

1951

Medical social work in a public health  
setting: a study of the service given by a  
district public health social work  
supervisor of the Massachusetts  
Department of Public Health in sixty-six  
cases, 1947-1950

---

<https://hdl.handle.net/2144/6334>

*"Downloaded from OpenBU. Boston University's institutional repository."*

Thesis  
Vehslage  
1951

BOSTON UNIVERSITY  
SCHOOL OF SOCIAL WORK

MEDICAL SOCIAL WORK IN A PUBLIC HEALTH SETTING:  
A STUDY OF THE SERVICE GIVEN BY A DISTRICT PUBLIC  
HEALTH SOCIAL WORK SUPERVISOR OF THE  
MASSACHUSETTS DEPARTMENT OF PUBLIC  
HEALTH IN SIXTY-SIX CASES

1947 to 1950

A Thesis

Submitted by

Richard Royce Vehslage

(B. S., Union College, 1949)

In Partial Fulfillment of Requirements for the Degree of  
Master of Science in Social Service

1951

BOSTON UNIVERSITY  
SCHOOL OF SOCIAL WORK  
LIBRARY

## TABLE OF CONTENTS

CHAPTER		PAGE
	List of Tables	11
I	INTRODUCTION TO THE STUDY	1
II	SOCIAL SERVICE IN THE DEPARTMENT OF PUBLIC HEALTH	
	Philosophy of Public Health	5
	The Department of Public Health	7
	Social Service in the Department	9
	The Responsibilities of the District Public Health Social Work Supervisor	11
III	THE SOUTHEASTERN DISTRICT	13
	Health and Welfare Agencies	14
	The Supervisor's Activities in the Southeastern District	16
IV	THE REQUESTS FOR SERVICE	
	Plan of Presentation	19
	Sources of Requests for Service	20
	Types of Requests for Service	20
	Other Information Concerning Requests for Service	25
V	TYPES OF SERVICE GIVEN	
	Introduction	26
	Resource Information Service	28
	Summary	38
	Referral Service	39
	Summary	54
	Investigation and Report	55
	Summary	61
	Treatment by Interview	62
	Summary	66
	How the Requests for Service Were Met	66
VI	SUMMARY AND CONCLUSIONS	74
	Bibliography	79
	APPENDICES	
	A. Organization Chart of the Department	80
	B. Map of the Health Districts	81

## INDEX OF TABLES

TABLE		PAGE
I	SOURCE OF REQUEST FOR SERVICE BY AGENCY TYPE, PROFESSION, OR INDIVIDUAL	21
II	FREQUENCY OF TYPES OF SERVICE REQUESTED BY LOCAL AND NON-LOCAL SOURCES	22
III	THE NUMBER OF CASES RECEIVING MAJOR TYPES OF SERVICE IN SIXTY-ONE CASES	26

C H A P T E R I  
INTRODUCTION TO THE STUDY

The subject of this investigation is an outgrowth of the writer's interest in medical social work as it is practiced in a public health setting. It was of special interest to the investigator to study what a medical social worker did in this type of setting. The material available for study were the case records in the Southeastern District Office of the Massachusetts Department of Public Health; a previous study<sup>1</sup> of the role of the District Public Health Social Work Supervisor in that District Office had investigated the Supervisor's role in the Services for Crippled Children. Therefore, as the area for this investigation, the writer chose to study the service given by the Supervisor in a group of diversified cases, other than Crippled Children's cases.

The primary purpose of this investigation is to study the activities of the District Public Health Social Work Supervisor in these non-Crippled Children's cases. What types of requests for service did she receive in these cases? What types of agencies or others requested this service? How did the Supervisor meet these requests?

---

<sup>1</sup> Edith Segal, "The Role of the District Public Health Social Work Supervisor in the Massachusetts Crippled Children's Program," 1947.

A secondary purpose of this study is to investigate what the role of the Supervisor was in these cases. How was the service of value to the recipient of the service? From the answers to this question it is hoped that some answers to the following question will be suggested, how was this service of value to the community?

The period covered by the study is from November 1947 to November 1950. Eighty-six cases were examined in which the Supervisor had given service during this time period. However, study of these cases showed that twenty were not suitable for investigation. Eight of these cases contained insufficient information to be of value in the study; in six cases the records were information which had been sent to the Supervisor with the thought that service might be requested at a later time. Five cases required the services of the Supervisor in relation to Services for Crippled Children. Although these cases had never been seen in Crippled Children's Clinics, the writer considered them to be Crippled Children's cases and, therefore, not suitable. One case was a report to a mental hospital on a paroled mental patient which had been written at the patient's request. Because the report was based on the Supervisor's observations of the patient in her private life, the writer felt that this case did not come within the scope of the study.

Thus the total number of cases used in the study is sixty-six.

Abstracts were made of each case to include the following information: the source of request for service and its location, the service requested, the case situation, the activity of the Supervisor in the case.

The information from the case records furnished almost all of the information used in studying cases. Some additional information was obtained by the writer in interviews with the Supervisor who gave the service. Information in the background material for the study was obtained from written material as indicated in the foot notes, interviews with members of the Department staff, and observations by the writer during a field work placement in this District Health Office.

The cases used in this investigation are all the cases in the category studied for which there were records. There were other cases in this category. However, no records were found for these other cases and perhaps none had been established. The service in these unrecorded cases was probably given entirely in conferences and telephone conversations. The records studied here are composed of letters and memoranda concerning the cases. In a few cases there were summaries of interviews with patients and families. Therefore, it is possible that the unrecorded cases required no written communications. The implication of this for the study is that the cases studied here are only a portion of the total number in this category. No means was found of determining what

portion the cases studied are of the total number. Thus it is not possible to determine the representativeness of the cases studied.

The content of the records as described above also limits the scope of the study. While it is possible to show the major types of service that were given by the Supervisor, the lack of detail in the records makes it impossible to study the other types of service in any more than a general way.

## C H A P T E R II

## SOCIAL SERVICE IN THE DEPARTMENT OF PUBLIC HEALTH

Philosophy of Public Health

In the past the philosophy of public health has been that of protecting the public from physical influences dangerous to its health. This philosophy was expressed by public health agencies in their activities and by their areas of interest. One example of this was major emphasis in the area of environmental sanitation stressing such things as purity of water supply, cleanliness of the environment, and proper garbage disposal. Another major area of interest was communicable disease control aimed at protecting the community from the spread of communicable diseases. These activities were undertaken to protect the general health of the community from sources of disease that would have widespread effect on the public health due to the numbers of persons made ill and the seriousness of the disease in terms of mortality rates.

These areas are still of concern to public health agencies at the present time, but with advances in medicine the incidence of disease caused by these sources of disease has considerably abated and does not now present problems of the same magnitude as they formerly did.

More recently there has been increased understanding of the importance of considering the individual within the group when

planning public health programs. It is a social trend of the times that recognition of the worth of and the importance to the community of each individual has grown. Individual illness is a menace to the economic security of the community due to the impairment of the individual's capacity for productive work, loss of earnings, and cost to the community of medical care for preventable disease.<sup>1</sup> Illness also effects the other roles the individual plays in the community as a member of a family and a contributor to community activities. It is not sufficient to merely prevent disease but it is necessary to promote health in the individual for his own well-being and that of the community. This promotion of health cannot be limited to physical health but must include the closely related factors of mental health and social well-being. "The significant contribution of social factors to the prevention or development of illness, and to the promotion of optimum health, does not need elaboration."<sup>2</sup>

With the development of this philosophy of public health, public health agencies have entered into programs of medical care and health services to individuals. "The importance of

---

<sup>1</sup> Wilson G. Smillie, Preventive Medicine and Public Health, ch. 1.

<sup>2</sup> Commonwealth of Massachusetts, Report of the Special Commission to Study and Investigate Certain Public Health Matters, p. 224.

the social aspects of public health, and the interrelatedness of social and health needs, are well recognized in modern public health practice."<sup>3</sup> The recognitions of the importance of these social factors has resulted in the utilization of medical social workers on the staff of many health departments.

#### The Department of Public Health

The present Department of Public Health evolved from the Massachusetts State Board of Health established by act of the Legislature in 1869. The present organization consists of the Commissioner, the executive and administrative head of the Department,<sup>4</sup> and the Public Health Council which has certain duties, such as, "...to make and promulgate rules and regulations, take evidence in appeals, consider plans and appointments required by law, hold hearings...".<sup>5</sup> The Department is divided into four Bureaus, each in the charge of a director with the rank of Deputy Commissioner. These Bureaus are: Administration, Institutions, Preventive Medicine, and Environmental Sanitation. Thirteen divisions are divided among these Bureaus. These are: Biologic Laboratories, Administration, Tuberculosis and Sanatoria, Hospitals, Cancer and other Chronic Diseases, Dental Health, Local Health Administration,

---

3 Ib<sup>1</sup>d., p. 223.

4 Mass. G. L., Ch. 17, s. 2.

5 Mass. G. L., Ch. 111, s. 3.

Communicable Diseases, Venereal Diseases, Maternal and Child Health, Sanitary Engineering, Food and Drugs, and Occupational Hygiene. The last named Division is in the Department of Labor and Industries but is closely associated with the Health Department. Under these Divisions are sections. Under the Division of Administration is the section of Social Work.<sup>6</sup>

Under the Bureau of Institutions, the Department operates four sanatoria and one hospital. The Rutland and Westfield Sanatoria care for adult pulmonary tuberculosis patients. North Reading Sanatorium cares for tuberculous children. Cancer patients are treated at the Pondville Hospital and in one section of the Westfield Sanatorium. The Lakeville Sanatorium cares for cases of extra-pulmonary tuberculosis, poliomyelitis, and orthopedically crippled children including cerebral palsy.

The political organization of Massachusetts is based on the principle of local autonomy of the towns and cities. As a result, the major responsibility and authority for official public health work in Massachusetts rests with the 351 cities and towns of the Commonwealth. A substantial majority of these municipalities are towns whose population is too small to be able to afford the services of technically trained personnel. Also certain functions of public health are more efficiently carried on by an organization serving large

---

<sup>6</sup> See organization chart, Appendix A.

portions of the population. These are some of the needs that the Department fills with its services.<sup>7</sup> For the most part, these services are offered as consultive services to official and voluntary health agencies of the towns and cities.

By law the Department divides the state into eight health districts and in each district there is a District Health Office. The administrative head of the District Health Office is the District Health Officer who acts as the representative of the Commissioner in the district. It is through these District Health Offices that the Department's services are available to the towns and cities. Assisting the District Health Officer in carrying out the programs in the district is the District Office staff. A full staff includes: a public health nursing supervisor, public health social work supervisor, physiotherapist, dental hygienist, nutritionist, sanitary inspector, hospital inspector, sanitary engineer, health educator, and clerical workers. Staff members are responsible to the District Health Officer for the execution of Department programs in the district and are responsible to chief of the section of their own professional specialty for technical aspects of their work.

#### Social Service in the Department of Public Health

---

<sup>7</sup> Commonwealth of Massachusetts, Report of the Special Commission to Study and Investigate Public Health Laws and Policies.

