which are likely to require long-term casework. Subsequent contacts made by clients with the Centre, after the initial one, were not examined.

RECOMMENDATIONS

Service recommendations:

1. Social work agencies operating in the area who are not already part of the Craigmillar Centre complex should become absorbed into the Centre. At the time of this study there was a good measure of co-operation between the Centre and such agencies, but the possibility of duplication of services could not be ruled out. In theory, this problem would cease to exist with respect to statutory agencies (some of which are at the Centre only on a part-time basis at the moment) when the Social Work (Scotland) Act 1968 is implemented in November 1969, and would be relevant to only the voluntary organisations.

One of the arguments against having only a single 'body' responsible for the social services of an area is that no alternative service is available to the client. Bearing in mind the limited resources available, can the community really afford to provide alternative services which have the danger of duplication of services?

Those agencies who second their staff to the Centre should consider the possibility of not asking their staff to keep detailed departmental records in respect of clients allocated to them at the Centre. This will prevent unnecessary work for the social workers as most of the information required by these agencies is mentioned on the Centre records. A system could be worked out for informing such agencies about the caseload of their workers at the Centre, and limited information could be sent to them. If, however, complete integration of these agencies into the Centre complex occurs, then this

problem will no longer exist.

2. The method of client allocation to the social workers should be commended, but there is a need for a more formal way of reporting on the progress of clients, particularly when a client's contact is about to be terminated.

At the time of this study there was no particular worker whose function was to supervise the casework of the less experienced workers, although informal consultations between the staff and the Co-ordinator of the Centre (and among the staff) were frequent. A deputy to the Co-ordinator, whose function will include casework supervision, is to be appointed soon and it is hoped this will largely eliminate this problem.

3. The use of money as a 'resource' by the Centre is thought to be useful and should be encouraged. This has been possible because the Co-ordinator, under Section 1 of the 1963 Children's Act, can make money available to a family to prevent hardship. The use of money in this way has prevented a number of evictions and reception of children into care. In general, it is hoped that such families should pay back the money in instalments.

4. There is need for a psychiatric team in the Centre to carry out diagnostic and therapeutic work. If this is not possible an alternative would be the ready availability of psychiatric service (including advice) to the Centre.

Psychiatric social workers and medical social workers should be on the team of social workers at the Centre. It is felt that the Centre is a very useful base from which to reach the families and the community

at large.

There should be a way of involving general practitioners more with the Centre. This would be difficult, bearing in mind that general practitioners in the area have large and busy practices. However, facilities are provided by the Centre whereby a general practitioner or any agency can convene a 'case conference' about a family. This facility is not being used very often, but when a case conference is convened it is usually well attended. The possibility of incorporating health services at the Centre should be explored.

Research recommendations:

1. It is hoped that the use of a proforma will be continued by the Centre as it will form a basis for continuing descriptive studies of client cohorts from time to time.
2. It is not known why some families have so many financial problems while others with similar incomes or employment status do not. A longitudinal study of the two groups might be useful.
3. The initial contact of clients with the Centre was the focus of this project. It is suggested that the patterns of subsequent contacts by clients with the Centre should be studied.
4. The present study did not entail interviewing the clients by the author. It is suggested that an objective assessment of the psychiatric state of the clients should be carried out.
5. The problem of the old and teenage population in the area deserves a survey.
6. The impact of the type of family unit on its members should be explored. A useful preliminary to this would be to examine the

relationship between the type of family unit and the problems presented by the client.

7. There should be a study of the process of allocating clients to workers at the Centre and what determines the closure of a case. Such a study might throw some light on the objectives and goals of social workers. What type of clients terminate their contact with the Centre and why?

8. The over-representation of certain zones in the Centre clientele has been demonstrated. It might be useful to find out whether some problems are more frequent in certain zones.

9. The hypotheses advanced under the discussion on linked siblings should be tested by future work.

ACKNOWLEDGEMENTS

The author wishes to thank the following.

1. The Director of the Medical Research Council Unit for Epidemiological Studies in Psychiatry, Edinburgh University Department of Psychiatry, Professor G. M. Carstairs and the Assistant Director, Dr. N. Kreitman, for their research facilities at the Unit.
2. Dr. N. Kreitman for supervising this project.
3. The Co-ordinator of the Craigmillar Health, Welfare and Advice Centre, Mr. G. Lythe, and his staff for their co-operation without which it would have been impossible to carry out this study.
4. The following agencies in Edinburgh for their co-operation. The C.A.B., Edinburgh Council of Social Services, Probation Department, R.S.S.P.C.C., Health Department, Little Sisters of the Assumption, Simon Square Centre, Catholic Social Services Centre, Marriage Guidance Council, Welfare Department, and the Edinburgh Corporation City Collector's Department.
5. Dr. H. Matthew and the Sister, Ward 3, both of the Royal Infirmary of Edinburgh, for access to their ward records.
6. Mr. A. Robertson of the Medical Research Council Unit for his advice in designing the proforma.
7. Miss P. Dugard, Dr. A. Philip and Dr. N. Kreitman of the Medical Research Council Unit, for statistical advice and Miss D. Buglass of the same Unit for help with the 1966 Census data.

8. The secretarial staff of the Medical Research Council Unit and the Craigmillar Health, Welfare and Advice Centre.
9. Miss J. Lesslie and Miss S. Masterton for typing the drafts of this thesis and the former for typing the thesis.

This research was carried out while the author was a Rockefeller Foundation Fellow and he is grateful to the Foundation for their support.

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TABLE 1

DISTRIBUTION OF CLIENTS BY MONTH OF FIRST CONTACT WITH THE CENTRE

Month of First Contact	No. of New Clients	No. of Days Centre Opened	No. of New Clients per day of Opening
1968 MARCH (14-31)	26	12	2.17
APRIL	38	20	1.90
MAY	54	22	2.45
JUNE	59	20	2.95
JULY	55	23	2.39
AUG.	46	22	2.09
SEPT.	40	20	2.00
OCT.	40	23	1.74
NOV.	45	21	2.14
DEC.	31	21	1.48
1969 JAN.	29	22	1.32
FEB.	46	20	2.30
MARCH	53	21	2.52
Not stated	1	-	-
TOTAL	563	267	2.11

TABLE 2

SEX DISTRIBUTION OF CLIENTS MAKING

FIRST CONTACT WITH CENTRE JANUARY-MARCH, 1969.

Sex	No. of Clients	% of Clients	% of Craig. Pop. aged 15+	χ^2
FEMALE	100	78.1	52.8	15.53
MALE	28	21.9	47.2	17.38
TOTAL	128	100.	100.	32.91

$\chi^2 = 32.91$ d.f. = 1 p <.001

TABLE 3

DISTRIBUTION OF CLIENTS BY AGE

AT TIME OF FIRST CONTACT WITH CENTRE

Age Group in Years	No. of Male Clients	No. of Female Clients	No. of All Clients	% of All Clients
0 - 9	0	0	0	0
10 - 19	0	3	3	2.3
20 - 29	9	38	47	36.8
30 - 39	7	25	32	25.0
40 - 49	4	14	18	14.1
50 - 59	3	10	13	10.1
60 - 69	3	5	8	6.2
70 - 79	1	3	4	3.1
80 - 89	0	1	1	0.8
Not stated	1	1	2	1.6
TOTAL	28	100	128	100.0

TABLE 4

AGE DISTRIBUTION OF CLIENTS COMPARED WITH
AGE DISTRIBUTION OF CRAIGMILLAR POPULATION

Age Group in Years	No. of Clients	% of clients whose ages were known	% of Craig. Pop. aged 15+	χ^2
15 - 19	3	2.4	15.4	13.86
20 - 24	28	22.2	10.0	18.82
25 - 34	32	25.4	19.4	2.29
35 - 44	30	23.8	17.0	3.46
45 - 54	15	11.9	16.3	1.47
55 - 64	12	9.5	12.6	0.96
65+	6	4.8	9.3	2.78
TOTAL	126	100.0	100.0	43.64

$\chi^2 = 43.64$

d.f. = 6

p < .001

TABLE 5

MARITAL STATUS OF CLIENTS AT TIME
OF FIRST CONTACT WITH CENTRE

Marital Status	No. of Clients	% of Clients
Single, not cohabiting	7	5.5
Single, cohabiting	1	0.8
Married, living with spouse	86	67.1
Married, cohabiting	0	0
Widowed, not cohabiting	7	5.5
Widowed, cohabiting	0	0
Divorced, not cohabiting	3	2.3
*Divorced, cohabiting	2	1.6
Legally separated, not cohabiting	2	1.6
Legally separated, cohabiting	2	1.6
Informally separated	9	7.0
Separated, type unspecified	8	6.2
Married, but state of marriage not known	1	0.8
TOTAL	128	100.0

* This category contains a man who was divorced but still living with his wife.

TABLE 6

MARITAL STATUS OF CLIENTS COMPARED WITH
MARITAL STATUS OF CRAIGMILLAR POPULATION

Marital Status	No. of Clients	% of Clients	% of Craig. Pop. Aged 15+	χ^2
Single	8	6.2	25.4	18.47
*Married	108	84.4	65.1	7.32
Widowed	7	5.5	8.3	1.22
Divorced	5	3.9	1.2	7.22
TOTAL	128	100.0	100.0	34.23

$\chi^2 = 34.23$ d.f. = 3 p <.001

* People who were separated but not divorced were categorised as married.

TABLE 7

BREAKDOWN OF CLIENTS BY RELIGION

Religion	No. of Clients	% of Clients
Protestant	95	74.2
Roman Catholic	29	22.7
Not stated	4	3.1
TOTAL	128	100.0

TABLE 8

DISTRIBUTION OF CLIENTS
BY SOCIOECONOMIC GROUPS (S.E.G.)

S.E.G.	No. of Clients	% of Clients
Nil,	4	3.1
6	1	0.8
7	3	2.3
9	32	25.0
10	24	18.8
11	48	37.6
15	1	0.8
16	3	2.3
17	3	2.3
Not known	9	7.0
TOTAL	128	100.0

TABLE 9

PERCENTAGE DISTRIBUTION OF CLIENTS
AND CRAIGMILLAR POPULATION BY
SOCIOECONOMIC GROUPS (S.E.G.)

S.E.G.	No. of Clients	% of Clients whose S.E.G. known	% of Craig. Pop.	χ^2
3 and 4	0	0	1.2	1.40
1,2 and 13	0	0	1.5	1.70
8,9,12 and 14	32	27.8	39.0	3.66
5 and 6	1	0.9	10.2	9.78
7,10 and 15	28	24.4	23.1	0.07
11	48	41.7	21.2	22.83
16 and 17	6	5.2	3.8	0.58
TOTAL	115	100.0	100.0	40.02

$\chi^2 = 40.02$ d.f. = 6 p <.001

TABLE 10

DISTRIBUTION OF CLIENTS BY SOCIAL CLASS

Social Class	No. of Clients	% of Clients
1	0	0
2	0	0
3	32	25.0
4	29	22.6
5	48	37.6
Nil	4	3.1
Not known	15	11.7
TOTAL	128	100.0

TABLE 11

PERCENTAGE DISTRIBUTION OF CLIENTS
AND CRAIGMILLAR POPULATION BY SOCIAL CLASS.

