

A STUDY OF SOCIAL CASE WORK PROCEDURE IN  
JOHANNESBURG, WITH SPECIAL REFERENCE  
TO THE STANDARDIZATION  
OF THIS PROCEDURE

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A THESIS

PRESENTED FOR THE DEGREE

OF

MASTER OF ARTS IN SOCIAL SCIENCE

BY

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## CONTENTS

| <u>Chapter</u> |  | <u>Page</u> |
|----------------|--|-------------|
| I.             | INTRODUCTION .....   | 1           |
| II.            | DEFINITIONS .....  | 5           |
| III.           | METHOD AND PROCEDURE USED IN COLLECTING DATA ..                    | 9           |
|                | A. Method .....  | 9           |
|                | B. Procedure for collecting Data on Agency<br>Practice .....       | 12          |
|                | C. Procedure for collecting Data on Social<br>Worker Opinion ..... | 16          |
| IV.            | NOTES ON STATISTICAL PROCEDURE .....                               | 19          |
| V.             | ANALYSIS OF THE DATA COLLECTED .....                               | 25          |
|                | A. Treatment Objectives .....                                      | 25          |
|                | B. Intake .....  | 32          |
|                | C. Interviewing Conditions .....                                   | 37          |
|                | D. First Interviews with Clients .....                             | 41          |
|                | E. Investigation .....   | 46          |
|                | F. Use of Central Case Register .....                              | 54          |
|                | G. Relations between Agencies .....                                | 60          |
|                | H. Social Diagnosis .....  | 66          |
|                | I. Planning Treatment .....  | 74          |
|                | J. Treatment .....   | 78          |
|                | K. Follow-up and Closing of Cases .....                            | 81          |
|                | L. Research .....  | 85          |
| VI.            | SUMMARY AND CONCLUSIONS .....                                      | 88          |
|                | A. Evidence of Standardization .....                               | 88          |
|                | B. Type of Standardization .....                                   | 94          |
|                | C. General Conclusions .....                                       | 96          |
|                | D. Suggestions for further Research .....                          | 97          |
|                | BIBLIOGRAPHY .....   | 99          |
|                | ACKNOWLEDGEMENTS .....   | 101         |

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Chapter I.INTRODUCTION

The growing interest in the qualitative aspects of social work together with modern interest in methods of social research have resulted in numerous studies in specialized fields of social work. Investigations of those aspects of social work that are common to all branches of social work are comparatively few in number, although a study of general social work procedure forms the basis of the practical training of every student in social work.

Perhaps the most striking conclusion to be drawn from a review of social work literature as a whole is that the authors attempt to set up certain generally acceptable standards in their fields of work and that they do not as a rule succeed in doing so. The failure to set up standards is perhaps partly due to the fact that interest in social research is not always accompanied by a knowledge of scientific procedure; and perhaps the concept 'standard' itself has caused a certain amount of confusion.

The term 'standard' may be used to indicate an objective or end, or it may be used to indicate a measurement of quality or quantity in which e.g. the end can be expressed. Family allowances provided at the rate of 5 shillings per child per week may represent a high standard of family allowances to one person, and a low standard to another, depending on individual conceptions of what family allowances should be. But to both these persons the shilling is the standard measurement in which family allowances are expressed.

Standards, in the sense of objectives, are dependent on our opinion of what the state of affairs should be. Science

can never conclude that such and such an amount of family allowances is desirable, except in the light of the standards set by our philosophy.

Standards, as measurements, may be social, i.e., established by an authority, or by custom or common agreement, without scientific investigation; or they may be established by scientific methods. If a standard of family allowances of 5 shillings per child per week is based on existing average practice as regards family allowances, and is, without scientific investigation, commonly considered adequate for relieving child poverty, then we are dealing with a social standard measurement of the amount of family allowances necessary to relieve child poverty.

In order to arrive at a scientific measurement of the amount of family allowances necessary to relieve child poverty we have, firstly, to replace 'relieving child poverty' by exact economic and social objectives, e.g., the amount of housing, food, clothing, etc. necessary to maintain the health and decency of children; and secondly, to investigate scientifically which activities are best suited to meet these objectives, and if family allowances is amongst them, to define the amount of family allowances in terms of shillings per child per week. To make the resulting measurement an effective standard it is necessary for all those involved in relieving child poverty to co-operate in conforming to the standard. (1)

The activity of social work may be divided into two sections: (a) the correction or prevention of abnormal circumstances; and (b) the amelioration of average practices or the raising of current norms.