The first medical social worker was employed by the Department in 1922. This worker operated in the then Sub-division of Venereal Disease. She did social follow-up, visited boards of health, eighteen venereal disease clinics, and social agencies establishing cooperation between these agencies and the program. In 1927 a Supervisor of Social Service was appointed. In 1928 a social worker was appointed for the Pondville Cancer Hospital and in 1929 two workers were appointed to the Division of Tuberculosis. With the beginning of the Services for Crippled Children in 1936, social workers were employed in this program. A worker was appointed to the Division of Child Hygiene in 1940.<sup>8</sup>

In 1943 the organization of social service underwent a radical change. The social workers were all brought together in a unit, first called a Bureau, now called a Section. The head of this unit, called a Chief, was given authority and responsibility for technical supervision of all social workers in the Department. The Chief was also made responsible for policy formation and program planning for the Bureau of Social Work and, in cooperation with division directors and others, for policy formation and program planning for the Department as a whole. She also works out cooperative relationships with public and private state-wide social agencies

---

<sup>8</sup> Mass. Dept. of Public Health, History of Medical Social Service.

and the basic policies for cooperation with local social agencies.<sup>9</sup>

Under this reorganization social workers were reassigned. Whereas previously workers had been assigned to divisions of the Department (Cancer, Tuberculosis, etc.), assignment was now made to Department sanatoria and hospitals or to the District Health Offices. The social workers in the District Health Offices now provided social service for all Department programs needing this service in the district. This districting of social workers brought the medical-social point of view to the District Health Officer and the other members of the District Office Staff.

The Responsibilities of the District Public Health Social Work Supervisor

The district supervisor is responsible for planning the public health social work program for the district in which she works. In this planning she receives technical supervision from the Chief of the Social Service Section and is responsible to the administrative head of the district, the District Health Officer.

She brings to the program an emphasis on the social aspects of health and on social factors in environment that have a bearing on the development of sickness and the successful care of the sick person.<sup>10</sup>

---

9 Mass. Dept. of Public Health, Bureau of Social Work: Its Activities and Responsibilities.

10 Ibid.

For example, the supervisor represents the medical-social point of view in the District Office Staff Conferences and in the post-clinic conferences in the Crippled Children's Clinics.

The supervisor gives consultation services to the staff and brings to them a better understanding of social services available through community resources and the possibilities of using these services "most effectively in the promotion of positive health for the individual and the community."<sup>11</sup>

Acting as liaison for the Department in discussions with community social agencies, she encourages and assists them in the development of special resources to meet health and social needs and strengthens the working relationships of the Department's staff and community agencies.<sup>12</sup>

The district supervisor assists in working out cooperative relationships with local community agencies within the basic policies of the Social Service Section and the Department. She also interprets to these agencies ways in which individuals can make use of the Department's services. The supervisor gives consultation services to agencies working with patients and families and may provide case work services on selected cases. The selection of cases for case work service is made on the basis of medical-social need, absence of other resources, or for demonstration purposes.

---

11 Ibid.

12 Ibid.

C H A P T E R   I I I  
THE SOUTHEASTERN DISTRICT

The Southeastern District, District one, of the Massachusetts Department of Public Health extends eastward including Cape Cod and southward to include the islands of Martha's Vineyard and Nantucket. On the northern boundary it includes the city of Attleboro and the towns of Norton, Bridgewater, Halifax, and Kingston. On the west it is bounded by the Massachusetts-Rhode Island line.<sup>1</sup> Included in this area are the counties of Dukes (Martha's Vineyard), Nantucket, Barnstable (Cape Cod), in their entirety, practically all of Bristol County and most of Plymouth County. The population included in the District is about 450,000<sup>2</sup> living in fifty-two cities and towns.

This population is concentrated in that portion of Bristol County that is included in the District. This area will be referred to as the Western section of the District. Seven-ninths of the total population of the District live in this section of which five-ninths of the District population live in the New Bedford-Fall River metropolitan area.<sup>3</sup>

---

1 See map, Appendix B.

2 Compiled from U. S. Census, 1940.

3 Ibid.

The Central section of the District is made up of that part of Plymouth County within the District boundaries; this section contains about sixty thousand people or a little more than one-ninth of the District total. The Eastern section, consisting of Cape Cod, includes about 37,000 or less than one-ninth.

Economically there is a wide range of industries in the District. Textile manufacturing has long been a major industry in the New Bedford-Fall River area and still is, but is not as extensive as it was prior to the economic depression of 1929. The present number of textile mills in New Bedford is about one-quarter of the number prior to the depression. There is also some electrical and metal fabrication industry in this area.

Commercial fishing is carried on all along the coast. Agriculture is represented by cranberry raising, being carried on more extensively in the Central and Eastern parts of the District. The summer vacation industry is a major economic factor in the Eastern part of the District as it is on the islands.

The racial and national background of the population is varied. The chief groups are the old Yankee, French-Canadians, Portuguese, American Negro, and Cape Verdean.

#### Health and Welfare Agencies

Each city and town in the District has its own board of health and board of public welfare. The boards of health in

the cities are large and able to employ some individuals with skills in public health, for example, in Fall River a physician heads the city health department and the city health agency in New Bedford has a laboratory. However, this type of personnel and facility is the exception rather than the rule in the District. In the smaller communities the work is usually carried on by officials who are not trained in this type of work and may be employed only part time. Both health and welfare officials may be selectmen who fill these positions for a year or two and then turn the job over to another selectman. Thus the level of local health work cannot approach the height that would be possible if trained personnel were utilized. A type of official health agency unique in Massachusetts is the Barnstable County Health Unit. This Unit employs a health officer, who is a physician, and a public health nurse affording the services of trained personnel to those towns in the county which wish to use this service.

Public health nursing service is available in practically every city and town in the District. These services are offered variously under private and public auspices. Of seventy-one nurses answering a recent survey, seven had completed one year of training in public health nursing.<sup>4</sup>

---

<sup>4</sup> Lendon Snedeker, Health Services for Massachusetts Children, p. 130.

Family agency services are available in New Bedford, Fall River, and Taunton. The New Bedford agency is a combined family and children's agency. The Massachusetts Society for the Prevention of Cruelty to Children gives service throughout the District as does the American Red Cross. There are social service departments in one general hospital in Fall River and in the general hospital in New Bedford. A voluntary tuberculosis hospital in New Bedford also provides social service for its patients. There are medical outpatient departments in four general hospitals, three in the New Bedford-Fall River area and one on Cape Cod.<sup>5</sup>

During the period covered in the study the Supervisor found it necessary to utilize child guidance clinics in Providence and Boston because of a lack of this type of facility in the District. In June 1950 a mental hygiene clinic was started under voluntary auspices in Fall River.

#### The Supervisor's Activities in the Southeastern District

The duties and responsibilities of a district public health social work supervisor have been described generally above.<sup>6</sup> What does this mean in terms of the activities of the District Public Health Social Work Supervisor in the Southeastern District?

---

<sup>5</sup> Mass. COS and UCS of Met. Boston, Directory of Social Service Resources in Massachusetts, first ed., 1950.

<sup>6</sup> See p. 10.

The Supervisor in this District estimated that one-half of her time was spent in performing services for Services for Crippled Children. This includes providing medical social service for the patients in the orthopedic clinics which are held once a month in Hyannis and Fall River. In these clinics her major responsibility is discovering social problems related to the care of the patient. She interviews the parents of all patients being seen in the clinic for the first time and utilizes that interview to try to discover such problems. At that time she also interprets the services of the clinic, takes social information, and determines the patient's financial eligibility for treatment. Social problems bearing on the patient's treatment are referred to her by other members of the clinic staff, these are: an orthopedist, a pediatrician, a public health nurse, a physiotherapist, a nutritionist, and a social worker. The Supervisor interprets to the other members of the clinic team the patient's social situation and assists them in planning the patient's care. She works with local agencies to meet social problems in the patient's situation usually limiting case work services to cases needing the specialized knowledge of a medical social worker or case work resources are not available to meet the need.

The Supervisor also gives services to patients in the District who are being treated in the plastic clinic operated by Services for Crippled Children in Cambridge.

One-quarter of the Supervisor's time is taken up in consultation with community agencies on community problems and planning, community activities, and educational activities, such as, teaching medical social work to student nurses.

The last quarter of the Supervisor's time is occupied with the type of service which is investigated in this study.

C H A P T E R   I V  
T H E   R E Q U E S T S   F O R   S E R V I C E

Plan of Presentation

In this chapter material related to the requests for service will be presented showing the source of the request and type of service requested. In chapter V material related to the type of service given will be presented.

Before presenting the material from the cases, the classification of agencies will be explained in order to clarify its meaning. For the purposes of this study the writer has found it useful to use a classification of agencies requesting and receiving service in the cases studied. This classification is based on the geographical area these agencies serve. For example, most of the public health nurses working in the District are employed by visiting nurse associations, boards of health, and/or schools. The areas that these agencies serve are usually limited to one town, although some nurses may serve several towns. Likewise boards of public welfare and health serve only one town. These agencies will be referred to as local agencies in the study.

In contrast with this type of agency is the agency giving service to a larger geographical area. Most of these agencies serve the whole state, such as: the Department of Public Health, Massachusetts Cancer Society, the Department of Mental

Health. Other agencies serving large areas are the Boston hospitals and the Information Service of the United Community Services of Boston. This type of agency will be designated as non-local agencies for the purposes of this study.

#### Sources of Requests for Service

The sources of requests for service are shown in Table I.<sup>1</sup> These requests for service were almost evenly divided between local and non-local sources. The patients or families requesting service or for whom service was requested lived in the District in sixty-four cases. In two cases the patients lived outside the District. In one of these cases service was requested by a local nurse; in the other case the patient's daughter lived in the District and the requested service concerned her.

#### The Types of Requests for Service

In studying the cases it was noted that the requests showed considerable variety. Some requests were for specific services with enough information given to clarify why this service was needed. In other cases the Supervisor was requested to "help" or asked if she could be of assistance with the problem described in the request for service. In order to classify these requests the criterion of the type of service requested was the primary consideration. In those cases where the type of service requested was vague or not specified, the

---

<sup>1</sup> See p. 21.

TABLE I  
SOURCE OF REQUEST FOR SERVICE  
BY AGENCY TYPE, PROFESSION,  
OR INDIVIDUAL

Source of Request	No. of Requests
Local agencies and individuals	<u>34</u>
Nurses	16
Patients and families	11
Physicians	3 <sup>a</sup>
Social agencies	3 <sup>a</sup>
School teacher	1
Non-local	<u>32</u>
Boston hospitals	9
Department sanatoria	8
Other	5 <sup>b</sup>
United Community Services, Boston	4
Voluntary state-wide health agencies	3 <sup>c</sup>
Other Department programs	3 <sup>d</sup>
Total no. of requests	<u>66</u>

a A family agency, board of public welfare, and office of veteran's services.

b One request each: Boston Chest X-ray program, Mass. Div. of the Blind, Rhode Island State Rheumatic Fever program, Bristol County Chapter of the Nat. Found. for Infantile Paralysis, physiotherapist for the Southeastern District.

c Two requests, Mass. Cancer Soc.; one request, Bay State Soc. for the Crippled and Handicapped.

d Programs of Mass. Dept. of P. H.; Annual Census of Handicapped Children, Rheumatic Fever, Emergency Maternal and Infant Care.

criteria used were the source of the request and the type of responsibility the Supervisor was requested to assume.