Social Class	No. of Clients	% of Clients whose social class known	% of Craig. Pop. aged 15+ whose social class known	χ^2
1	} 0	0	4.0	4.30
2				
3	32	29.4	44.0	5.33
4	29	26.6	28.8	0.18
5	48	44.0	23.2	20.37
TOTAL	109	100.0	100.0	30.18

$\chi^2 = 30.18$ d.f. = 3 p < .001

TABLE 12

EMPLOYMENT STATUS OF CLIENT OR SPOUSE
AT TIME OF FIRST CONTACT WITH CENTRE

Employment Status	No. of Clients	% of Clients
Unemployable	4	3.1
Unemployed for up to 6 months	14	10.9
Unemployed for 7-12 months	3	2.3
Unemployed for over 12 months	6	4.7
Unemployed - period not stated	14	10.9
Working	48	37.5
Temp. off work - because of own ill health	28	21.9
Temp. off work - because spouse ill	0	0
Temp. off work - other reason	1	0.8
Retired	8	6.3
Not known	2	1.6
TOTAL	128	100.0

TABLE 13

PLACE OF BIRTH OF CLIENTS

Place of Birth	No. of Clients	% of Clients
Craigmillar (Edinburgh)	6	4.7
Elsewhere in Edinburgh	19	14.8
Edinburgh (area unspecified)	66	51.6
Outside Edinburgh	33	25.8
Not stated	4	3.1
TOTAL	128	100.0

TABLE 14

ZONAL DISTRIBUTION OF CLIENTS MAKING
FIRST CONTACT WITH CENTRE JANUARY-MARCH, 1969
COMPARED WITH ZONAL DISTRIBUTION OF
CRAIGMILLAR POPULATION AGED 21/21+

Zone	No. of Clients	No. of Clients Aged 21/21+	% of Clients Aged 21/21+	% of Craigmillar Pop. Aged 21/21+	χ^2
1	0(0)	0	0	0.4	0.50
2	11(8.6)	10	8.3	14.7	3.42
3	5(3.9)	5	4.1	13.8	8.20
4	1(0.8)	1	0.8	5.9	5.24
5	61(47.7)	57	47.1	31.3	9.63
6	10(7.8)	10	8.3	7.0	0.26
7	40(31.2)	38	31.4	26.9	0.93
TOTAL	128(100.0)	121	100.0	100.0	28.18

$\chi^2 = 28.18$ d.f. = 6 p < .001

Figures in parentheses = % of all clients.

TABLE 15

RATES FOR NEW CLIENTS TO THE CENTRE BY ZONES
COMPARED WITH AGE OF HOUSING

Zone	No. of New Clients aged 21/21+	Rate/1,000 Pop. Aged 21/21+	Oldest Corporation Houses in Area
1	0	-	
2	10	4.6	1948
3	5	2.5	1957
4	1	-	1958
5	57	12.4	1930
6	10	9.8	1938
7	38	9.6	1938

TABLE 16

CROSS TABULATION BETWEEN DURATION OF STAY AT
CONTACT ADDRESS AND CLIENTS REQUEST

Client's request Duration of stay at contact address in half years	Psychological help	Other Type of help	Total
0 - 9	8	68	76
10 or more	6	45	51
TOTAL	14	103	127

χ^2 - difference of proportion = 0.05, d.f. = 1, not significant

TABLE 17

CROSS TABULATION BETWEEN DURATION OF STAY AT ADDRESS FROM WHICH CONTACT WAS MADE AND PRESENCE OR ABSENCE OF EMOTIONAL, MARITAL OR INTERPERSONAL PROBLEMS

Duration of stay at contact address in half years	Presence or absence of emotional and related problems	Present	Absent	Total
0 - 9		27	49	76
10 or over		24	27	51
TOTAL		51	76	127

χ^2 - difference of proportion = 1.70, d.f. = 1, not significant

TABLE 18

CROSS TABULATION BETWEEN DURATION OF STAY AT
CONTACT ADDRESS AND ALLOCATION OF CLIENTS TO WORKERS

Duration of stay at contact address in half years	Case allocated to	Psychiatrist, Mental Health Officers and Marriage Guidance Counsellors	Other Workers	Total
0 - 9		13	23	36
10 +		13	13	26
TOTAL		26	36	62

χ^2 - difference of proportion = 1.20, d.f. = 1, not significant.

TABLE 19

DISTRIBUTION OF CLIENTS BY NUMBER
OF ROOMS OCCUPIED BY CLIENT'S HOUSEHOLD

No. of *Rooms	No. of Clients from household with given no. of rooms	% of Clients
1	2	1.6
2	10	7.8
3	79	61.7
4	30	23.4
5	5	3.9
6/6+	0	0
Not stated	2	1.6
TOTAL	128	100.0

* A room was defined as a livingroom or bedroom only.

TABLE 20

DISTRIBUTION OF CLIENTS BY
DENSITY OF PERSONS PER ROOM

Density of persons per room	No. of Clients from households with given density	% of All Clients
0.01 - 0.50	2	1.6
0.51 - 1.00	35	27.3
1.01 - 1.50	33	25.8
1.51 - 2.00	36	28.1
2.01 - 2.50	8	6.2
2.51 - 3.00	8	6.2
3.01 - 3.50	3	2.3
3.51 - 4.00	0	0
Not stated	3	2.3
TOTAL	128	100.0

TABLE 21

CROSS TABULATION BETWEEN SIZE OF HOUSEHOLD FROM WHICH
CLIENT MADE CONTACT AND CLIENT'S SOCIAL CLASS

Number of persons in client's household \ Client's social class	3	4	5	Total
1 - 4	11	13	22	46
5 or more	21	16	26	63
TOTAL	32	29	48	109

χ^2 - difference of proportion = 1.15, d.f. = 2, not significant.

TABLE 22

CROSS TABULATION BETWEEN LIVING CONDITIONS
AND SOCIAL CLASS OF CLIENTS

Living Conditions	Social Class			Total
	3	4	5	
Not overcrowded (i.e. 1.5 persons or less per room)	15	14	30	59
Overcrowded (more than 1.5 persons per room)	17	15	18	50
TOTAL	32	29	48	109

χ^2 - difference of proportion = 2.41, d.f. = 2, not significant.

TABLE 23

BREAKDOWN OF CLIENTS BY NUMBER OF CHILDREN
IN HOUSEHOLD AT TIME OF FIRST CONTACT WITH CENTRE

(1) No. of boys at home	(2) No. of clients from household with no. of boys shown in Col.(1)	(3) No. of girls at home	(4) No. of clients from household with no. of girls shown in Col.(3)	(5) Total No. of chn. at home	(6) No. of clients from household with no. of chn. shown in Col.(5)
0	46(36.0)	0	37(28.9)	0	20(15.6)
1	33(25.8)	1	43(33.6)	1	24(18.8)
2	17(13.3)	2	22(17.2)	2	16(12.5)
3	19(14.8)	3	15(11.7)	3	25(19.5)
4	9(7.0)	4	6(4.7)	4	19(14.8)
5	1(0.8)	5	1(0.8)	5	9(7.0)
6	0(0)	6	1(0.8)	6	7(5.5)
7	0(0)	7	0(0)	7	3(2.3)
8	0(0)	8	0(0)	8	1(0.8)
9	0(0)	9	0(0)	9	1(0.8)
10/10+	0(0)	10/10+	0(0)	10/10+	0(0)
Not stated	3(2.3)	Not stated	3(2.3)	Not stated	3(2.3)
TOTAL	128(100.0)	TOTAL	128(100.0)	TOTAL	128(100.0)

Figures in parentheses are the % of total number of clients.

TABLE 24

BREAKDOWN OF CLIENTS BY AGES OF
CHILDREN IN HOUSEHOLD AT TIME OF CONTACT WITH CENTRE

No. of chn. aged under 4 in household	No. of clients from household with chn. aged under 4 yrs.	No. of chn. aged 5-15 in household	No. of clients from household with chn. aged 5-15 yrs.	No. of chn. aged 16/16+ in household	No. of clients from household with chn. aged 16-18 yrs.
0	52(40.7)	0	55(42.9)	0	105(82.1)
1	36(28.1)	1	21(16.4)	1	16(12.5)
2	22(17.2)	2	16(12.5)	2	4(3.1)
3	14(10.9)	3	16(12.5)	3	0(0)
4	1(0.8)	4	8(6.3)	4	0(0)
5	0(0)	5	7(5.5)	5	0(0)
6	0(0)	6	0(0)	6	0(0)
7	0(0)	7	1(0.8)	7	0(0)
8	0(0)	8	1(0.8)	8	0(0)
9	0(0)	9	0(0)	9	0(0)
10/10+	0(0)	10/10+	0(0)	10/10+	0(0)
Not stated	3(2.3)	Not stated	3(2.3)	Not stated	3(2.3)
TOTAL	128(100.0)	TOTAL	128(100.0)	TOTAL	128(100.0)

Figures in parentheses are the % of total number of clients.

TABLE 25

CHILDREN AWAY FROM HOME AT TIME
CLIENTS MADE CONTACT WITH THE CENTRE

Client's Code No.	No. of chn. away from household	Type of Place in which child was	Reason for being away from household
0448	1	Hospital	Measles
0515	2	Client's Brother's Home	Client Homeless
0505	2)	Hospital	Illhealth
	3) 5	Short term boarding out	Parents in hospital
0521	2	Relatives' homes	Client homeless
0555	4	Long term care	Mother's psychiatric illness
0552	2	Foster homes	Not known

TABLE 26

TYPE OF FAMILY UNIT FROM
WHICH CLIENT MADE CONTACT WITH CENTRE

Type of Family Unit	No. of Clients	% of Clients
Normal	72	56.3
Incomplete: Permanent	6	4.7
Incomplete: Temporary	19	14.8
Anomalous	10	7.8
Other	19	14.8
Not known	2	1.6
TOTAL	128	100.0

TABLE 27

DISTRIBUTION OF CLIENTS ACCORDING TO THE AGENCIES WITH WHICH THEY OR THEIR HOUSEHOLDS HAD CONTACT PRIOR TO CONTACT WITH THE CENTRE

AGENCY	No. of clients without previous contact	Not known	No. of clients with contact in previous 12 mths. only	No. of clients with contact prior to last 12 mths only	No. of clients with contact in last 12 mths. as well as prior to that	No. of clients with contact but time of contact unspecified	Total No. of clients known to have made contact	Total No. of all Clients
CHILDREN'S DEPARTMENT	98	1	8	10	11	0	29(22.7)	128
PROBATION DEPARTMENT	121	1	2	1	1	2	6(4.7)	128
PSYCHIATRIC HOSPITAL OR MENTAL HEALTH OFFICER	100	0	8	9	7	4	28(21.9)	128
MEDICAL SOCIAL WORKER OR HEALTH VISITOR	115	1	6	0	3	3	*12(9.4)	128
MINISTRY OF SOCIAL SECURITY	47	0	58	1	19	3	81(63.3)	128
WELFARE DEPARTMENT	126	1	1	0	0	0	1(0.8)	128
CRAIGHILLAR CENTRE	126	0	2	0	0	0	2(1.6)	128
VOLUNTARY OR OTHER ORGANISATION	82	0	17	13	6	10	46(35.9)	128

Figures in parentheses are the % of total number of clients.

* Of these, eight had previous contact with Medical Social Worker and four with Health Visitors.

† Of these, 23 had previous contact with Edinburgh Council of Social Services, 12 with Royal Scottish Society for Prevention of Cruelty to children, 3 with religious organisations and 8 with other agencies.

TABLE 28

SOURCE OF REFERRAL OF CLIENTS

Referred By	No. of Clients	% of Clients
Self	50	39.1
Social Worker	15	11.7
Friend of Client	13	10.1
∅ Voluntary Organisation	10	7.8
Relative of Client	8	6.3
General Practitioner	8	6.3
*Other	8	6.3
Neighbour	7	5.5
Ministry of Social Security	3	2.3
Police	3	2.3
Clergy	0	0.8
Not stated	3	2.3
TOTAL	128	100.0

* Out of eight clients in this category, two were referred by the psychiatrist attached to the Centre.

∅ Out of ten clients in this category, eight were referred by the Royal Scottish Society for the Prevention of Cruelty to Children.

TABLE 29

HELP SOUGHT BY CLIENTS

Type of help sought	No. of clients seeking help	% of clients
Material	94	73.5
*Psychological	10	7.8
Material and Psychological	4	3.1
Other	20	15.6
TOTAL	128	100.0

* Psychological help includes help with marital problems.