Five categories were established. These are shown in Table II.

TABLE II  
FREQUENCY OF TYPES OF SERVICE  
REQUESTED BY LOCAL AND NON-  
LOCAL SOURCES

Type of Request	Source of Request	
	Local	Non-Local
Resource information	14	6
Specified short term services	1	17
Primary responsibility	4	8
Help with a problem -- agencies	8	1
Help with a problem -- patients	7	
Totals	<u>34</u>	<u>32</u>

Resource information. In this type of request the Supervisor was asked to give information on resources to meet a need. Some of these requests were: resources for placing children with medical problems, facilities administering intelligence tests, and financial resources to meet medical-social needs. The type of resource to meet the need was defined by the source of the request. The Supervisor was given a statement of the case situation to assist her in suggesting a resource. However, the degree of completeness of this statement was quite variable.

The service was requested by local agencies and physicians on such problems as child placement involving medical problems, psychometric and child guidance facilities, and occupational therapy. Boston hospitals requested this service to meet the needs of their patients living in the District.<sup>2</sup>

Specified short term services. Requests for this type of service came from the following non-local agencies: Boston hospitals, Department sanatoria, state-wide voluntary health agencies, and the Boston Chest X-ray program. Some of the types of service requested were for investigations of and recommendations on homes to which sanatoria patients would be discharged. Boston hospitals requested services to assist them in caring for patients, such as, arranging for x-rays to be done locally or a home visit to a patient who was not returning to the hospital for needed treatment. Thus these non-local agencies requested services which had to be performed within the District.<sup>3</sup>

Help with a problem -- agencies. In this type of request the Supervisor was asked to help the requesting agencies with problems, no type of service was specified. Implied in this type of request is the requesting agency will retain primary responsibility for the case and only wishes the Supervisor's

---

2 For case illustration see ch. V, cases two and ten.

3 For case illustration see ch. V, cases eight and eighteen.

assistance to meet problems in the case situation. Of the nine cases in this category, the problem in four cases was described in terms of the symptoms, such as: the patient has difficulty in walking, the patient is a behavior problem in school. In the other five cases the patient's condition had been diagnosed medically but there were difficulties in meeting the medical-social problem. Some of the problems in these five cases were: controlling the activity of a child with a rheumatic heart, meeting the educational needs of an epileptic, care for retarded crippled children who could not be cared for at home.<sup>4</sup>

Help with a problem -- patients and families. In these cases a patient or a family requested help from the Supervisor or requested help from the Department and the request was referred to the Supervisor.<sup>5</sup>

Acceptance of primary responsibility. These requests were made by agencies. In this type of request the Supervisor is asked to take complete responsibility for the problem in the case. This type of request differs from the above category of help with a problem -- agencies in that the request in the above category was for assistance to the requesting agency to handle the problem in the case, or had merely heard

---

4 For case illustration see ch. V, cases one and eleven.

5 For case illustration see ch. V, case six.

of the case incidentally and brought it to the Supervisor's attention. Of the non-local sources of these requests, four came from the Information Service, United Community Services, Boston. The other four requests from non-local agencies came from: Massachusetts Division of the Blind, Bristol County Chapter of the National Foundation for Infantile Paralysis, Lakeville Sanatorium, the physiotherapist for the Southeastern District.<sup>6</sup>

#### Other Information Concerning Requests for Service

These requests came to the Supervisor by letter in forty-eight cases, in conferences in eleven cases, and from local nurses through the District Public Health Nursing Supervisor in four cases. The requests received by letter are, for the most part, indicative of the distance between the source of the request and the District Health Office. This distance makes it difficult to have conferences with the agency requesting service and for that reason the Supervisor may have to rely largely on the information contained in the letter requesting service.

The location of the patients and families for whom service was requested was as follows: thirty-eight cases in the Western section, twelve cases in the Central section, nine cases in the Eastern section, four cases on the islands.

---

<sup>6</sup> For case illustration see ch. V, case sixteen.

C H A P T E R V  
T Y P E S O F S E R V I C E G I V E N

Introduction

The material presented in this chapter is related to the type of service given. First, figures for the incidence of the types of service given will be presented. Then each of the four types of service will be discussed in a section, illustrated with case material, and summarized at the end of the section. At the end of the chapter material will be presented showing the relation of service given to the service that was requested.

Four major types of service were found in sixty-one of the cases studied. These were: resource information, referral, investigation and report, and treatment by interview. The distribution of these major services in the sixty-one cases in which they were given is shown in Table III.

TABLE III

THE NUMBER OF CASES RECEIVING MAJOR TYPES  
OF SERVICE IN SIXTY-ONE CASES

Type of Service	No. of Cases
Referral	30
Investigation and report	18
Resource information	16
Treatment by interview	5
Total no. of cases	69

Table III shows that in eight cases there was overlapping of service, that is, more than one type of major service was given in eight cases. Of the thirty cases in which referrals were made, in twenty-five cases this was the major service. Of the remaining five cases in which referrals were made, this referral service was given in connection with other major types of service. These were: treatment by interview, three cases; investigation and report, two cases.

Resource information also overlapped into another service. It was the major service in thirteen cases of the sixteen shown in Table III. The remaining three cases in which resource information was given were all cases in which the major service was investigation and report.

In the service described as treatment by interview, the writer wishes to indicate that this was the major service in this type of case. That is, the problem in the case which the Supervisor treated was treated by interview with the patient or other members of the family. These were not the only cases in which the Supervisor interviewed patients and families. The total number of cases in which there were interviews was thirty-one. However, it was not possible for the writer to determine the extent or purpose of the treatment given in the interviews in most of these cases. The major types of service in which there were also interviews were: investigation and report, referral.

In five cases none of these major services were given, thus these cases do not appear in Table III. In three cases the parents of the patient lost interest in the service after it had been requested for them by local agencies. In another case the Supervisor took responsibility for getting equipment for a patient at the request of a Boston hospital. No local service was available to meet this need. In the fifth case, an evaluation of the situation indicated that the Supervisor's service was not desired by the parents.

#### Resource Information Service

In this type of service the Supervisor suggests resources to meet the need in the case. Some of these types of requests for service are specifically for a type of resource, while others describe the problem and the supervisor suggests resources to meet the need. Responsibility for making contact with the resource and arranging for service is left to the recipient of the service.

There were thirteen cases in which this was the major service given. Non-local agencies received this service in four cases. There were: Boston hospitals, Information Service of the United Community Services of Boston, and the Rhode Island State Rheumatic Fever program. In seven cases this service was given to the following types of local agencies: social agencies, nurses, a physician, and a hospital.

This service will be illustrated by the six cases presented

in this section.

Case number one

The Medical Social Consultant of the Rhode Island Department of Health wrote to the Supervisor requesting her assistance in working out a plan for a six year old girl living in Seekonk, Massachusetts. The patient had originally been treated at a Providence, Rhode Island hospital for a rheumatic heart condition and the hospital had referred the patient to the Rhode Island State Rheumatic Fever program. The patient was described as a tomboy, runs wild at home, and her mother is unable to discipline her. Due to the patient's heart condition her activity should be limited but the mother has been unable to enforce this. The patient was born out of wedlock. The patient's father has a heart condition and is unable to work so the mother works to support the family. The parents disagree about disciplining the patient and there is other evidence of marital friction.

The Supervisor evaluated the needs in this case and offered the opinion that some type of intensive case work service might be the best approach to the marital problem which appeared to have a direct bearing on the child's unmanageable behavior. Since the Supervisor's own time was limited, she would not be able to give more than two or three interviews in this case which hardly seemed worthwhile because of the complexity of the problem. It was further suggested to the Consultant that a family agency might appropriately handle this problem. Because there was no family agency which served the area in which the family lived, the Supervisor suggested that it might be possible to arrange for this service to be given by a family agency in Fall River or Taunton. However,

both these agencies were small and not too well equipped to give this type of service. Also the distance to these agencies was great enough to make it a liability in a case where extended treatment might be needed. The Supervisor suggested that the family agency in Providence would have the advantage of being larger and better equipped to give the type of service that appeared to be indicated and was considerably closer to the family's home.

The Medical Social Consultant was able to arrange with the Providence agency to give this service.

The Supervisor formulated what type of service was needed on the basis of the information presented to her in the request for service. The information was complete enough for a tentative diagnosis to be made, and on the basis of this diagnosis she could suggest the type of service that would best meet the need. Her information on local family resources and the disadvantages of using them in this case helped the Medical Social Consultant to see the advisability of a referral to the Providence agency. Thus the service in this case assisted a non-local agency to arrive at a decision as to what resource would best meet the need in the medical care of a patient living in the District.

#### Case number two

The Town Nurse on Nantucket requested that the Supervisor inform her of where to make application for placement of a two year old girl. The patient

was described as cerebral palsied and as having "spells." It was necessary for someone to be with her all the time. The patient's mother had to go to work, or go on public assistance and lose their home. She expected to work for about one year and would like to place the child until she would not have to work any more. The nurse was cognizant that it might not be possible to place the child in an institution right away but thought that she should try anyway.

The Supervisor could suggest very little on the basis of the information that the nurse presented as it did not give enough information about the patient's condition or what the medical needs in the case might be. The nurse mentioned incidentally that the patient had been examined at Children's Hospital and the Supervisor requested the social service department at the hospital to send her a report of the patient's examination there and requested any recommendations for placement resources for this case. The following information was received from the hospital.

The patient had been seen in the Seizure Clinic twice and medication had been recommended for controlling the seizures. Reports of these recommendations had been sent to the patient's physician on Nantucket.

The social therapist in the Seizure Clinic had recently been trying to place a similar child and had found the only possibilities were a high priced foster home or institutional care at Monson State Hospital. Admission to the latter would require a two-year wait after application was accepted.

The Supervisor obtains information from other resources in order to understand the need for which she is requested to give resource information. In this case the medical report

from Children's Hospital. Also the specialized knowledge and experience of the social therapist in the Seizure Clinic was utilized in order to have the most recent information on the availability of placement resources for this type of patient.

The Supervisor informed the nurse of the lack of resources for placement and suggested that the following plan might be possible. The nurse might work with the patient's physician toward achieving better seizure control. If this could be accomplished, then it might be possible to find someone to take care of the patient at home while the mother worked.

There were no resources to meet the need in this case within a reasonable length of time. Also the information on the social situation, such as, why the mother had to go to work, why was it felt that the family would lose their home if they received public assistance, were lacking and hampered the effectiveness of the Supervisor's service. However, the nurse had defined what service she wished from the Supervisor and she filled this request by giving information on how to apply for the patient's admission to the Monson State Hospital. The Supervisor also suggested to the nurse that people receiving public assistance do not necessarily have to lose their homes.

Thus the information the Supervisor received from the individual requesting service was inadequate to give the type of service asked for by the nurse. To supplement this information the Supervisor obtained medical reports and to

supplement her own information on this type of resource, a medical social worker specializing in this type of problem was consulted. Thus the Supervisor uses other resources in order to give as complete a service as is possible in the case situation. She utilized her ability to interpret the medical findings in the light of the social situation and made suggestions based on this medical-social evaluation of the problem. She showed an appreciation of what this illness might mean in trying to get someone to care for this patient. Within the limits imposed by this situation she also attempted to interpret the possibilities of public assistance as a resource for this case.

It should be noted that in the above case, as in the preceding it, all the activity by the Supervisor had to be executed by correspondence. In case number two, it would have taken two days out of the Supervisor's time to visit the nurse and clarify the situation. Telephone conferences are usually not possible because of department policy.

#### Case number three

The Fall River Family Society consulted the Supervisor in regard to planning for the discharge needs of a six year old girl. The patient was in a Fall River hospital suffering from an acute phase of rheumatic fever. She could not remain in the hospital after this phase was over but would need convalescent care.

The father's earnings of sixty dollars a week had been inadequate to pay the hospital bill and this would be a demand on his wages for some time to come. There were four siblings, one of which had rheumatic

fever and was at home. Another sibling had recently been operated on for double mastoid condition and there had been the expense for this. The board of public welfare had been approached in regard to paying for the patient's convalescent care but they had been reluctant to assume responsibility.

The need in this case, in respect to service, was for a hospital social service department in the hospital where the patient was being treated. Since there was no social service in the hospital, the local family agency gave service on discharge planning. The Supervisor was asked to assist in this by giving information on resources to fill this medical need, with the added problem of how this care could be financed. The Supervisor again utilized the knowledge of another medical social worker who had experience in a specialized field. In this case, a member of the social service staff of the Department was consulted about resources for rheumatic fever children. The Supervisor also consulted the District Office of the Massachusetts Department of Public Welfare, in regard to the problem of how it might be possible to induce the local board of public welfare to pay for the patient's convalescent care.

The Supervisor helped to fill a gap in local social services by supplying medical-social information resources to a general service agency that was giving direct service to the family. The Supervisor utilized her information on where she could get the specialized information on resources for convalescent care for this type of disease; also she utilized the services of

another social agency in order to help the agency which gave direct service.

In this case the distances were not as great and it was possible for the Supervisor and the family agency to have a conference. When the Supervisor reported her findings, the family agency pointed out that the resource for convalescent care, a Boston institution, was not satisfactory because the family did not wish to have the patient that far from home. The Supervisor was then able to suggest a local resource that might fill the need.

#### Case number four

A physician in Fall River requested information needed by one of his private patients. The patient, a six year old girl, suffered from severe spastic quadraplegia and was mentally retarded. The physician felt the patient should be institutionalized and wished to know what the opportunities were for such care.

The Supervisor suggested that the Wrentham State School for the Feeble-Minded was the only institution available for this type of care. The Supervisor also informed the physician of the procedure to follow in making application, and that a long waiting period could be expected between the time application was made and the patient's admission.

This service assisted a physician to plan care for one of his private patients. The physician had already come to a conclusion as to what type of care the patient needed but lacked the specialized information on what institutions could give this type of care. Additional information was given on

conditions involved in the use of the resource so the physician could plan in the light of the limitations.

Case number five

The District Public Health Nursing Supervisor brought the following problem to the attention of the Supervisor. A boy on Nantucket was a school problem; he loved music and did well in drawing but accomplished very little else in school. The boy appeared to have an "I don't care" attitude. His teacher thought the boy had the ability to learn and wished him to have an intelligence test. The school nurse was trying to make arrangements for such a test and the Supervisor was asked to suggest a resource for this.

The Supervisor suggested that the nurse write the Wrentham State School for the Feeble-Minded and request them to give the test. The Supervisor outlined what information should be presented in applying for this service. The Supervisor asked to be informed if this did not work out satisfactorily and suggested that it might be possible for her to come to the island at a later date if the nurse felt that the problem was serious.

On Nantucket, as in many sparsely populated and remote areas, the local teachers and nurses have to cope with this type of problem as best they can. The Supervisor's assistance is especially limited in this locality because of time required to make the boat trip to the island and the infrequent trips the boats make. The assistance given here was information on a resource to help the local school to determine what the problem was in this boy's case. Because of the limited resources available, the only resource that could be suggested

was fifty miles away.

The Supervisor offered further service on this case, expressing an interest in hearing if this resource was not available to this case and offering further service if the nurse desired it. In cases where local facilities were extremely limited the Supervisor usually tried to give as much assistance as was possible to the local workers who were giving direct service. This point will be developed more completely in the section on referral service.

Case number six

An expectant father in Wareham wrote to the Supervisor that the Information Service of the United Community Services of Boston had suggested that she might be able to help him. His wife was expecting their third child, as he was not working and had no money, he felt the need of financial assistance with this expense. He believed that the doctor's bills would be fifty dollars and the hospital bill seventy-five dollars.

The Supervisor wrote the man that the only resource to meet his need were the local board of public welfare or office of veteran's services. She said that she would ask the local public health nurse to visit them and the nurse might be able to help them plan. The Supervisor wrote the nurse, explained the situation, and asked her to visit the family.

The Supervisor gave resource information to a man requesting her assistance. The need in this case could be met by a local resource, in so far as it is possible to judge from the information the man gave, and the man was informed of this local

resource. The Supervisor also informed the local nurse of the problem so that a local agency would know of the problem and give service if it saw a need. Thus the Supervisor suggested a local resource to a family as the best one to meet their need.

The question might be raised as to why the Supervisor did not look into the problem further before giving the resource information. For example, there might have been some feelings on the man's part about accepting public assistance that would make it impossible for him to use this resource without help. It is not possible to answer this question from the information in the record. However, by informing the local nurse of the problem she brought the situation to the attention of a local agency who could, presumably, request further service from the Supervisor if the situation could not be met by local agencies.

#### Summary

In giving service in these cases, the Supervisor used diagnostic skills, evaluated the social situation in the light of the medical problem, and evaluated the medical need in the light of the social problem. She also evaluated the resources available to meet the medical-social need and shared with persons requesting service this evaluation. These were the skills that went into giving the resource information.

Knowledge of resources was used, both to meet the need in

the case and to meet the Supervisor's need for additional information. Her needs were for more information about the medical problem in the case and resources available to meet the need in the case. In four cases the Supervisor consulted a total of six agencies to get additional information on resources.

This service was given to agencies in eleven cases to assist them in meeting the medical-social needs of patients with whom they were working directly. In two cases the service was given directly to families to assist them in finding resources that could meet their needs.

#### Referral Service

In giving referral service the Supervisor selects a resource to meet the need in the case and makes arrangements with the resource to accept the case for the needed service. Other services were given connection with the referral service. One of these was liaison between the agency requesting service and the resource; another was planning with agencies and families toward meeting the need.

Referral was the major service in twenty-five cases. Local agencies received their service in twelve cases, in eleven cases the recipients were nurses, in four of these cases the Supervisor had direct contact with the families to plan with the nurse and family. In seven cases the Supervisor gave this service directly to patients and families. In six cases

this service was given to non-local agencies which were Lakeville Sanatorium and Boston hospitals.

Case number seven

The Social Service Department, Lakeville State Sanatorium, requested the Supervisor's assistance in arranging transportation for a patient going to the Pondville State Cancer Hospital. The patient was a man in his late forties who had worked as a dishwasher in a New Bedford institution practically all of his working life. He had no home of his own, no relatives, and no money. He had been admitted to Lakeville Sanatorium as it was suspected he had tuberculosis of the ankle bone, but it had now been determined that this condition was cancer. Arrangements had been made with Pondville for him to be seen in the clinic which would be held the following day and it was thought that he could probably be admitted directly to the hospital from the clinic. The Lakeville Social Service Department had attempted to secure transportation resources through the New Bedford Welfare Department but that agency could not meet the need on such limited notice.

The Supervisor referred the case to the public health nurse in Provincetown. The service in this case was directed toward assisting a Boston hospital in their treatment of a patient from the District. On the basis of the case presentation above, the conclusion might be drawn that this was a request for an unnecessary duplication of service. However, the nurse reported in the conferences in which the referral was arranged, that she had not known of the case and the agent of the Board of Health was away and his mail unopened. The Supervisor reported to the hospital that the nurse would not be able to have the x-rays done and the reports sent to the hospital by the time the patient would be seen again in clinic. Arranging

for transportation for eight people to go seventy-five miles to the place where the x-rays could be taken and this could not be done immediately.

In this type of case particularly, and generally in every case, the Supervisor reported what action she had taken to the individual who requested the service. In this case the Supervisor's report helped the hospital to understand why the reports they needed would be delayed and it also informed them that the problem was being handled and whom it was being handled by.

Case number nine

The Town Nurse in Swansea consulted the District Public Health Nursing Supervisor about a preschool child who had been severely burned on the legs at six months of age and could not walk right. The child's mother was worried that the patient was subnormal mentally and the Town Nurse thought that there might be some basis for thinking so from her observation of the patient. The mother wished to have an intelligence test administered to the child. The Nursing Supervisor referred this problem to the Social Work Supervisor.

The Supervisor inquired of the Taunton State Hospital for the Insane as to whether they would give this service but they could not. She contacted the Wrentham State School for the Feeble-Minded and received an appointment for the child to be tested there. The service consisted of finding a resource for a patient cared for by a local nurse and making the referral. As in all the previous cases demonstrated in this section, the referral was for a brief service that was

just one aspect of the patient's medical care.

The referral service is also valuable to Boston hospitals discharging patients with needs that are still unmet. This is illustrated in the case below.

Case number ten

The Social Service Department of the Boston Dispensary requested the Supervisor's assistance in the case of a sixty-five year old New Bedford woman. The patient had been in the Pratt Diagnostic Hospital and had been diagnosed as having Parkinson's Disease. The only medical recommendation that had been made was that the patient should take Rabellon. The Social Service Department had seen the woman for discharge planning and the social worker felt that there were problems around the patient's adjustment to her illness and social situation that were only partially expressed in her talking about her dissatisfaction with her living arrangements. The social worker felt that the patient could use casework service; this had been discussed with the patient and she expressed an interest in talking with someone when she returned home. The Supervisor was requested to advise the Social Service Department of what agency it might make referral to or, if the Supervisor wished, she could make referral to the local agency herself.

The Supervisor discussed the case with the family agency in New Bedford and they accepted the case for service. The Supervisor informed the hospital social service department of this. The service here was directed toward securing casework service for a patient discharged from a Boston hospital because the need had been shown in the discharge planning. The Supervisor made the referral to the local family agency after discussing the case with them.

The Supervisor had the advantage of geographical location over the hospital in this case in that she could discuss the

case in conference with the family agency, whereas, the hospital worker would probably have had to handle it by correspondence. Thus the Supervisor's referral in this case probably expedited the service to the patient. Further, the Supervisor has more contact with the local agencies in the District than non-local agencies do. From these contacts she becomes well acquainted with the services and policies of these local agencies and is generally able to make referrals to these agencies more efficiently and effectively than a non-local agency would be able to.

In the cases above the Supervisor assisted agencies giving medical care to refer patients to a resource. The purpose of this was to fill some need connected with the medical care. In this type of service the Supervisor's activity is, for the most part, limited to making the referral. In the type of case presented below, the service given is more extensive.