TABLE 30

CRAIGMILLAR CENTRE - PROBLEMS NOTED IN FIRST TWO WEEKS OF CONTACT

(1) Category of problem	(2) No. of cases in which problem stated by client alone	(3) No. of cases in which problem seen by worker alone	(4) No. of cases in which problem seen by both worker & client	(5) Total No. of clients with problems (i.e. sum of cols. 2,3, & 4.	(6) Cases in which problem not stated	(7) Total No. of all Clients
Temporary relief	2	0	30	32(25.0)	96(75.0)	128
Family relationship	0	0	5	5(3.9)	123(96.1)	128
Relationship outside family	0	1	3	4(3.1)	124(96.9)	128
Housing	0	0	16	16(12.5)	112(87.5)	128
Housing crisis	0	0	5	5(3.9)	123(96.1)	128
Emotional	2	23	15	40(31.3)	88(68.7)	128
Financial	0	1	77	78(60.9)	50(39.1)	128
Marital	0	6	16	22(17.2)	106(82.8)	128
Legal/Special	0	0	12	12(9.4)	116(90.6)	128
Other	1	13	23	37(28.9)	91(71.1)	128

Figures in parentheses = % of all clients.

TABLE 31

DISTRIBUTION OF CLIENTS BY NUMBER OF
CATEGORIES OF PROBLEMS FOUND

No. of categories of problems	No. of clients
1	51
2	48
3	19
4	8
5	2
TOTAL	128

TABLE 32

CROSS TABULATION BETWEEN PRESENCE OR ABSENCE OF
EMOTIONAL, MARITAL OR INTERPERSONAL PROBLEMS
AND HELP REQUESTED BY CLIENTS

Help requested by clients Presence or absence of problems	Material	*Psychological	Material and Psychological	Other	Total
Emotional, marital or interpersonal problems <u>present</u>	28	10	4	9	51
Emotional, marital or interpersonal problems <u>absent</u>	66	0	0	11	77
TOTAL	94	10	4	20	128

*Psychological help includes help with marital problems.

TABLE 33

ALLOCATION OF NEW CLIENTS
TO WORKERS AT CENTRE

Allocation to	No. of clients	% of clients
Child Care Officers	8	6.3
Citizens Advice Bureau	6	4.7
*Little Sisters of Assumption	3	2.3
Marriage Guidance Counsellors	9	7.0
Mental Health Officers	7	5.5
Probation Officers	2	1.6
*Psychiatrist	10	7.8
R.S.S.P.C.C. Officers	10	7.8
Simon Square Centre Officers	0	0
Welfare Officers	5	3.9
Health Visitors	2	1.6
Students	3	2.3
Unallocated	63	49.2
TOTAL	128	100.0

* Represents allocation to one person.

TABLE 34

CROSS TABULATION BETWEEN CLIENTS REQUEST
AND ALLOCATION OF CASE

Case allocated to Client's request	Child Care Officers	Probation Officers	Mental Health Officers	Psychiatrist	Welfare Officers	Health Visitor	C.A.B. Officers	R.S.S.P.C.C.Officers	Marr.Guid.Counsellors	Little Sist. Assum.	Unallocated	TOTAL
Material help	4	2	5	4	5	1	4	6	1	3	59	94
Psychological help	0	0	2	3	0	0	0	0	5	0	0	10
Material and psychological help	0	0	0	2	0	1	0	0	1	0	0	4
Other help	4	0	0	1	0	0	2	4	2	0	7	20
TOTAL	8	2	7	10	5	2	6	10	9	3	66	128

TABLE 35

CROSS TABULATION BETWEEN PRESENCE OR ABSENCE OF
EMOTIONAL, MARITAL OR INTERPERSONAL PROBLEMS
AND ALLOCATION OF CLIENTS TO WORKERS

Allocated to Presence or absence of problems	Child Care Officer	Probation Officer	Mental Health Officer	Psychiatrist	Welfare Officer	Health Visitor	C.A.B. Officer	R.S.S.P.C.C. Officer	Marr. Guid. Counsellor	Little Sist. Assum.	Unallocated	TOTAL
Emotional, marital or interpersonal problems <u>present</u>	3	0	5	10	0	1	1	2	8	0	21	51
Emotional, marital or interpersonal problems <u>absent</u>	5	2	2	0	5	1	5	8	1	3	45	77
TOTAL	8	2	7	10	5	2	6	10	9	3	66	128

TABLE 36

STATE OF CASES AS AT 30TH JUNE, 1969

State of Case	No. of Cases	% of Cases
Open	29	22.7
Formally closed	63	49.2
Administratively closed	36	28.1
TOTAL	128	100.0

TABLE 37

STATE OF CASES AT MONTHLY INTERVALS AFTER CONTACT

Clients	1 month after contact		2 months after contact		3 months after contact	
	No. of open cases	No. of closed cases	No. of open cases	No. of closed cases	No. of open cases	No. of closed cases
January cohort	12(41.4)	17(58.6)	11(37.9)	18(62.1)	6(20.7)	23(79.3)
February cohort	35(76.1)	11(23.9)	32(69.6)	14(30.4)	25(54.3)	21(45.7)
March cohort	30(56.6)	23(43.4)	26(49.0)	27(51.0)	16(30.2)	37(69.8)
Jan-March cohort	77(60.2)	51(39.8)	69(53.9)	59(46.1)	47(36.7)	81(63.3)

Figures in parentheses = % of cohort.

TABLE 38

CROSS TABULATION BETWEEN MONTH OF FIRST
CONTACT AND CLIENTS REQUEST

Client's request Month of first contact	Material help	Other type of help	Total
January and March 1969	59	23	82
February 1969	35	11	46
TOTAL	94	34	128

χ^2 - difference of proportion = 0.26, d.f. = 1, not significant.

TABLE 39

DISTRIBUTION OF CLOSED CASES BY
DURATION OF CONTACT WITH CENTRE

Duration of contact in weeks	No. of Cases
0 - 2	45(45.5)
3 - 5	10(10.1)
6 - 8	3(3.0)
9 - 11	3(3.0)
12 - 14	* 32(32.3)
15 - 17	* 5(5.1)
18 - 20	* 1(1.0)
21 - 23	0 (0)
TOTAL	99(100.0)

* 36 of these were administratively closed.

Figures in parentheses = % of closed cases.

TABLE 40

CLIENTS FROM THE CRAIGMILLAR WARD
MAKING CONTACT FOR THE FIRST TIME
WITH SOCIAL WORKERS 1ST JANUARY - 31ST MARCH, 1969

Agency	No. of New Clients
R.S.S.P.C.C.	4
Catholic Social Services Centre	3
Edinburgh Council of Social Services	20
Mental Health Officers	9
Citizens Advice Bureau	27
Probation Department	54
Child Care Officers	3
Welfare Department	7
Simon Square Centre	6
Craigmillar Centre	128
TOTAL	261