#### Case number eleven

The School Nurse in Norton asked for the Supervisor's assistance in the case of a seven year old girl. The patient was a behavior problem in school, being destructive, quarrelsome, and noisy. She has not done very well in her work and her behavior has set her apart from the other children. The teacher was afraid that if the patient remained in the class she would become the "goat" of the rest of the pupils. She also had "spells" in which she went limp and her eyes rolled. There is a history of rheumatic fever and the patient had spinal meningitis at one year of age. The school was afraid to punish her for her behavior because part of her problem might have been due to illness. Her score on the Stanford-Binet Form L was seventy-one. She is the oldest of five children of French-Canadian parents.

The Supervisor made a visit to the nurse and with the nurse made a home visit to the parents. The Supervisor proposed having the patient studied by the Neurological Service at the Massachusetts General Hospital which was agreed to by the nurse and the parents. The Supervisor made arrangements with the hospital for the patient's admission and explained what the problem was. Arrangements for taking the patient to the hospital were handled by the nurse and the family. After the patient's examination, the Supervisor requested a report from the hospital. The report gave the following information.

The patient's diagnosis was mental deficiency and conduct disturbances characterized by quarrelsomeness, stealing, disobedience, destructiveness probably on the basis of post-meningitic encephalopathy. It was recommended that the patient be institutionalized unless the conditions were particularly favorable for her training and proper care at home. Intelligence score was fifty-eight. It was doubtful if she would benefit from being in school.

The Supervisor made a home visit with the nurse and discussed the recommendations with the parents. She suggested they might make application for the patient's admission to the Wrentham State School for the Feeble-Minded: the parents thought they would like to think this over. Later, when the parents decided they would like to apply for the patient's admission to Wrentham, the nurse informed the Supervisor of this. The Supervisor wrote the Superintendent of Wrentham asking for the patient's admission with explanation of the situation. She received the application forms which were

turned over to the nurse and the family to be filled out and returned to Wrentham. The Superintendent wrote the Supervisor when the blanks had been returned to him as the family had put on the blank that the patient had "spells" and Wrentham would not accept the child if this meant she had epileptic seizures. As there was no information in the report of the patient's examination on these "spells," the Supervisor suggested to the Superintendent that he interview the parents in regard to this which the Superintendent agreed to do. The Supervisor left the arrangements for the interview to the local nurse.

The Supervisor's service in this case was directed toward making the final referral that would meet the patient's need. Before this referral could be made, the problem had to be clarified and the nature of the need established. To carry out this necessary preliminary step the Supervisor conferred with the nurse and the family around planning for the examination and to get information pertinent to the social situation. The Supervisor was interested in what the parents wanted to do about this problem and how they could meet the expense and other problems involved in the examination. Then the preliminary referral was made to the Neurological Service to try to establish what the basis of the problem was and what the patient would need.

In this contact with the Boston hospital, the Supervisor's

role was that of the referring agency and she maintained liaison between the hospital and the local nurse and the family. She explained the problem to the hospital and arranged for the examination. After the examination she followed up the hospital when they did not send a report.

With the establishment of the problem and with the medical recommendations to complete the picture of the patient's need, the Supervisor assisted the nurse and the family in planning to meet this need by interpreting the medical recommendations to the nurse and the family, and suggested a resource to meet the need.

The specific services the Supervisor performed in this case might be classified as conferences with the nurse and the parents to plan for the need, first the need to clarify the problem and then to plan for the patient's need. The other service was referral to resources that would meet these needs and carrying through on these referrals by getting the report from the hospital and arranging for the question of the eligibility of the patient for institutional care in this resource to be discussed between the parents and the Superintendent. Thus we might characterize the type of service given in this case as a planning and referral service. The case below will expand this point.

#### Case number twelve

A town public health nurse requested the Supervisor's

assistance in the case of a 'teen age boy who had Legg-Perthes disease. The patient had been treated by a Boston specialist but the family had been unable to continue this treatment for financial reasons. The nurse had referred the patient to a local physician and had hoped that the physician would refer the patient to Services for Crippled Children for treatment. However, the physician had placed the patient on the waiting list for admission to a Boston hospital and the patient was still waiting to be admitted to the hospital for surgery. The patient was supposed to stay in bed but would not stay there.

The Supervisor conferred with the nurse and with the family to determine the medical-social situation and how the family felt about it. The Supervisor found a resource for the patient's treatment at the Lakeville State Sanatorium that would meet the medical and financial situation. She suggested this to the patient's local physician who agreed to refer the patient for treatment. The Supervisor assisted the physician in making application and referred Lakeville to the nurse for the arrangements of specific details concerning the patient's admission.

This case differs from the previous case in that the medical condition is already defined. However, the Supervisor planned with the nurse and the family how to meet the patient's need, in this case, for treatment in a hospital. The Supervisor then worked out a possible plan that met the medical and financial needs and suggested this plan to the local physician who was responsible for the patient's medical care.

In case number eleven, one of the services performed by the Supervisor was acting as liaison between the local nurse and

a Boston hospital. In the following case this liaison service will be demonstrated more fully.

Case number thirteen

The school physician in Westport requested the District Public Health Nursing Supervisor to have the Department make arrangements for the examination of a ten year old girl at the Massachusetts General Hospital. The Nursing Supervisor referred this request to the Social Work Supervisor.

The patient was suspected of having rheumatic heart disease and the Board of Public Welfare was interested in placing the patient in a local children's hospital for medical care. The family had not been consulted in this decision and did not want the child to be away from home especially since one of the patient's four siblings had recently died of leukemia. The purpose of the hospital examination was to determine what the patient's condition might be and what her medical needs were.

The Supervisor made arrangements with the hospital for the patient to be studied, which included the procedures that the school physician wished to have done, what the costs would be, when the patient should come, and where the mother should go and whom to see when she got to the hospital. The information relative to the date of the appointment and where to go in the hospital were given to the school nurse who was working directly with the family. The family agency which had worked with the family on other medical-social problems took the responsibility for arranging the transportation to the hospital. The Supervisor advised the school nurse of this and also suggested to the family agency worker that she get in touch with the school nurse so that they could coordinate their activities in this case.

After the examination, the hospital requested the Supervisor to have a sedimentation rate done on the patient and have the report sent to the hospital. The Supervisor arranged with the school nurse for this to be done and for the school nurse to send the report to the hospital. The Supervisor followed up the hospital after no report of the examination was received and took the opportunity to interpret to the hospital the family's financial situation, requesting that any recommendations for the patient's care be made in the light of the financial situation. The report was received by the Supervisor and sent to the school nurse.

In the above case the Supervisor acted as liaison between the Boston hospital and the local agencies in a diagnostic study. The Supervisor made the referral which included defining what was to be done and the other arrangements. She advised the agencies working directly with the family of the arrangements so they could get the patient there. The Supervisor also acted in this liaison role in arranging for the sedimentation rate. Another service the Supervisor gave in this case was the interpretation of the social situation to the hospital so that the recommendations from the examination could be based on the total medical-social situation.

In seven of the cases in which referral was the major service given the Supervisor gave the service directly to the patient or family. In two of the cases already presented in

this section the Supervisor made home visits to the family while assisting a nurse to give service in the case. However, in these seven cases that cooperative relationship did not exist because the Supervisor had primary responsibility for the case and was working in the case without service from other agencies for some period of time. This period was usually short, however, in this type of case it lasted long enough for the Supervisor to determine what the problem was so that referral could be made to a resource that could give service on the problem.

Case number fourteen

The mother of a cerebral palsy child came to the office to request the Supervisor's assistance in finding speech training facilities for her child. The child had been receiving speech training at the school he attended but the mother felt that this was not adequate. The family financial situation was difficult as both the parents were out of work.

The Supervisor conferred with an officer of the local cerebral palsy organization who offered to make arrangements for the patient to be seen in the Bay State Cerebral Palsy Training Center in Fall River. The officer said that financial arrangements could be made to meet the family's resources and transportation would be provided. The mother was referred to this officer and the Supervisor suggested to the mother that if the child did not receive help at the Cerebral Palsy Center, she should get in touch with the Supervisor again.

The service in this case was referral of a patient to a

resource in another city in the District. The value of the service was not in making the referral alone but in investigating the questions of whether the family would be able to afford to use the resource because of the cost. Also the question of transportation was gone into before referral was made. Thus the service was valuable because it was determined before the patient's need for training but that the family would be able to use the resource.

Case number fifteen

The Social Service Department at Lakeville State Sanatorium referred to the Supervisor the case of a seventeen year old girl who had recently been discharged from the Sanatorium after being treated for poliomyelitis. When the Social Service Department saw the patient at the time of her discharge, she was unhappy about going home and felt that she had a problem. She felt that her father did not want her and was sure that he felt more strongly this way since she had been ill. She would like to go to live with a cousin in Boston and go to school there. The Supervisor was requested to see the patient and help her with this problem as well as help her make arrangements for transportation to go to the Harvard Infantile Paralysis Clinic in Boston.

The Supervisor made three home visits and corresponded with the patient during the time she handled this case.

The Supervisor found the patient, a junior in high school, was rebellious against her parents and home. She was engaged to a twenty-one year old engineering student who would graduate within the next year. There was a good deal of marital discord in the home which was affecting the children. The father was quite restrictive of the patient's activities, especially on letting her go out, insisting that she stay home and take care of the younger children.

The Supervisor corresponded with the clinic to determine

how often the patient would have to come and secured directions as to where the patient should go when she got to the building in which the clinic was held. The Supervisor arranged with the local Red Cross to transport the patient to the clinic.

The Supervisor tried to arrange a referral for intensive case work services to the nearest family agency (twenty-six miles from the patient's home) but that agency felt they could not accept the case because it would be difficult for the patient to come to the agency for treatment. There was no social service in the clinic the patient was attending at the Children's Hospital. However, the Supervisor was able to make a special arrangement with the Social Service Department of the hospital to take the case for study. The Supervisor also put the patient in touch with the Chairman of the local chapter of the National Foundation for Infantile Paralysis for assistance in paying for appliances ordered by the doctor in the clinic.

In the three home visits the patient and her mother were interviewed. The Supervisor's activity in these interviews was directed toward trying to make the home conditions more bearable for the patient and help the patient to stay at home until a referral could be made and work started on the patient's problems around the home. The Social Service Department arranged a referral to the Children's Mission for Children

for service.

This case illustrates the referral service and the difficulties in referring patients in the Central section of the District for case work services due to the lack of facilities in this section of the District. It was only through special arrangement that the patient was accepted by the Children's Hospital Social Service Department for study as that Department did not give service to the clinic the patient was attending. These special arrangements required resourcefulness and imagination on the Supervisor's part as well as a knowledge of resources. Such arrangements take time to work out where they are made with agencies at a distance and this has to be handled by correspondence. The Supervisor's visits to the home were to evaluate the situation and also to try to help the patient to stay home until some arrangements could be made for intensive casework treatment.

Thus the Supervisor did give some treatment to the patient in several interviews trying to work out a more satisfactory situation for her in the home. Since the Supervisor was at the same time trying to arrange a referral for casework treatment it would appear that the purpose of this treatment was not to give intensive case work service but to support and help the patient with the conditions at home while the referral was being made. Thus it may be concluded that in this case the Supervisor gave some treatment service through interviews

to the patient but only in conjunction with the referral which was the main goal in this case.

#### Summary

In the cases studied in this section the Supervisor referred agencies, patients, and families to resources that could meet the medical-social need in the case. Her knowledge of local resources needed by non-local agencies and non-local resources needed by local agencies was used in fifteen of the eighteen cases in which this service was given to agencies. Of the seven cases in which service was given solely to patients and families, referrals were made to non-local agencies in four cases.

In five cases the resource needed was well defined in the request for service and all the Supervisor did was arrange with a resource to accept the case for service. However, in the other twenty cases the referral service was accompanied by other services, such as: planning, liaison, coordination, and clarification of the problem. In giving these services the Supervisor used her skills in evaluating medical-social situations, diagnosing social problems, and using medical reports to clarify the medical problem. Thus the referrals to meet the need in the cases were made after study and evaluation of the medical and social aspects so that referral could be made to a resource that could probably meet the need.

In making referrals the Supervisor was not only interested

in the ability of the resource to give that type of service needed but also would the patient have the interest to use the resource and was it possible for the patient to use the resource in the light of the financial, transportation, and other problems in the patient's situation.

#### Investigation and Report

As a general policy the Supervisor reported what action she had taken in a case to those agencies or individuals who are directly concerned. In some instances the Supervisor was requested to make a report on a situation with which she previously had had no connection or had given no service and the report is the major service requested. Thus it was necessary, usually, for the Supervisor to make an investigation of the situation before she made the requested report.

In other cases the Supervisor was asked to see what could be done about a case situation, and having found that no service was needed, or was not available, she reported her findings to the interested agency. Of the sixteen cases studied in this section this service was given to non-local agencies in fourteen cases. In two cases this service was given to local professional people.

#### Case number sixteen

The Social Service Department of the Children's Hospital, Boston, requested the Supervisor's assistance in the case of a New Bedford boy. The patient had been under treatment in the hospital's Orthopedic Clinic for a club foot condition but he had not returned to the clinic for the last nine months. It

was medically important that the patient should continue this treatment. The hospital social service department had written the family many times but had not received any reply. The Supervisor was asked to see the family and help them to understand the need for continuing treatment.

The Supervisor made a home visit to the family and reported the following information to the hospital.

The parents appeared to be interested in continuing the patient's treatment. However, the father had not felt that he could take the time off from his job to drive the patient to Boston as he was afraid that his employer might fill the job with someone else. As unemployment was very high at that time in New Bedford, there would appear to be some reality in the father's feeling. It was suggested to the father that the hospital social service department might be willing to write his employer stressing the importance of the patient's treatment if the father thought that might help. The family planned to keep their next clinic appointment.

The Supervisor assisted a Boston hospital in treating one of their patients living in the District. The hospital social service department had used all practical means available to them to get the patient to return to clinic. Thus the Supervisor was able to help by giving a service that the hospital could not perform with its own resources. Thus the Supervisor's geographical location was of value in this case. Also the Supervisor, with her knowledge of local conditions was in a better position to interpret the reality of the father's resistance than the hospital social service department. A further value in the Supervisor's giving this service was that as a medical social worker she had an understanding of the importance of continued treatment for this type of condition.

Case number seventeen

The Social Service Department of the Rutland State Sanatorium requested the Supervisor's service to make a study of and recommendation concerning the suitability of a home in New Bedford for a twenty-five year old woman who would be discharged in the near future. The patient was born in New Bedford and at six years of age she went to Portugal remaining there until two years ago. Shortly after she returned to this country she entered the sanatorium diagnosed as far advanced pulmonary tuberculosis. The home to be studied was that of the patient's brother who shared it with their brother-in-law.

The Supervisor interviewed the brother and reported the following information to the sanatorium.

The brother is quite desirous of having the patient come to his home. He has a room that the patient can have to herself and understands that the patient will not be able to do any work right away, although later he hopes she will be able to do the cooking for himself and the brother-in-law. The brother had many questions about the patient's condition which the Supervisor suggested he should talk over with the patient's physician at the sanatorium.

In this case there was need for the Supervisor to evaluate the results of her investigation in terms of the medical situation as the patient's situation in the home after discharge would affect the progress she was making toward regaining her health. The importance of the tuberculosis patient's social situation after discharge is well recognized.

Case number eighteen

The Medical Director of the Massachusetts Cancer Society asked the Supervisor to determine the financial resources available locally to meet the need of a cancer patient living in Seekonk. The Medical Director wished to have a report of the Supervisor's findings as the Cancer Society had been requested by

the social service department of a Rhode Island hospital that was treating the patient to assist financially with the patient's treatment. Specifically, the hospital was concerned about the cost of a course of treatment that had just been completed. The family appeared to be unable to pay the bill especially if there were going to be heavy expenses for treatment in the future.

The Supervisor conferred with the hospital social worker and found that her concern was chiefly with how the cost of future treatment would be met. In a conference with the local welfare worker it was found that the welfare department could probably help with the cost of the nitrogen mustard treatment. The Supervisor visited the family and found that the bill for the nitrogen mustard treatment had been paid by the patient's daughters and they would probably be able to meet future costs for the patient's care. However, the family understood that the patient was now in the terminal stage and would not need any specific treatment. The Supervisor advised the family of the resources of the local welfare department and reported the above findings to the Medical Director of the Cancer Society.

The service was of value to the Cancer Society in clarifying the financial need in the treatment of a cancer patient. The Supervisor's location with respect to the patient's home and her knowledge of the local resources was pertinent to her investigation and helped in giving as prompt service as possible. This investigation and report service provided some interpretation of the situation to the welfare department and

informed the family of the possibility of assistance from the welfare department in the event they should need it in the future.

Case number nineteen

The Information Service of the United Community Services of Boston requested the Supervisor to see what assistance she could give to a family in Kingston. The husband is a psychopathic personality and has been a patient in a Veteran's Administration hospital. He works sporadically and when he is not working the family receive public assistance. His wife is pregnant with their third child and expects confinement in three months. The husband has not provided medical care for his wife and there is evidently no money for this.

The Supervisor visited the local visiting nurse association and the Red Cross and found that the family was known to both agencies. From these agencies the Supervisor learned that the husband was working at the post office during the rush season. He had been receiving public assistance at the time he started work and had continued to accept public assistance while he was working until the board of public welfare learned of his employment. The Supervisor was advised by the local agencies not to try to see the board of public welfare but one of the agencies did call the board and learned that they would assist the family when the husband's current job expired. Both of the agencies consulted would help the family if they applied for assistance. Since the financial problems were presumably provided for and it was reported that the wife had been to the doctor, the Supervisor brought her investi-

gation to a close.

This case was not referred to the Supervisor for investigation and report but rather to evaluate the situation and assist the family if possible. There was nothing the Supervisor could do in the case except to report her evaluation to the Information Service. This case does show the value to the Information Service of this investigation in that they probably had no direct contact with the family and little knowledge of the local situation. With the report of the evaluation, the Information Service is better able to judge what further action, if any, it should take in this case.

Other Divisions of the Department use this service besides Tuberculosis and Sanatoria; one such Division is Maternal and Child Health. In case number twenty service was requested by the Annual Census of Physically Handicapped Children in this Division. One of the functions of the Census is to maintain a register of handicapped children of school age and, in cooperation with the Massachusetts Department of Education, evaluate whether a child is really homebound by doctor's advice and, if so, help such homebound patients as can use educational facilities to get these services.

Case number twenty

The Annual Census of Handicapped Children requested service in the case of a seven year old boy in Somerset whose disability was inability to use his legs. The Annual Census wished to know if the Supervisor thought the patient could benefit from home teaching.

If she believes that he could use this service, she should see that the family physician fills out a report. The child was reported to be under the care of a chiropractor. It was suggested that the Supervisor see what other services the patient might need.

The Supervisor consulted the school nurse who had reported the child to the Census and received the following information which she reported to the Census.

The school nurse had already given the necessary form to the family physician to be filled out for application for home teaching. The nurse considers the child normal mentally. The parents are anxious for the child to have home teaching.

The family feel that the chiropractor is helping the child. They have taken the patient to Shriners Hospital, Children's Hospital, and also had him treated by their own family physician but they feel that none of these have helped the patient. Therefore they are not interested in medical treatment at this time.

The service in this case assisted a Division of the Department to carry out its function by getting information on a local situation in which the Division was interested.

#### Summary

In giving this investigation and report service, the Supervisor studied and evaluated local situations reporting her evaluation to the interested agency or professional person. The skills used in giving this service were diagnosis of social problems and evaluation of the medical social situation.

The Supervisor used her knowledge of local resources to study the situations, contacting a total of ten agencies in six cases. In eleven cases the Supervisor had direct contact with

the patient or family. In these contacts other services were given, such as, resource information, referral, and planning.

#### Treatment by Interview

There were five cases in which the major service the Supervisor gave was in interviews with patients. In three of these cases the number of interviews could be ascertained from the case record. These were: one, four, and five interviews. In one case the exact number could not be determined or estimated approximately but apparently there were about ten interviews. In the fifth case the number could not be determined.

The families receiving this service were located as follows: three in the Eastern section, one in the Central section, and one in New Bedford. This type of treatment is not available in the Eastern and Central sections of the District, therefore, this service was meeting a need that could not be met by any other local agency. In the New Bedford case, this type of service was available but due to the special medical problems in the case, the local agencies giving this service would not accept the case.

#### Case number twenty-one

The Information Service of the United Community Services of Boston referred to the Supervisor the case of a couple in their seventies who were living on Cape Cod. The Information Service had been requested to help the couple by a friend of theirs in Washington, D. C. This friend had given the couple financial support after their foreign investments failed some years before. The friend was no longer able to give

this support and the couple would need other resources. They were reluctant to apply for Old Age Assistance because of their pride.

The couple had been living in an apartment on Cape Cod but this had been too expensive and they moved into a summer cottage which they had occupied during the previous winter. During the winter the husband had contracted pneumonia and had to be hospitalized. The bills for the hospitalization and physician services were still unpaid because of their very small income from the friend.

The Supervisor made five home visits to the couple and helped them to accept the idea of applying for and receiving public assistance. She interpreted to the local welfare official the problem in this case and that official took the responsibility for interpreting the situation to the local hospital. The couple's physician was seen and the situation was interpreted to him. A report of this activity was sent to the United Community Service Information Service.

The Supervisor gave treatment by interview to the couple on the problem of their resistance to accepting public assistance. The service was directed toward helping the couple to apply for help at another agency in contrast to finding an agency that would meet the need as seen in many of the cases in the section on resource information and referral. Referral of this problem to another agency was not possible as this type of service was not available on Cape Cod. The hospital mentioned above had no social service department and no family agency service was available in that section. The Supervisor was filling the need for treatment by interview in this case

in the absence of other resources.

Case number twenty-two

An expectant mother living on Cape Cod requested the Department to inform her of possibilities for placing her expected baby. The mother and father had recently moved to Cape Cod after living with relatives near Boston. Their present home was a summer cottage with no basement. The mother felt that the home would not be warm enough for the baby during the winter and wished to place the child until the weather became warm enough in the spring. The mother's nephew had recently died of pneumonia in more satisfactory housing conditions.

The mother wished to place the child directly from the hospital and preferred a private family as a placement rather than a "home." She also wished for a placement that would be convenient for her to visit. Confinement was expected in September.