FIGURE 1

Fig.1. DISTRIBUTION OF NEW CLIENTS BY MONTH OF FIRST CONTACT

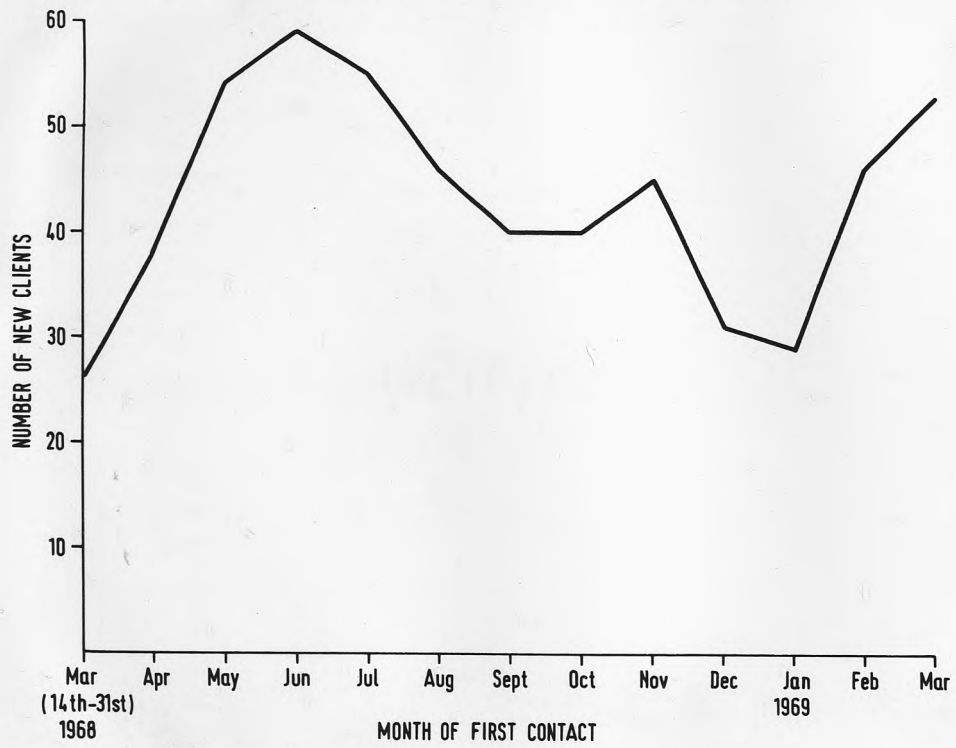


FIGURE 2

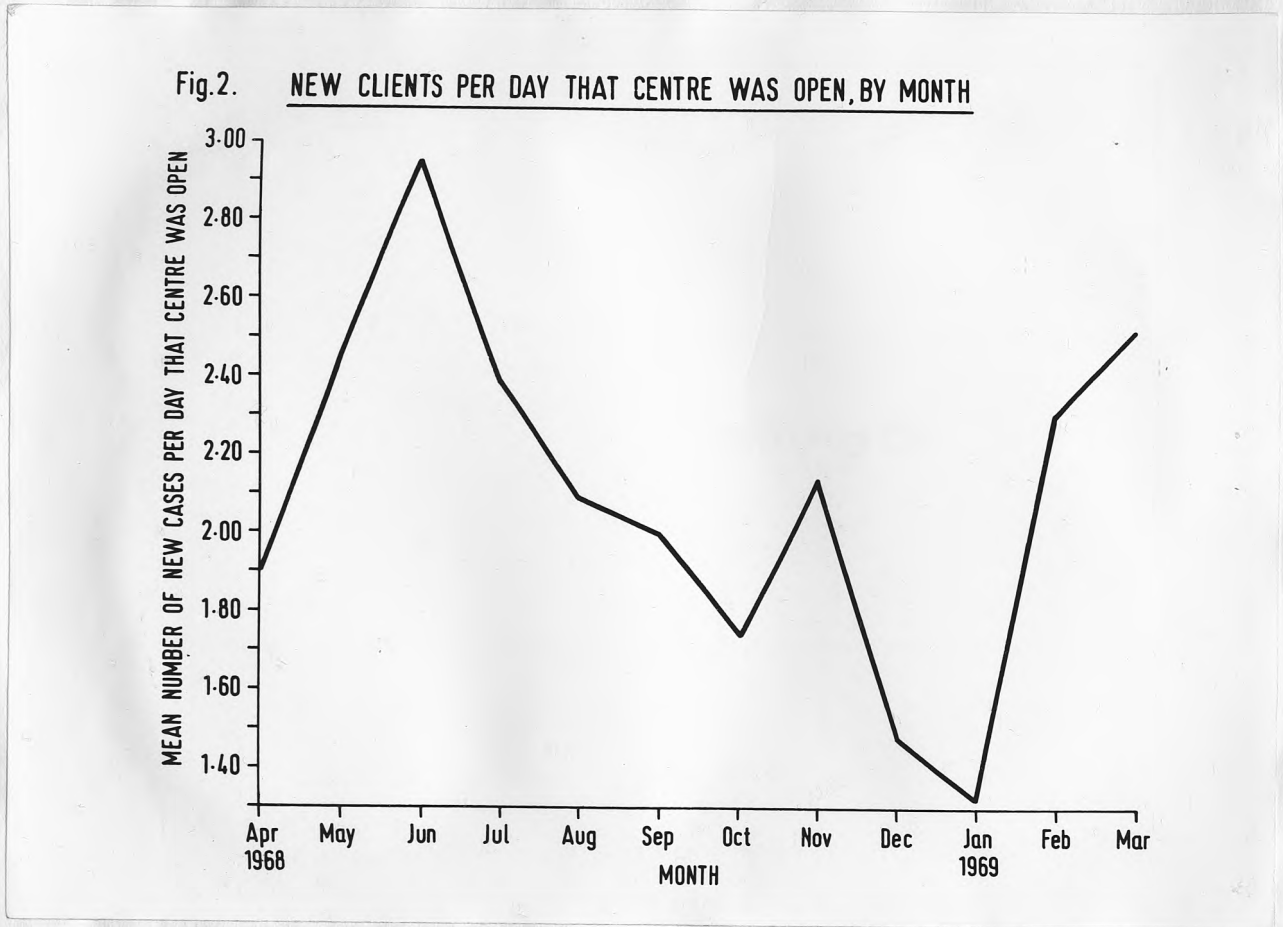


FIGURE 3

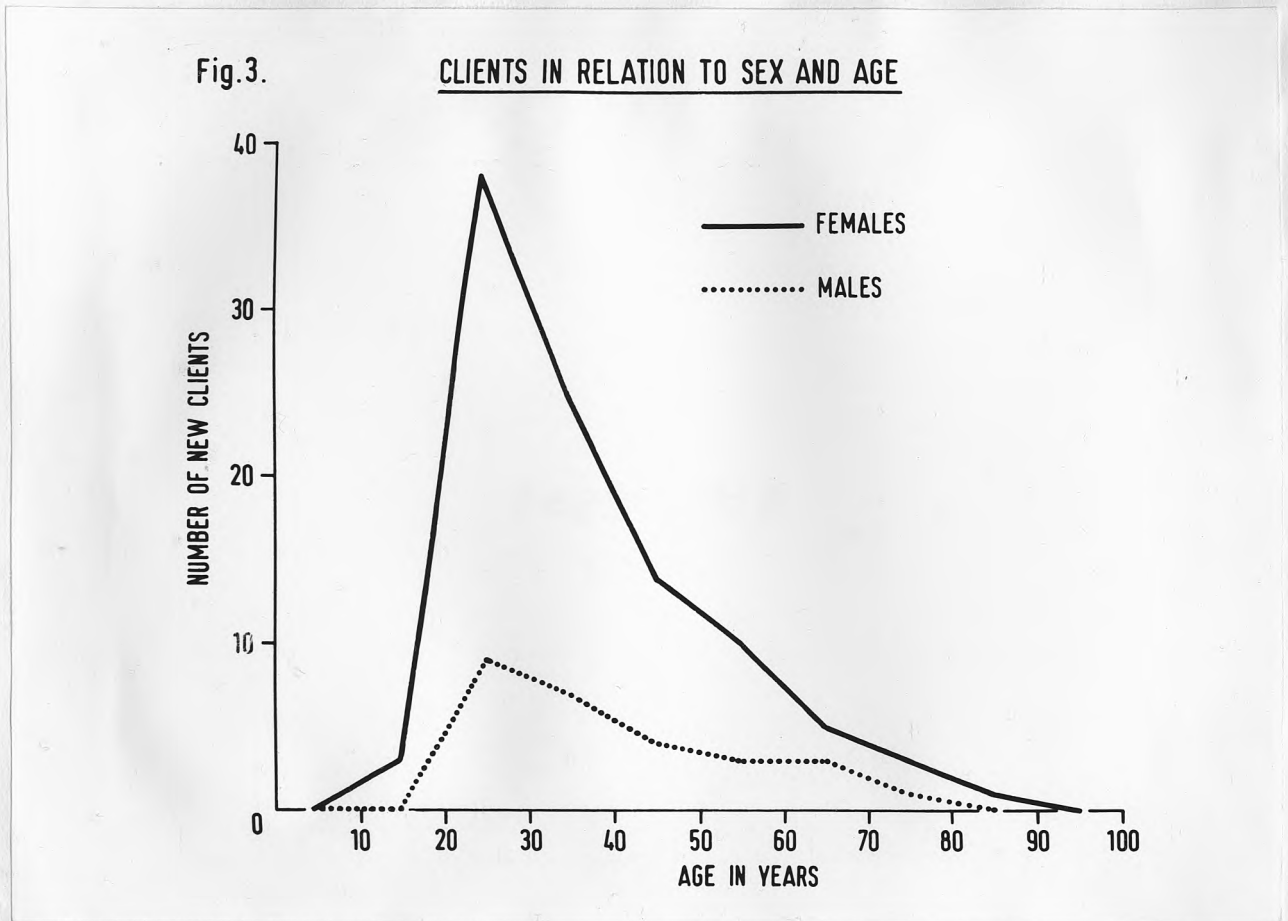


FIGURE 4

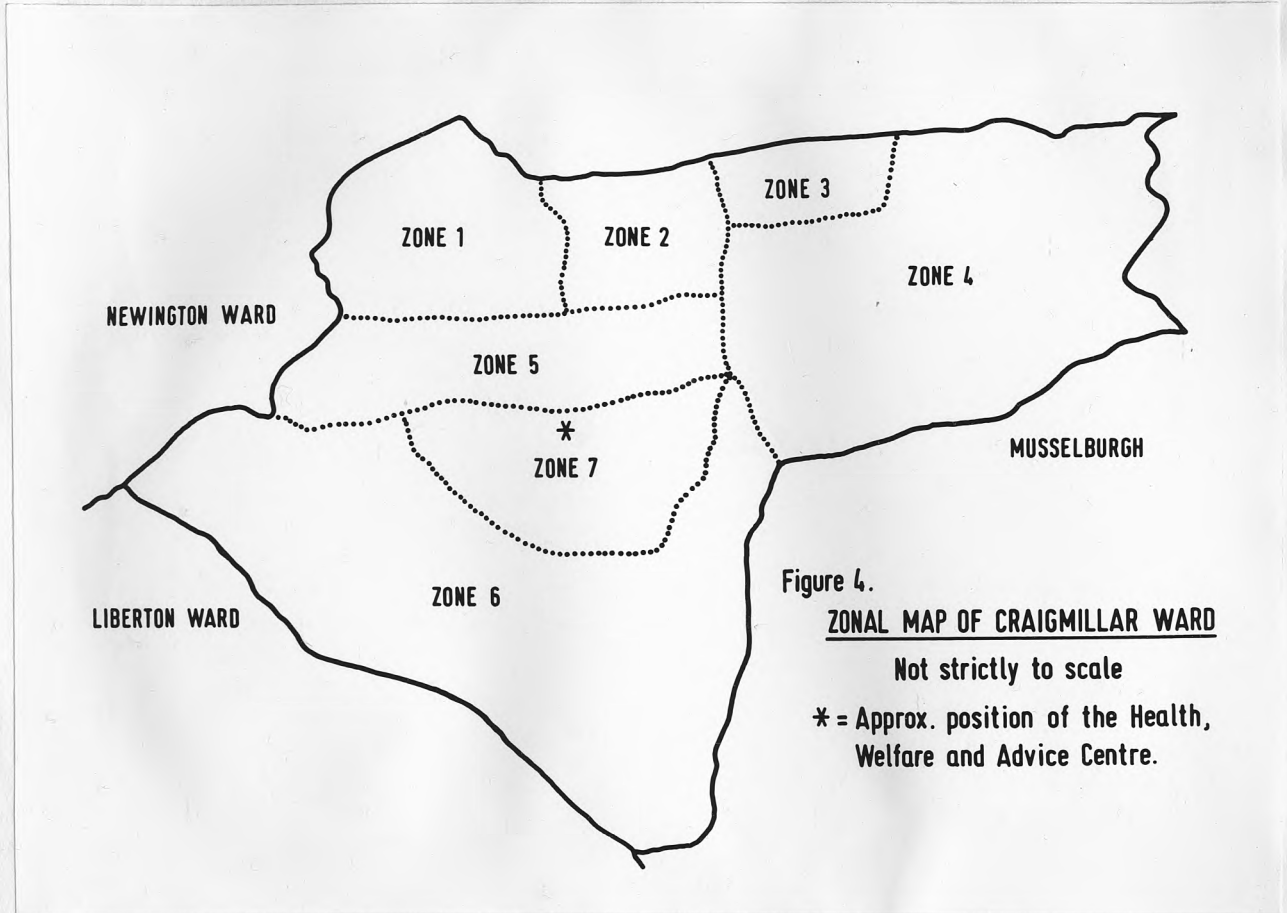


Figure 4.
ZONAL MAP OF CRAIGMILLAR WARD
Not strictly to scale
* = Approx. position of the Health,
Welfare and Advice Centre.

FIGURE 5

Fig. 5. RELATIONSHIP BETWEEN AGE OF OLDEST CORPORATION PROPERTY AND RATE OF REFERRAL FROM ZONE IN WHICH PROPERTY IS SITUATED