This case was referred to the Supervisor who made four home visits, one before confinement, and three after. The Supervisor evaluated the problem and formed the following diagnosis.

The mother was not fundamentally rejecting the baby. Her fears about the baby's health were related to the feeling that the home was inadequate as a winter home and also related to her nephew's death. Having just moved to the Cape recently, she was not acquainted with local weather conditions and believed that cold weather started earlier than was actually the case. Contributing to her fear was a sense of strangeness and lack of social contacts in new surroundings.

In the first home visit the Supervisor assured the couple that cold weather did not start on the Cape until November and on the basis of this the couple planned to bring the baby home from the hospital and keep him at home until the cold weather started. The Supervisor promised she would talk with someone who could supply a list of registered foster homes.

The Supervisor talked with the Division of Child Guardianship about the case and asked them to keep the case in mind in the event that a foster home was needed when the weather got colder. The Supervisor

also conferred with the local public health nurse about the case. The nurse felt that the mother's fears had little basis in reality as other families living under the same conditions on the Cape were able to cope with this type of situation in the home. The Supervisor interpreted to the nurse the mother's newness to the Cape and the connection of the nephew's death with the mother's fears about the baby's health. The case was referred to the nurse to give the mother instruction in caring for the baby.

In the second and third interviews the mother's feelings of strangeness in the town and lack of the social life she had enjoyed in Boston were discussed with her. The possibilities of moving back to Boston were also discussed. The mother did not want to return to the crowded living conditions at her mother's home and she and her husband enjoyed having a home of their own for the first time. The Supervisor observed that while the floor of the home was cool, the temperature was seventy-five degrees in the room. Ways and means of keeping the baby out of drafts were discussed. The Supervisor read with the mother sections of Dr. Spock's Baby Manuel advising a room temperature of sixty degrees and suggestions for clothing the baby. The Supervisor believed that the mother was less anxious about the housing conditions for the baby; she also appeared to enjoy caring for him.

On the fourth visit the Supervisor found that the parents had decided to keep the baby at home through the winter. The mother felt that placing the baby would be very difficult for her because of her attachment for the child. The doctor had told the mother that the baby was healthy and gaining weight rapidly. The Supervisor asked the mother to let her know if there were any more problems around keeping the baby in the home; the mother promised that she would.

The above case is unique in that the Supervisor's service was not directed toward making a referral but helping the mother to feel that placement was not necessary. Of the other four cases, three were directly connected with referrals. Case number twenty-one illustrates the purpose of the treatment by interview in two of the cases, that is, the treatment

was on an emotional problem that blocked the family from using the resource that was needed. In the third case, the treatment was of a supportive nature during the period the patient was awaiting admission to a custodial institution. In the fourth case the Supervisor had one interview with the family in which their problem was clarified for them and appeared to have some bearing on their being able to work out a solution to the problem on their own.

#### Summary

In this type of service the Supervisor utilizes diagnostic and evaluative skills to treat members of the patient's family by interviews. Also, other service was given by referral. In giving this treatment service the Supervisor was filling a need that was not met by existing services.

#### How the Requests for Service Were Met

In this section material will be presented showing how the requests for service were related to the service given. The services given will be presented under the categories of service requested. Thus the first category, resource information, is the service requested. Following this material, information will be presented on the resources used to meet the needs in the cases.

Resource information. Of the twenty requests for service in this category, nine were met by referral service and eight by resource information. From the material presented

illustrating the types of service given, the writer believes it can be said that the requests for service in this category were appropriately met with referral service. Thus in seventeen cases the request for this type of service was met with the type of service that was requested.

Of the other three cases in which other service was given, in one case investigation and report was given to the professional person requesting the service. This report was an evaluation of the situation made in a home visit to the patient's family. The evaluation indicated that the patient was not ready to use the type of resource requested but the Supervisor offered further service when the family were ready to use the resource. The second of these three cases received treatment by interview and through this treatment the family came to see that a resource would not be necessary to their need. In the third case it was not possible to classify it in any of the four major types of service. However, no resource was available to meet the need in the case, for a crib, and the Supervisor secured the loan of a crib from a private individual.

Thus the needs in these requests for service were met in nineteen cases. In the other case the need was not one that could be met at the time service was requested.

Specified short term services. The eighteen requests for service in this category were given investigation and report

service in fifteen cases and referral service in three cases. Fourteen of the fifteen cases in which investigation and report was given it was also the type of service requested. As was mentioned in the discussion of this type of service, other services were given in the investigations and with these other services the requests were met. In the fifteenth case the Supervisor was asked by a Boston hospital to provide consultant services to a nurse who would try to treat a patient's social problems. After forming a diagnosis of the patient's difficulty, the Supervisor reported her evaluation to the agency requesting service. This evaluation indicated the type of service the patient needed was not available locally and when seen by the Supervisor, the problems appeared to be based more on emotional causes than social causes.

In the three cases in which referrals were made, the requests were for clothing for a sanatorium patient, and local treatment for a sanatorium and a hospital patient. The referrals were made to local agencies which could meet the needs in these cases.

Thus in seventeen cases the Supervisor gave the type of service indicated in the request. In the eighteenth case this was not possible and an evaluation of the situation was reported to the agency which had requested service.

Help with a problem -- agency. Of the nine cases with this general type of request for service from agencies, five

were given referral service. In order to give referral service the Supervisor planned with the requesting agency and in some cases also with the parents. In some of these cases there was clarification of the problem in order to determine the needs of the patient while in other cases the needs had already been established.

In two other cases resource information was given with a suggested plan for meeting the need. In one of these cases, the record showed that the suggested plan had been successfully carried out by the agency receiving service. In the other case the record contained only the plan that had been suggested which, if the information in the request was accurate, would have been adequate to cover both the present needs in the case and the future needs.

Two cases showed incomplete service because the parents lost interest in the service.

Thus in these nine cases the Supervisor apparently met the need in the request for service in seven cases, while in two cases the parents lost interest in the service.

Help with problems -- patients. The seven cases in this type of request received the following services: referral, four cases; resource information, two cases; and treatment by interview, one case.

In the cases given referral service, the Supervisor gathered medical and social data on the cases and made referral. In

these four cases the Supervisor was not able to meet the service requested. In three cases the request was for financial assistance which the Supervisor could not provide from Department funds. In two of these cases referral was made to an agency that might be able to help work out the problem. In the other case the family were able to get assistance from a local resource. In the fourth case institutionalization was requested in an institution that could not accept the patient. When an alternative opportunity for institutionalization was presented, the family decided against this plan and referral was made to local agencies that could help the family handle the problem in the home. In these four cases the needs were met with the resources available to meet them. In two cases the needs were met fully, in the other two cases there was no indication of what took place after referral was made to other agencies.

In the cases in which resource information was given, the information given would apparently meet the need in the case. However, this service was conducted by mail and the information about the problem may or may not have described the situation adequately. On the basis of the evidence in the record it can be presumed that the need was met.

In one case treatment by interview was given and apparently this had some bearing on the family being able to solve the problem for themselves at a later date. The problem had to

be solved by the family for themselves, from a case work view point it would have been unwise to meet the request as it was made and practically it was impossible for anyone but the family to solve the problem.

Thus in five cases information was given or referral was made to agencies that would probably be able to help with the problem. In two cases the families solved the problems for themselves, in one of these cases the Supervisor's service appeared to have been some assistance in solving the problem.

Acceptance of primary responsibility. Of the twelve cases requesting this service, the Supervisor accepted responsibility for meeting the need completely in five cases. In four of these cases she was able to meet the needs through treatment by interview and referral to the type of resource that could meet the other needs. In the fifth case the family lost interest in the service after they had requested it.

In three cases the Supervisor accepted a limited amount of responsibility. In one case the patient lived outside of the District and the Supervisor referred the problem to the District Social Work Supervisor in the patient's District. In one case the Supervisor found that another agency was working with the family and she gave consultant service to that agency, however, it appears that the family lost interest. In the third case the Supervisor partially met the needs of a family by referral and obtaining equipment for the care

of the patient. The need left unmet was treatment by interview, this was needed to help the family accept the referral which they were not able to do. Whether the Supervisor was aware of this need and could not give this service or whether she was not aware of the need is not indicated in the case record. The evidence in the record indicates the problem in using the resource was emotional and more severe than any of the emotional problems that the Supervisor undertook to treat in the cases studied. It seems probable that the Supervisor did not feel she had the time to try to cope with this problem or felt that it would not be amenable to the type of treatment she would be able to give.

In three cases the Supervisor studied the situation and found that the problem no longer existed in two cases and in one case there appeared to be no need for treatment at that time. Reports of the findings in these cases were sent to the agency requesting the service.

In one the case the Supervisor did not accept any responsibility for giving service but reported to the requesting agency information on local resources that could meet the needs described.

Resources used. The resources considered here include only those used to meet the needs in the cases. Not included in this section are those resources which the Supervisor used to supplement her own information in order to give service.

Non-local resources used in giving these types of service totaled twenty. The Wrentham State School for the Feeble-Minded was used six times, Boston hospitals five times, and Lakeville State Sanatorium two times. The resources of the Department, excluding resources in the Southeastern District Office, were used four times.

Local resources were used in twenty-six cases. These included: family agencies, six cases; public health nurses, six cases; boards of public welfare, five cases; Red Cross, four cases. In thirteen cases local resources were used to meet requests for service from non-local agencies. All twenty non-local resources were used to meet needs of local agencies and patients. Thus in thirty-three cases non-local agencies were in need of a local resource or local agencies needed a non-local resource.

C H A P T E R VI  
SUMMARY AND CONCLUSIONS

This study was made with the purpose of investigating the service given by the District Public Health Social Work Supervisor in sixty-six cases. The primary focus of the study was on the requests for service, the source from which they came, and how the Supervisor met these requests. The secondary purpose of the study was to investigate the value of the service to its recipients and from this to determine what values for the community were in the service given.

Service was requested by health and welfare agencies and professional people in fifty-five cases. Thirty-two of these requests came from non-local agencies and twenty-three requests came from local agencies. Patients and families requested service in eleven cases.

In thirty-eight cases the request specified that information on resources was needed or other services of short duration were requested. Most of these requests came from agencies which were in need of this service to assist them in giving service to patients and families. In the remaining twenty-eight cases the requests were more general. The Supervisor's help was asked for a problem but the type of service desired was not specified.

The Supervisor met the requests in thirty-eight cases by

referring the case to a resource or by giving information on a resource. In fourteen other cases the Supervisor was asked to give information on a local case situation. This service was given in eighteen cases. In the four cases in which this service was not requested, it was given because it was not possible to give the type of service requested and the report on the situation was made to the agency which had requested service. The Supervisor treated five cases primarily by interviews. This service was given in situations where other facilities for this type of service were not available for the case.

In giving these services the Supervisor made use of certain skills and knowledge. She formulated social diagnosis, evaluated the social and medical problems to determine the need, and evaluated the resources available in terms of their ability to meet the need. This evaluation included the suitability of the resource for the need, the problems involved for a particular case to use a particular resource, and the ability of the patient or family to use the resource.

The knowledge of both local and non-local resources was employed to meet the needs of patients. Also the Supervisor used her knowledge of resources to supplement her own information on resources in special cases. Resources were also used by the Supervisor to obtain further information on the medical aspects in some cases.

Referral and resource information in thirty-three cases showed the need of local agencies and patients for non-local resources or the need of non-local agencies for local resources. In sixteen cases local investigations were conducted for non-local agencies. Thus in a total of forty-nine cases the Supervisor's service made available to non-local agencies local information and services or made information on and services of non-local agencies available to local agencies and individuals.

Thus one of the values of the Supervisor's service to agencies and professional people is the fund of knowledge on types of resources that are used infrequently, if ever, by them. Use of these resources enables the agencies and professional people to give more complete service to the patients and families with whom they are working. But it is not the information on resources alone that is valuable. The Supervisor's use of skills in evaluating the resource in the light of the need in the case is the part of the service that makes the information valuable. Unless the resource can meet the need of the particular patient and the patient is able to use the resource, the information or referral may be of no help to the patient.

Likewise the investigation and report service is useful by providing information on local situations to agencies that cannot make their own local investigations. But the

Supervisor's skill in evaluating the medical-social situation enhances the value of the information reported.

Thus this service is valuable to local and non-local agencies because it enables them to give a more complete service to the patients and families. This is also valuable to the community. The Supervisor's service assisted local agencies to give better service to the community. The service also assists non-local agencies to give more complete service to District patients.

Another value to the community can be seen in those cases in which treatment by interview was given. In these cases the Supervisor gave a service that was not available in the community in four of the five cases. In the fifth case the service was available through a community agency but this agency would not accept the case because of the specialized medical child placement problem.

In conclusion it may be said that the service given by the Supervisor in these cases was varied to fit the needs of the case. The value of the service was based on skills in diagnosing and evaluating the needs in the case and using this in giving resource information, making referrals and investigations, and in giving treatment through interviews. These services were given in the specialized area of medical-social problems, filling a need for consultant and case work services in the District. In most of the cases studied the services

enabled agencies and professions to give a more complete service to District patients thereby promoting the health of individuals in the case and thereby promoting the health of the community.

Approved:

*Richard K. Conant*  
Richard K. Conant  
Dean

## BIBLIOGRAPHY

Books

Smillie, Wilson G., Preventive Medicine and Public Health. New York: MacMillian Co., 1948.

Reports

Commonwealth of Massachusetts, Report of the Special Commission to Study and Investigate Public Health Laws and Policies. Report no. 1200, Massachusetts House of Representatives, 1937.

\_\_\_\_\_, Report of the Special Commission to Study and Investigate Certain Public Health Matters. Report no. 2100, Massachusetts House of Representatives, 1948.

Hill, Esther P., Socially Handicapped Children in Non-Urban Massachusetts. Child Welfare Services, Division of Child Guardianship, Commonwealth of Massachusetts, Department of Public Welfare, 1942.

Snedeker, Lendon, Health Services for Massachusetts Children. Report of the Massachusetts Study of Child Health Services. American Academy of Arts and Sciences, 1949.

Unpublished Material

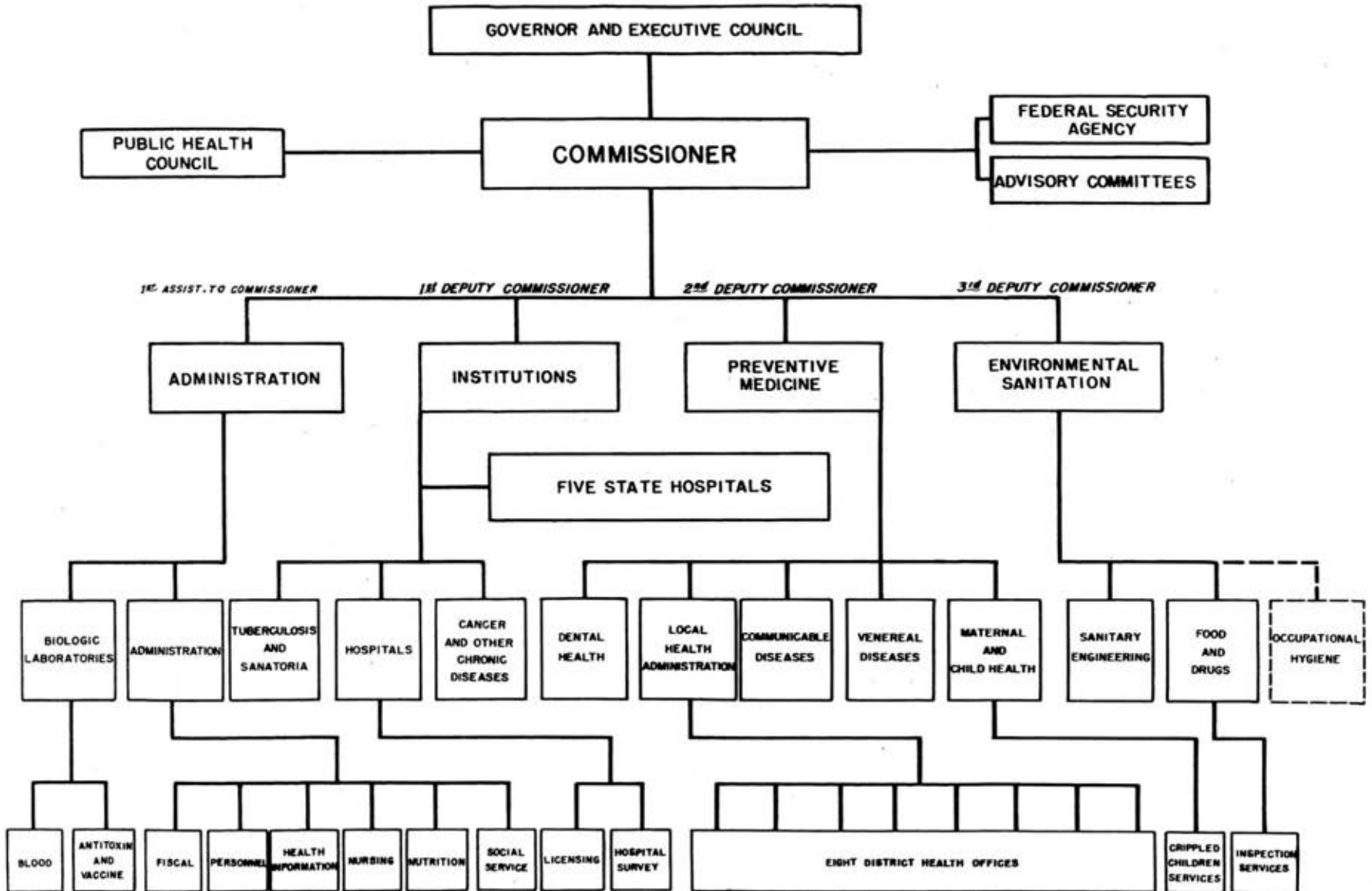
From the files of the Massachusetts Department of Public Health.

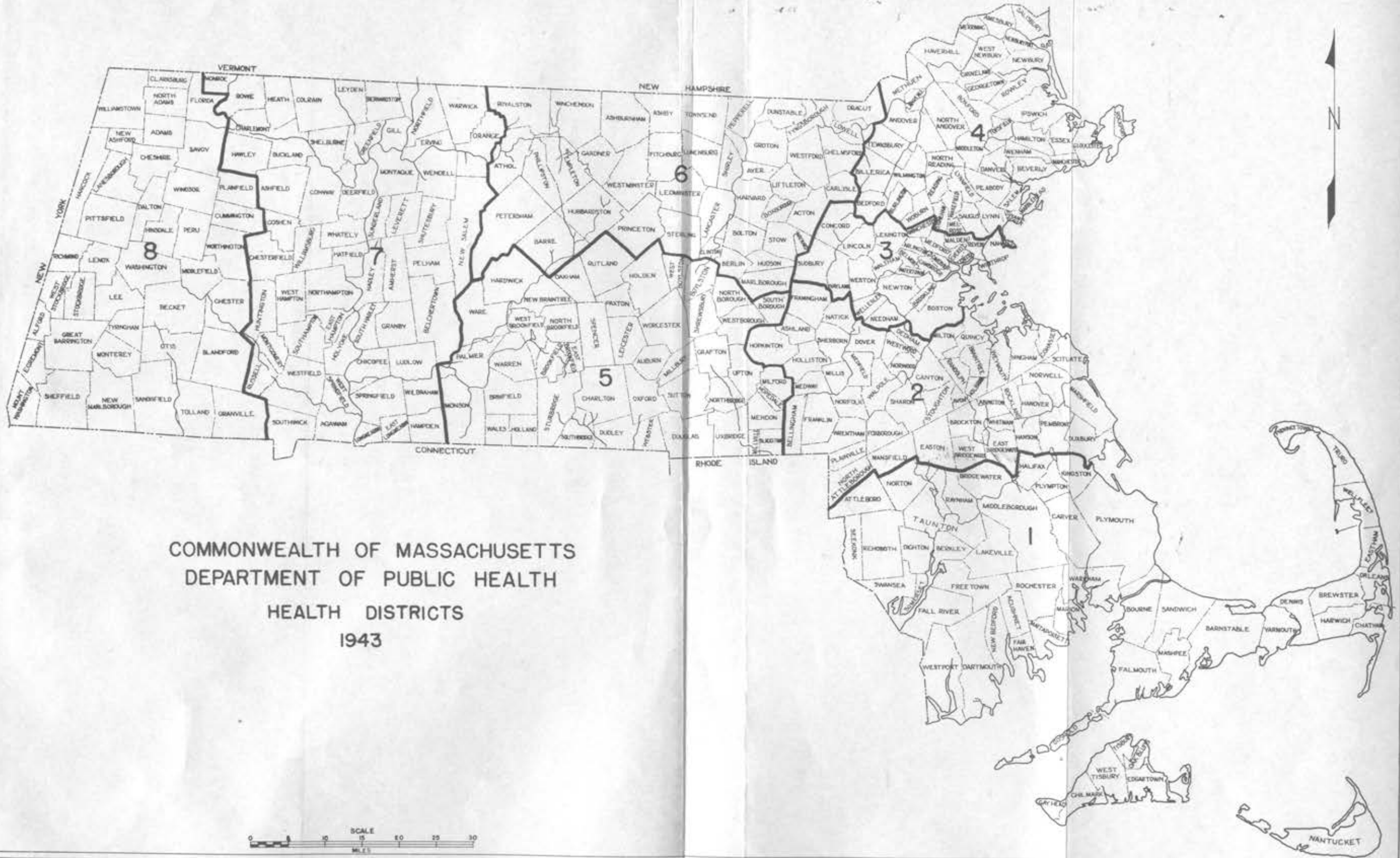
"History of Medical Social Service." Undated.

A Manual of Procedures, "Bureau of Social Work: Its Activities and Responsibilities." Revised, 1947.

Segal, Edith, "The Role of the District Public Health Social Work Supervisor in the Massachusetts Crippled Children's Program." Unpublished Master's Thesis, School of Social Work, Simmons College, Boston, 1947.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
ORGANIZATION CHART





COMMONWEALTH OF MASSACHUSETTS  
 DEPARTMENT OF PUBLIC HEALTH  
 HEALTH DISTRICTS  
 1943