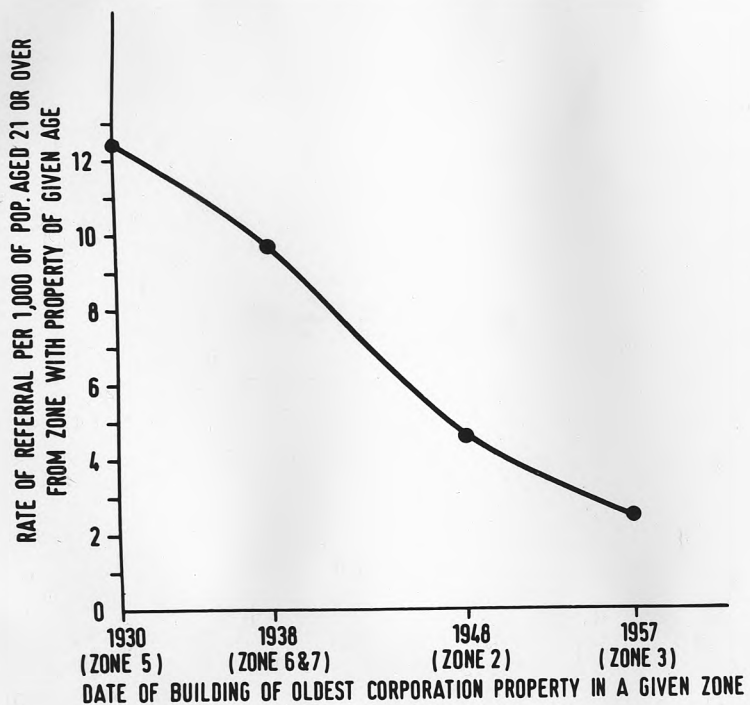


FIGURE 6

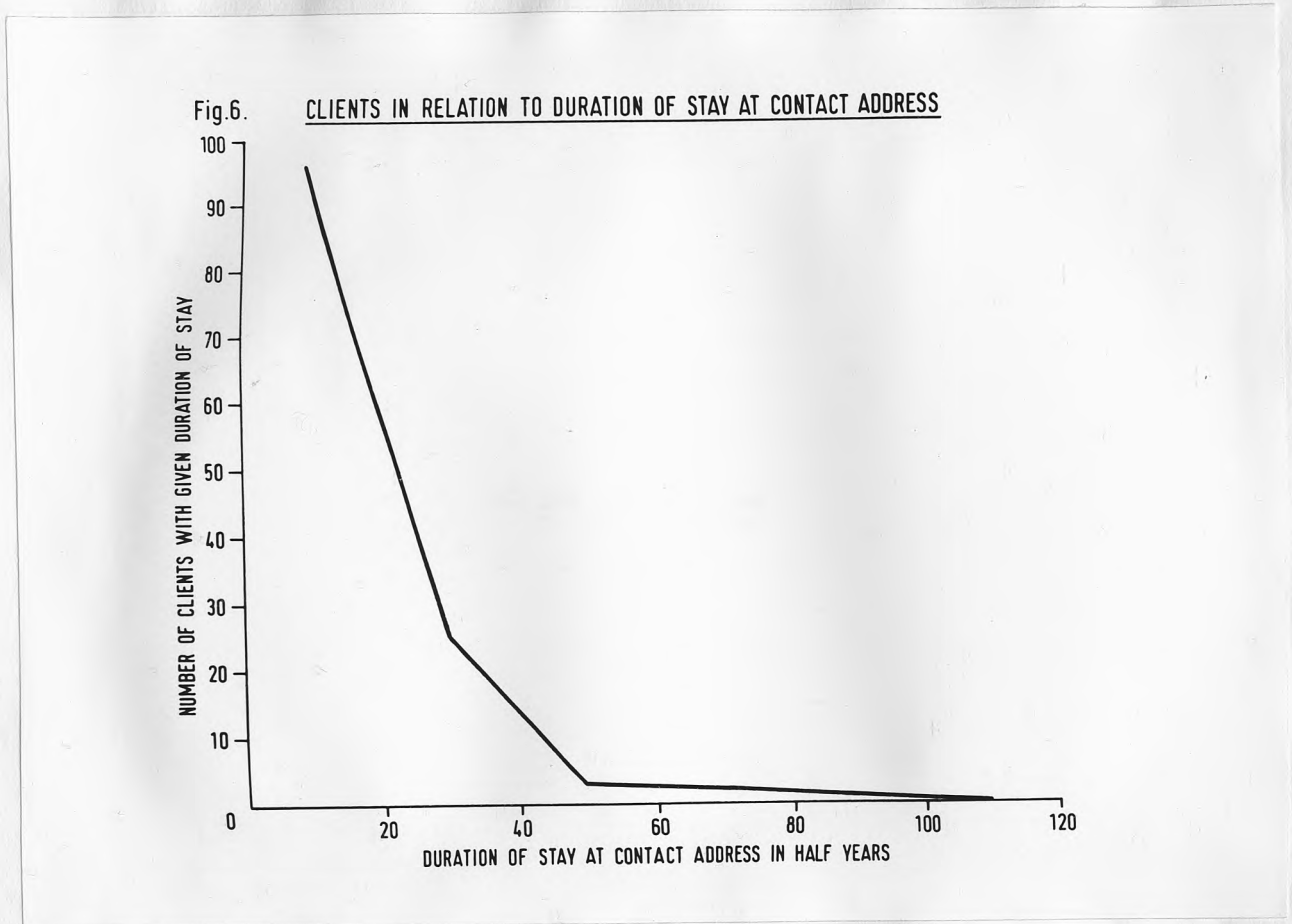


FIGURE 7

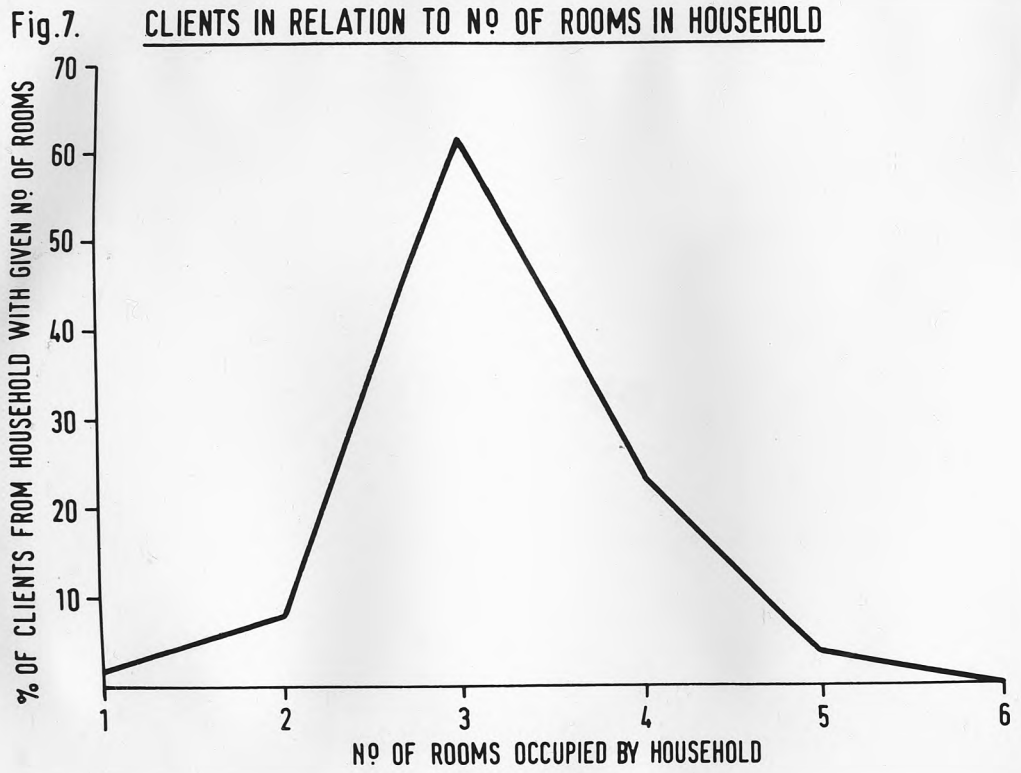


FIGURE 8

Fig. 8. CLIENTS AND CRAIGMILLAR POPULATION IN RELATION TO HOUSEHOLD SIZE.

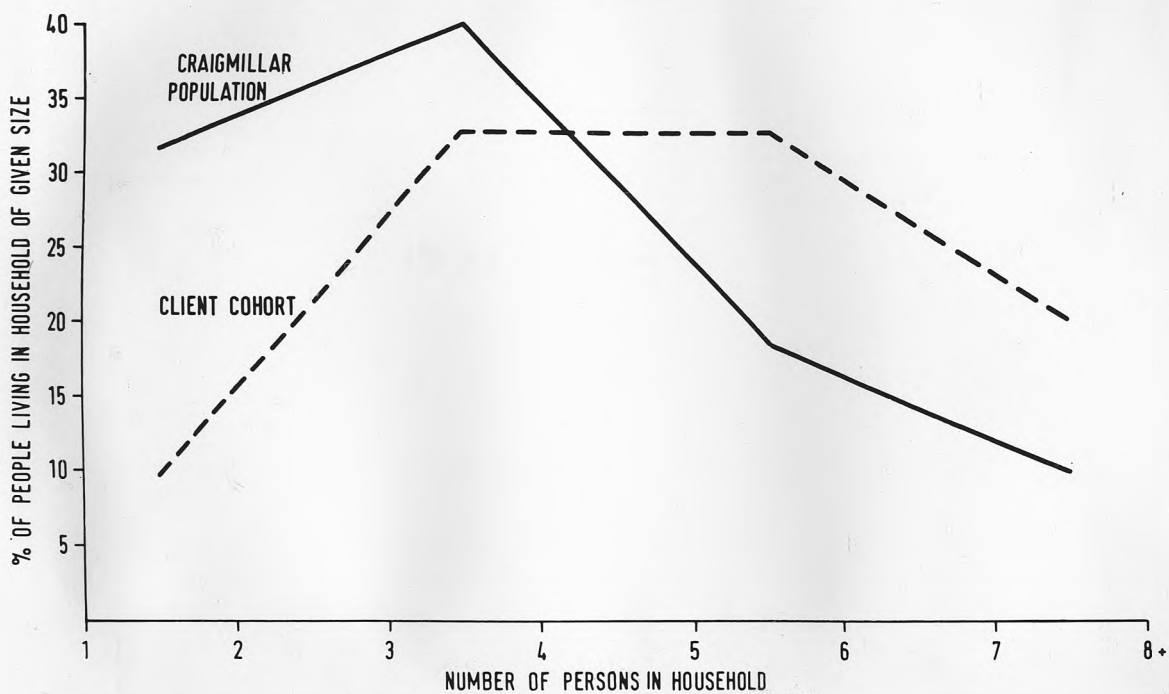


FIGURE 9

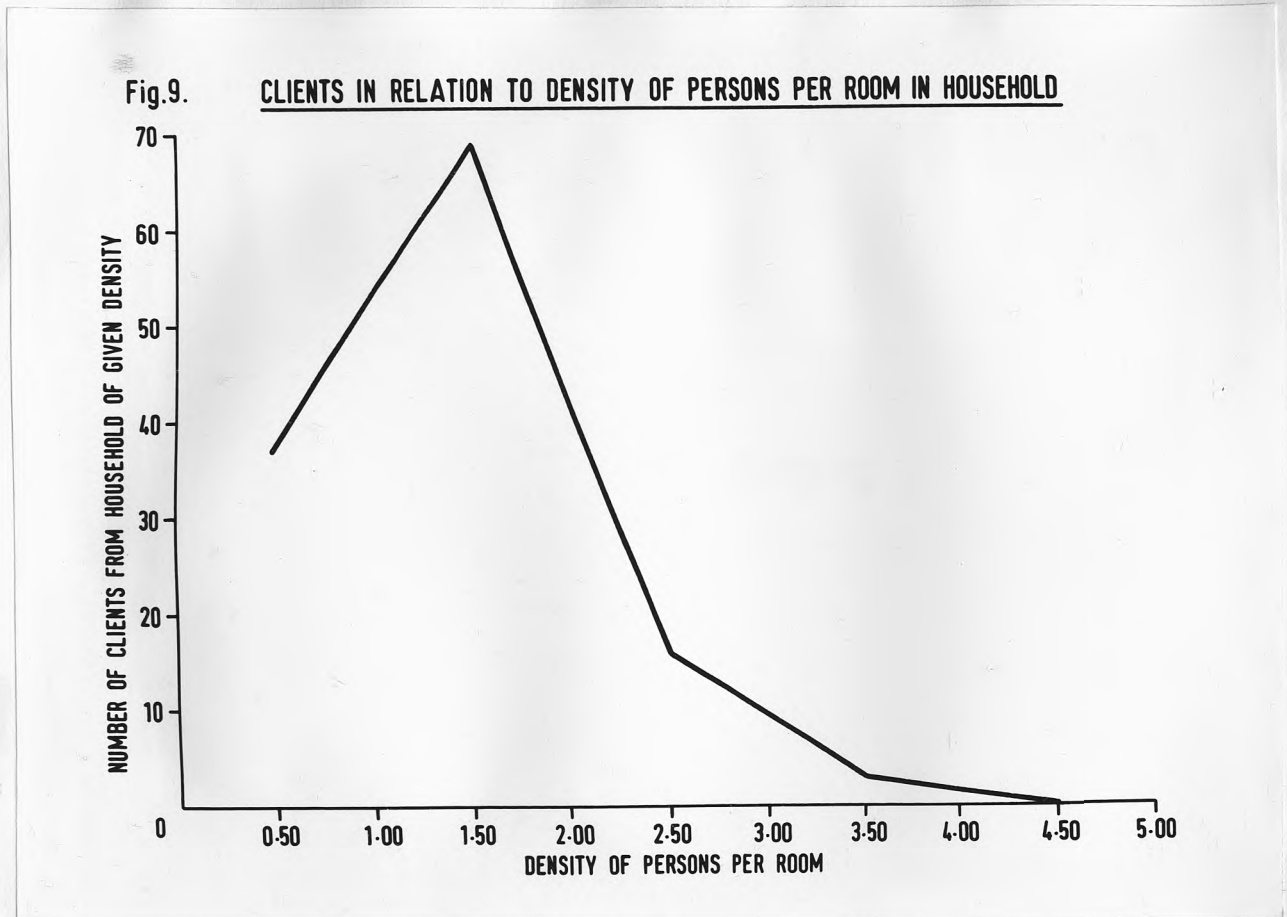


FIGURE 10

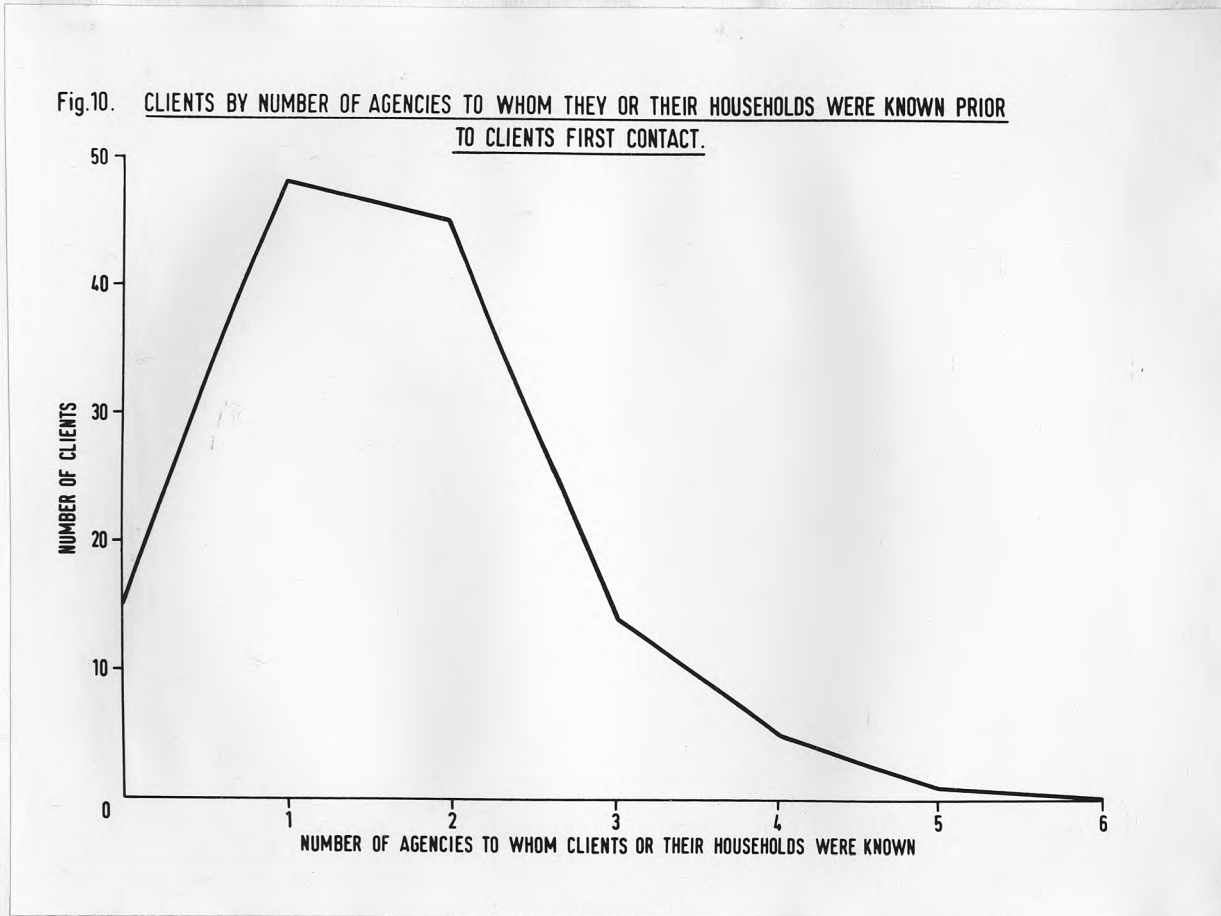


FIGURE 11

Fig.11. CUMULATIVE MONTHLY PERCENTAGE OF CLOSED CASES
JAN-MARCH, 1969 COHORTS.

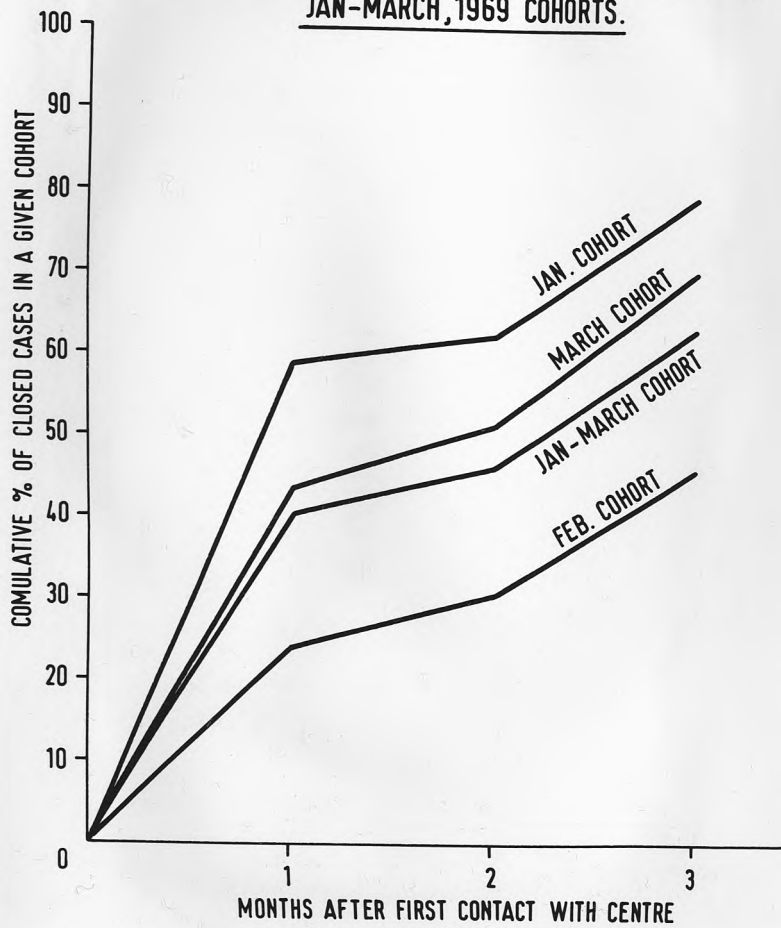


FIGURE 12

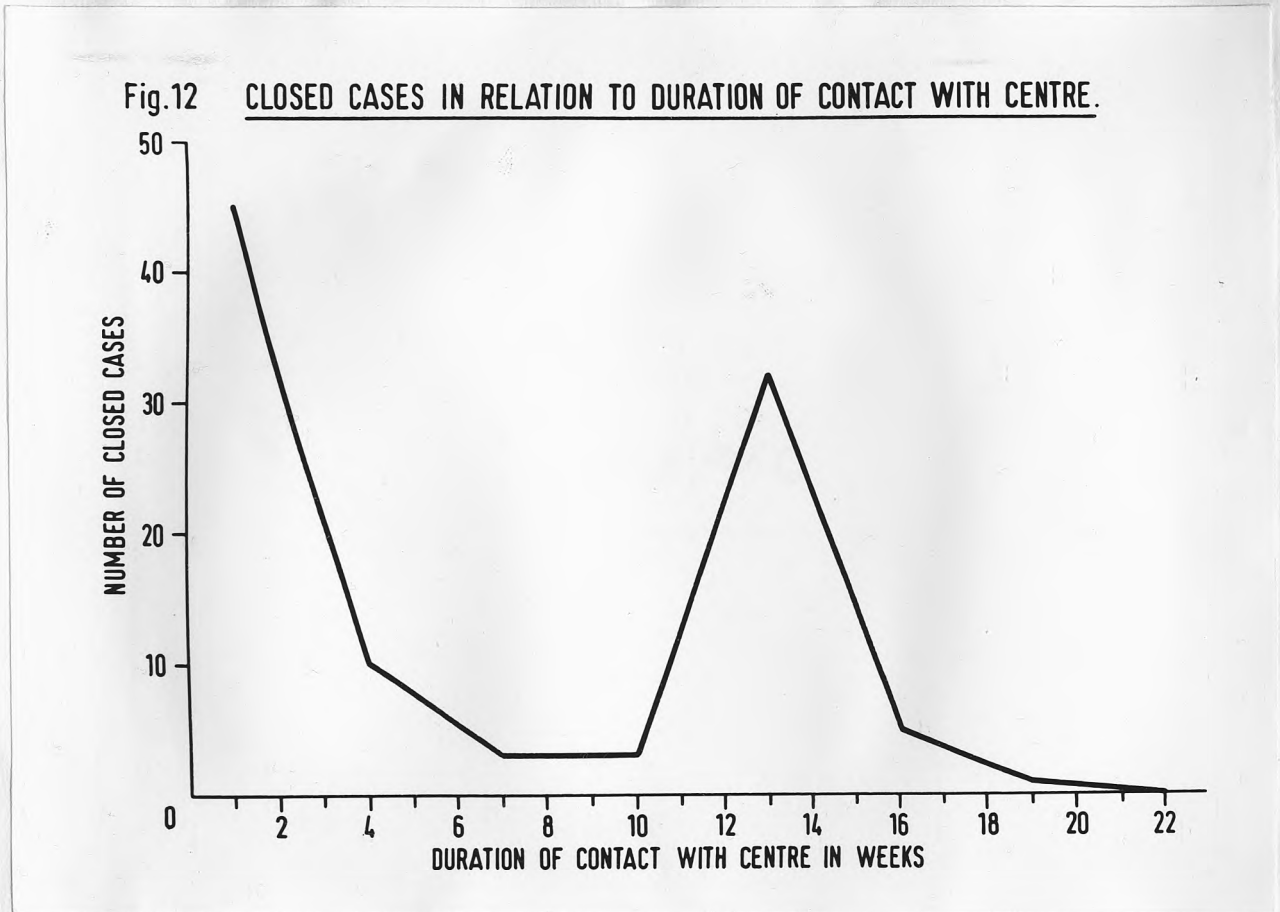
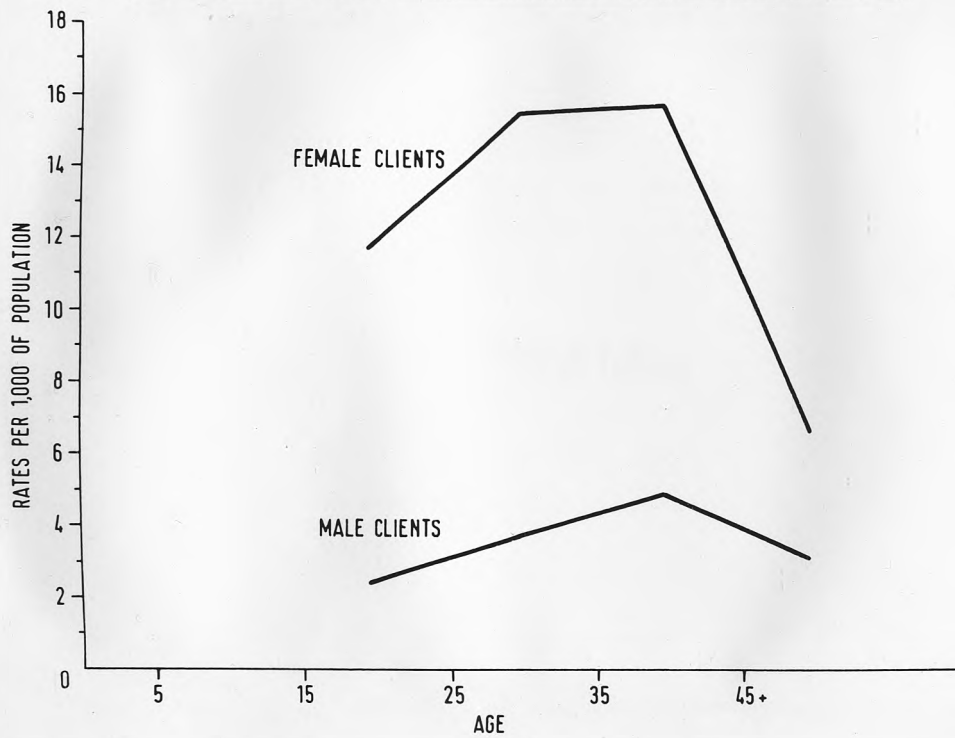


FIGURE 13

Fig. 13. RATES OF NEW CLIENTS TO THE CRAIGMILLAR CENTRE BY AGE AND SEX.



APPENDIX A

PROFORMA COMPLETED IN RESPECT OF EVERY NEW CLIENT

ALLOCATED TO						CODE NO.		DATE OF FIRST INTERVIEW	
Applicant	Surname (in capitals)			Christian Name(s)		Home Address		Marital Status	
	2nd Address			Maiden Name		Mother's Maiden Name		Full Initials	
Applicant	Religion	Date of Birth	Place of Birth	Occupation	Sex of Applicant	Date of Marriage	Length of Residence at Home Address	No. Rooms in House	
Spouse					If more than one applicant, enter details here				
Spouse's Christian Name		Current Employment status		Previous contact with Social-work Agencies (a) In last 12 months | (b) Prior to last 12 months		Name of G.P.		Total number of persons in home not mentioned in immediate family (a) Over 15 | (b) Under 15	
CHILDREN						Total number of Persons Living in House			
Surname		Christian Names		Date of Birth	Place of Birth	Sex	Other Information		
REASON FOR REFERRAL									
REFERRED BY				DEALT WITH BY					
ANY ADDITIONAL INFORMATION									
INTAKE DECISION									

APPENDIX B

Explanatory Notes Issued to all Workers at the Centre

1. MARITAL STATUS

In certain cases it may not be possible, on first interview, to obtain complete information on the applicant's marital status. If the worker discovers that, for example, a client initially described as "married" is in fact separated from her husband, it would be helpful for secretarial staff and for other social workers who may subsequently be handling the case, as well as for research purposes, if this information could be inserted in the appropriate box. The possibilities seem to be as follows :-

- single
- single, and cohabiting (single, cohab.)
- married, living with spouse (marr.)
- married, cohabiting with someone other than spouse (marr., cohab.)
- widowed (wid.)
- widowed, and cohabiting (wid. cohab.)
- divorced and living on own (div.)
- divorced, and cohabiting (div., cohab.)
- legally separated and living on own (leg. sep.)
- legally separated, and cohabiting (leg. sep., cohab.)
- other (describe briefly)

The marital status of the client at the time of first contact with the centre should be stated.

2. MAIDEN NAME

This applies only where the applicant is a married woman. In the case of men and unmarried women, the maiden name will, of course, be the same as the surname.

3. MOTHER'S MAIDEN NAME

Information is being sought on this (and on client's maiden name)

to enable a study to be made of the links between generations of the families presenting problems in the Craigmillar area. It is important that the applicant's mother's initials or first name(s) be given as fully as possible so that individuals with the same surname can be distinguished from each other. The client's mother's initials or first name(s) should be inserted in the box headed "full initials".

4. PLACE OF BIRTH

This refers to where the parents were living when the applicant was born (that is, not to a maternity hospital address). For people born in Edinburgh it would be helpful if a distinction could be made between those born in Craigmillar and those born in other parts of Edinburgh, by specifying this on the record sheet.

5. OCCUPATION

Refers to the main occupation of the person concerned. Where a person is unemployed or retired, his last occupation should be specified in this box. For married women the husband's occupation should be specified in this box, except divorced or separated women whose occupation should be stated. If a client is a child (under 18), the father's occupation should be stated.

6. EMPLOYMENT STATUS

Relates to whether the bread-winner (in most cases the male head of the household) is employed or not at the time of first contact with the centre. If the client is a married woman, the husband's employment status should, of course, be entered. In the case of divorced, legally separated, single or widowed women, the woman's own employment status

should be indicated. If the client is a child, the father's (or in the case of illegitimate children, the mother's) employment status should be stated.

Note:

- (i) If the chief bread winner is in work, simply enter 'employed'.
- (ii) If the individual is unemployable, (that is, because of chronic disability) state so.
- (iii) If the individual is unemployed but not unemployable, enter this and also if possible the length of time he has been off work.
- (iv) If the person is temporarily off work but not technically unemployed (e.g. through sickness or to look after the children because the wife is ill, etc.) state so, and give the length of time he has been off work and the reason.
- (v) If he is retired or in a category such as "student" which does not fit into any of the above categories, state it clearly.

7. CHILDREN

In this section a space has been left for relevant additional information. Specify here, for example, whether a child is away from home (because married or in an approved school, in care etc.); if a child is fostered or adopted, in care, whether a child is illegitimate (if the information is available); if a child is being seen by another social work department, etc.

8. CONTACT WITH SOCIAL WORK AGENCIES BY CLIENT AND/OR HER *HOUSEHOLD

In this column specify the actual agencies an individual has contacted in either the last 12 months or prior to that period. If possible, give information on the agency contacted and the date (if the client can remember) the contact was made.

9. NUMBER OF ROOMS IN HOUSE

This refers to bedrooms and living rooms which the client's household occupies.

* Household is defined as a group of people living together and sharing a common housekeeping.

10. CLIENT'S PROBLEMS

It is necessary to distinguish between the client's specific request for help (to be entered in the section headed "reason for referral") and the problems found during the interview with the client.

APPENDIX C

ITEM SHEET

1. Client's Surname:
Client's first names or initials:
2. Client's maiden surname:
3. (a) Client's mother's maiden surname:
(b) Client's mother's first name(s) or initial(s):
4. Sex of client:
5. Religion:
6. Address from which contact was made:
7. Length of stay at address from which contact was made:
8. Marital status:
(Also state if living with spouse/cohabiting, etc.)
9. Date of Birth:
10. Age in years at time of current referral:
11. Place of birth:
12. Occupation:
13. (a) Socioeconomic status:
(b) Social class:
14. Number of rooms in house (Living room(s) and Bedroom(s) only):
15. Density of persons per room, i.e. $\frac{\text{Number of persons in house}}{\text{Number of rooms in house}} = \underline{\hspace{2cm}} =$
(To 2 decimal places)

16. Previous contact with Social Work agencies:

<u>Agency</u>	<u>Date of contact</u>
(i) Children's Department	
(ii) Probation	
(iii) Psychiatric hospital - specify	
(iv) Mental Health Department	
(v) Ministry of Social Security	
(vi) Health Department (Medical Social Worker/Health Visitor) - specify	
(vii) Welfare Department	
(viii) Craigmillar Centre	
(ix) Voluntary or other organisations - specify	

17. Source of referral:

18. Agency handling case:

19. Date of first contact with Centre:

20. Total number of children living at home:

21. Total number of boys living at home:

22. Total number of girls living at home:

23. Total number of children aged 0-4 living at home:

24. Total number of children aged 5-15 living at home:

25. Total number of children aged 16/16+ living at home:

26. Total number of people living in house:

27. Number of children in Care or Institutions:
(Specify type of care and/or Institution)

28. Type of family unit:

Describe briefly to bring out following points -

1. Whether both parents and their children only in the house, or
2. One parent not at home (reason to be given), or
3. Family has other members who are not of the immediate family, e.g. lodger, grandparent - specify.

29. Reason for referral:

30. Nature of help sought by client:

31. Employment status at time of referral:

Note 1. (a) If unemployed, period of unemployment:

(b) Unemployable - Yes/No

(c) Temporarily off work - Yes/No If yes, state why:

2. If client is a woman state husband's employment status, except if divorced, separated, widowed or single, when the woman's own status should be stated. If client is a child state father's status.

32. Date case was closed:

33. Reason for closure:

Note 1. Closure is categorized as any one of the following -

- (a) Formal: where a case has been dealt with and closed by the Centre.
- (b) Administrative: where a client fails to return to or make contact with the Centre or social worker, for a period of three months or over.
- (c) Other: for example, death of a client or a client leaving the area. In this category the reason should be stated.

2. In administrative closure, the date of closure is three months from the date of last attendance or contact.

34. Duration of contact with the Centre (in weeks) :

APPENDIX D
TRANSCRIPTION CODE

<u>Item</u>	<u>Column</u>	<u>Coding</u>
1. Client's code number	1-4	Transcribe numbers directly from register
2. Maiden name - code number	5-8	Transcribe numbers directly from register Not stated = XXXX
3. Mother's maiden name - code number	9-12	Leave uncoded
4. Sex of client	13	Male = 0: Female = 1 Not stated = X
5. Religion	14	None = 0 Protestant = 1 Roman Catholic = 2 Jewish = 3 Other = 4 Not known = X
6. Home address		
(i) House number	15-19	Transcribe numbers directly <u>Note</u> 1. Cols. 15-17 = House/Block No. 2. Cols. 18-19 = Floor No.
(ii) Zone number	20	Transcribe directly from street coding sheet
(iii) Street	21-22	Transcribe directly from street coding sheet
7. Time (in half years) at address from which contact with the centre was made (to the nearest half year)	23-24	Transcribe directly Less than one half year = 00 Not known = XX
8. Marital status	25	Single = 0 Single, but cohabiting = 1 Married, living with spouse = 2 Married, cohabiting with one other than spouse = 3 Widowed = 4 Widowed, but cohabiting = 5 Divorced = 6 Divorced, but cohabiting = 7 Legally separated = 8 Legally separated, but cohabiting = 9 Other (includes married but not stated if living with spouse) = Y Not stated/known = X

<u>Item</u>	<u>Column</u>	<u>Coding</u>
9. Date of Birth (i) Month	26	Jan.-Sep. = 1-9; Oct. = 0 Nov. = X; Dec. = Y
(ii) Year	27-28	Transcribe last two digits, e.g. 1928 = 28 Not stated/known = XXX (Cols.26-28)
10. Age in years at time of current referral	29-30	Transcribe directly 100 years = XO Not known = XX
11. Place of birth	31	Craigmillar = 0 Elsewhere in Edinburgh = 1 Outside Edinburgh = 2 Edinburgh (area unspecified) = 3 Not stated/known = X
12. Socioeconomic group	32-33	Use Registrar General's Class. (1966) Transcribe directly Not stated/known = XX Nil (i.e. never had any occupation) = 00
13. Social class	34	Use Registrar General's Class. (1966) Social class 1-V = 1-5 Not classifiable = 0 Not known = X
		<u>Notes</u> for determining items 12 and 13 (a) If not working because of sickness, unemployment or retirement, use last occupation. (b) For married women use husband's occupation, unless widowed, separated or divorced, when own occupation should be used. (c) For children, use father's (mother's in case of illegitimate children) occupation. (d) For female cohabiting, use occupation of the man.
14. Number of rooms in house (Refers to living room(s) and bedroom(s) only)	35	Transcribe number directly Not stated/known = X
15. Density of persons per room (Two decimal places only)	36-38	Transcribe directly Col. 37 = Whole Nos. (units) Col. 38 = 1st decimal place Col. 39 = 2nd decimal place Not stated/known = XXX

<u>Item</u>	<u>Column</u>	<u>Coding</u>	
16. Previous contact with social work agencies - (refers to contact by the client or members of the client's household)			
(i) Children's Dept.	39	) Never	= 0
(ii) Probation Dept.	40	) In previous 12 months	= 1
(iii) Psychiatric hospital/ Mental Health Dept.	41	) Prior to last 12 months	= 2
(iv) Health Dept. (Medical Social Worker/Health Visitor)	42	) Contact in last 12 months as well as contact prior to last 12 months	= 3
(v) Ministry of Social Security	43	) Contact, but time not specified	= 4
(vi) Welfare Dept.	44	) Not known	= X
(vii) Craigmillar Centre	45)	
(viii) Voluntary or other organisation	46)	
17. Source of referral (Where two agencies or persons are mentioned, code the first one)	47	Relative	= 0
		General Practitioner	= 1
		Social worker/social work agency (includes Health Visitors and District Nurses)	= 2
		Minister/religious org.	= 3
		Police	= 4
		Self	= 5
		Ministry of Social Security	= 6
		Voluntary organisation	= 7
		Other	= 8
		Not stated	= X
18. Individual worker to whom case allocated	48	Children's officer	= 0
		Probation officer	= 1
		Mental Health officer	= 2
		Medical Social worker	= 3
		Psychiatrist	= 4
		Welfare Dept. officer/ Health Visitor	= 5
		Citizens' Advice Bureau officer	= 6
		R.S.S.P.C.C. officer	= 7
		Simon Square Centre	= 8
		Marriage Guidance Counsellor	= 9
		Little Sisters of the Assumption	= Y
		Unallocated/Students	= X
19. Date of first contact with centre during present care			
(i) Week	49	Week 1-5	
(ii) Month	50	Jan.-Sep. = 0-9; Oct. = 0; Nov. = X; Dec. = Y	
(iii) Year	51	Score last digit, e.g. 1968 = 8 Not stated = XXX (Cols. 59-51)	

<u>Item</u>	<u>Column</u>	<u>Coding</u>
20. Total No. of children (a child is defined as anybody in the household aged 18 years or under) normally living in household from which contact was made.	52	
21. Total No. of boys living at home	53	
22. Total No. of girls living at home	54	
23. Total No. of children aged 0-4 years living at home	55	0-9 = 0-9; 10/10+ = Y; Not known = X
24. Total No. of children aged 5-15 years living at home	56	
25. Total No. of children aged 16-18 years living at home	57	
26. Total No. of people living in household from which contact was made	58	1-9 people = 1-9; 10 = 0; 11/11+ = Y; Not known = X
27. Children in Care or Institutions (refers to children in household from which client made contact)	59	None = 0; Yes = 1; Not known = X
28. Type of family unit from which client made contact	60	Normal family (i.e. both parents and their children only) = 0 Incomplete: permanent (i.e. a spouse or parent dead) = 1 Incomplete: temporary (where a spouse or parent is temporarily away from home e.g. long distance drivers, husband away in armed forces, families with a spouse or parent away because of separation or divorce) = 2 Anomalous (i.e. a household having people other than members of their immediate family living with them, e.g. lodger, grandparent, etc.) = 3 Other (incomplete and anomalous) = 4 Not stated/known = X

Item	Column	Coding	
29. Problems noted during the first two weeks of contact with the Centre.			
(i) Temporary relief (e.g. prevention of eviction; help with children while mother is in hospital	61		
(ii) Problem in family relationship (i.e. intra-family problems excluding marital problems)	62		
(iii) Problems with relationships outside the family	63		
(iv) Housing problems (includes help with furniture)	64	Problem not noted Problem stated by client only	= 0 = 1
(v) Housing crisis (defined as when a client is homeless)	65	Problem stated by social worker only	= 2
(vi) Emotional problems	66	Problem stated by both client and social worker	= 3
(vii) Financial difficulty or crisis	67		
(viii) Marital problems	68		
(ix) Legal or other problems requiring specialised knowledge	69		
(x) Other problems	70		
30. Nature of help sought by client	71	Material help Psychological help Both material and psychological help Other	= 0 = 1 = 2 = 3
		<u>Note</u> Psychological help includes help with marital problems.	
31. Employment status at time of referral	72	Unemployable (consists of some psychiatric states and chronically disabled people) Unemployed for 6 months or less Unemployed for 7-12 months Unemployed for over 12 months Unemployed, but period not stated Employed Temp. off work because of own ill health	= 0 = 1 = 2 = 3 = 4 = 5 = 6

<u>Item</u>	<u>Column</u>	<u>Coding</u>
31. Employment status at time of referral (continued)	72	Temp. off work because of spouse's ill health = 7 Temp. off work because of some other reason = 8 Retired = 9 Not known = X <u>Note</u> 1. If client is a married woman code husband's employment status except divorced, separated or widowed, when own employment status should be coded. 2. If client is a child code father's/mother's (in case of illegitimate children) employment status.
<u>Items 32-34 should be coded after the case has been closed</u>		
32. Date case was closed (i) Week (ii) Month (iii) Year	73 74 75	1st-5th week = 1-5 Jan-Sep = 1-9; Oct. = 0; Nov. = X; Dec. = Y Transcribe last digit, e.g. 1968 = 8 Not stated = XXX, i.e. cols. 73-75. <u>Note</u> 1. Where case was formally closed (i.e. case dealt with and client discharged) take date of formal closure. 2. Where client stops contact with centre, case should be considered closed 3 months after date of last contact.
33. Reason for closure	76	Formal closure = 1 Administrative closure (i.e. where client fails to return within 3 months of last contact) = 2 Other (e.g. client's death, client left area) = 3
34. Duration of contact with Centre (in weeks)	77-78	Code to the nearest week Less than 1 week = 00 Not known = XX

APPENDIX E

Craigmillar Ward: Zone and Street Coding

<u>STREET</u>	<u>CODE</u>
Avenue Square	401
Back Station Road	502
Bailie Grove	303
Bailie Place	304
Bailie Terrace	305
Bankfield	606
Bingham Avenue	207
Bingham Broadway	208
Bingham Crescent	209
Bingham Crossway	210
Bingham Drive	211
Bingham Gardens	212
Bingham Medway	213
Bingham Place	214
Bingham Road	215
Bingham Street	216
Bingham Terrace	217
Bingham Way	218
Brunstane Bank	419
Brunstane Crescent	420
Brunstane Drive	421
Brunstane Road South	422
Cairnie-Whitehill Road	423
Cloverfoot Cottages	624
Craigend	625
Craigmillar Castle Avenue, nos. 1 - 16	626
" " " nos. 17 upwards	727
Craigmillar Castle Gardens	628
Craigmillar Castle Gardens, North	629
Craigmillar Castle Gardens, South	630

<u>STREET</u>	<u>CODE</u>
Craigmillar Castle Grove	631
Craigmillar Castle Loan	732
Craigmillar Castle Road, nos. 31 upwards	633
" " " nos. 1 - 30	734
Craigmillar Castle Terrace, nos. 11 upwards	635
" " " nos. 1 - 10	736
Duddingston Crescent	337
Duddingston Road West, nos. 29 - 33	138
" " " nos. 35 upwards	539
Durham Road South	240
Edmonstone Road	641
First Avenue	442
Forckenford	543
Greendykes Avenue	744
Greendykes Drive	745
Greendykes Gardens	746
Greendykes Loan	747
Greendykes Road	748
Greendykes Terrace	749
Harewood Crescent	550
Harewood Drive	551
Hay Avenue	553
Hay Drive	554
Hay Place	555
Hay Road	556
Hay Terrace	557
Jewel Cottages	258
Little France	659
Magdalene Avenue	360
Magdalene Drive	361
Magdalene Gardens	362
Magdalene Loan	363
Magdalene Medway	364

<u>STREET</u>	<u>CODE</u>
Magdalene Place	365
Main Avenue	466
Millerhill Road	667
Milton Crescent	268
Milton Gardens North	269
Milton Gardens South	270
Milton Road	471
Milton Road East	472
Milton Road West, nos. 103 upwards	173
" " " nos. 1 - 101	274
Mountcastle Drive South	276
New Craighall Road	477
Niddrie Cottages	478
Niddrie Road, nos. 2 - 50 (even nos.)	279
" " nos. 1 - 35 (odd nos.)	380
" " nos. 170 - 216 (odd and even nos.)	582
Niddrie Farm Grove	783
Niddrie Mains Drive	584
Niddrie Mains Road, odd nos.	585
" " " even nos.	786
Niddrie Mains Terrace	587
Niddrie Marischal Crescent	788
Niddrie Marischal Drive	789
Niddrie Marischal Gardens	790
Niddrie Marischal Green	791
Niddrie Marischal Grove	792
Niddrie Marischal Loan	793
Niddrie Marischal Place	794
Niddrie Marischal Road	795
Niddrie Marischal Street	796
Niddrie Marischal Terrace	797
Niddrie Mill Avenue	598
Niddrie Mill Crescent	599

<u>STREET</u>	<u>CODE</u>
Niddrie Mill Drive	500
Niddrie Mill Grove	5X0
Niddrie Mill Place	5X1
Niddrie Mill Terrace	5X2
North Square	4X3
Old Dalkeith Road	6X4
Park Terrace	4X5
Park View	4X6
Peffer Bank	5X7
Peffer Street	5X8
Peffermill Road	6X9
Quarry Cottages	4XX
Queen's Walk	7XY
Second Avenue	4Y0
Third Avenue	4Y1
Wauchope Avenue	5Y2
Wauchope Crescent	5Y3
Wauchope Place	5Y4
Wauchope Road	5Y5
Wauchope Square	5Y6
Wauchope Terrace	5Y7
Whitehill Street	4Y8
Woodlands Grove	1Y9
West Court Thistle Foundation	7YX
Chapel Court, Thistle Foundation	70X

Note:

1. The first number is the code of the zone to which the street belongs.
2. The last two numbers or letters are the code of the street.

APPENDIX F

Information for Legality of Punching

Column	Limits of Punching	Column	Limits of Punching
1-4	0-9	50	X,1-3
5-8	X,0-9	51	X,9
9-12	not punched	52-58	X,Y,0-9
13	X,0-1	59	X,0-1
14	X,0-4	60	X,0-3
15-19	X,0-9	61-70	0-3
20	X,1-7	71	0-3
21-22	X,Y,0-9	72	X,Y,0-9
23-24	X,0-9	73	X,1-5
25	X,Y,0-9	74	X,Y,0-9
26	X,Y,0-9	75	X,9
27-28	X,0-9	76	1-3
29-30	X,0-9	77-78	X,0-9
31	X,0-3	79-80	not punched
32-33	X,0-9		
34	X,0-5		
35	X,1-9		
36-38	X,0-9		
39-46	X,0-4		
47	X,0-8		
48	X,Y,0-9		
49	X,1-5		

APPENDIX G

Information for Consistency Checks

1. Age - to the nearest year (cols. 29 and 30) should be equal to the difference between date of present contact (col. 49-51) and date of birth (cols. 26-28).
2. Density of persons per room (col. 36-38) should be the product of dividing the total number of persons living in the house (col. 58) by the number of rooms in the house (col. 35).
3. People coded as single (code 0 under column 25) or under 16 years of age (cols. 29 and 30) cannot have marital problems (i.e. col. 68 should be coded 0).
4. People under 16 (col. 29 and 30) cannot be married (i.e. they must be coded 0 under col. 25).
5. Total number of children at home (col. 52) should be equal to the sum of :-
 - (i) total number of boys living at home (col. 53) and total number of girls living at home (col. 54), or
 - (ii) total number of children aged 0-4 living at home (col. 55) and total number of children aged 5-15 at home (col. 56) and total number of children aged 16/16+ living at home (col. 57).
6. Year of contact with Centre (col. 51) must be later than year of birth (cols. 27 and 28).
7. If case is closed (i.e. if cols. 73-76 are coded), year of closure (col. 75) must be later than year of birth (cols. 27 and 28).

8. Date of closure (cols. 73-75) must be later than date of present contact (cols. 49-51).
9. If case is closed administratively (i.e. coded as 2 under column 76), then duration of contact must be at least 12 weeks (cols. 77 and 78).