(1) In this investigation the term 'standard' will be used to indicate a social or scientific measurement. Where 'standard' indicates an objective, the word 'objective' will be used.

The correction or prevention of abnormal circumstances is conditioned by the subjective view of the social worker or the agency for which she works as to what is 'normal' or what is average practice. The first step in scientific standardization, that of defining exactly our objectives, is, in this case, impossible. Therefore no scientific standards can be laid down as a guide to the correction or prevention of abnormal circumstances.

But in that aspect of social work that deals with the raising of current norms we can set ourselves certain defined objectives and attempt to establish scientifically those standards best suited to the purpose in view. In the field of social case work, for instance, the following might be standardized scientifically:

- (a) definitions of technical terms;
- (b) technical aids;
- (c) rules of procedure;
- (d) basic requirements of clients.

The setting up of standards is a prerequisite of all sound planning in social work, of evaluating the results of social work, and of interpreting social work to the public, leaders of public opinion and students of social work. These needs are too well recognized to-day to require special emphasis here. Standards of some kind are so indispensable to these activities, that where standards are not established scientifically we are likely to find evidence of social standardization.

Where standards have been established scientifically in social work they are seldom found to be the same as those based on common agreement. This does not mean that social standards are of no value. In the field of social case work, which is our main concern in this study, these social standards are the outcome of the accumulated experience of social agencies and individual social workers. This experience is of two-fold value:

firstly, it is to a large extent the result of numerous trial and error experiments, from which what was found to be best has been conserved; and secondly, it provides an approach to scientific study, in suggesting aspects of social case work in which scientific standardization might be profitable.

This investigation was planned with the object of making a contribution to the study of standards in social work and at the same time to provide more factual material than at present available for students in the theory and practice of social work.

It has taken the form of a survey of certain rules of procedure in social case work and of other incidental facts in order to answer the following general questions:

- (a) Is there any evidence of standardization in social case work procedure in Johannesburg? If so:
  - (b) Which procedures have become standard practice, which are likely to become standard practice, and for which of these procedures is there no indication of standardization?
  - (c) Are these standards based on scientific research or are they based on general consent?
  - (d) Does the evidence give us any information on case work procedures outside Johannesburg?
  - (e) Does the evidence suggest any further avenues of research which we may expect to be fruitful?
-

## Chapter II.

### DEFINITIONS.

Prior to obtaining the desired data on the problem, it seemed essential to determine as exactly as is possible at present the meaning of some of the terms in common use in social case work today. The following is a list of terms with their definitions, arrived at after discussion with several case workers. As these terms were to be used in a questionnaire addressed to social workers in the field, they are based on common usage in Johannesburg at the time of the investigation.

Agency - see Social Agency.

Application - making a request for treatment by a social agency.

Application Form - form with blanks to be filled up with data furnished by the person applying.

Case - social problem situation calling for the attention of of a social agency providing case work services.

New Case - case not before attended to by the social agency concerned.

Current Case - case under treatment by the social agency concerned.

Case Committee - group of volunteers and/or social workers organized for the purpose of discussing cases in order to assist in their diagnosis and treatment.

Case Load - number of cases under treatment by one social worker at any one time (or period of time).

Case Record - all information recorded regarding a case collected together to form one unit.

Case Register - see Central Case Register.

Case Supervisor - person responsible for the work of a group of case workers.

Case Work - individualized treatment of cases.

Central Case Register - social agency providing a central index to the case records of member agencies in a community.

Client - human being forming part of a case.

Close a Case - cease to record evidence of and maintain contact with a case.

Diagnosis - attempt to arrive at as exact a definition as is possible of a given case.

Final diagnosis - last diagnosis before treatment commences.

Diagnostic Procedure - course of action followed in diagnosing cases.

Face Sheet - form with blanks to be filled up mainly with the identifying data of a case, generally placed in a prominent position in the case record.

Family - set of relatives living together.

Follow-up - maintain contact with, without treatment.

Full Case Report - written statement of all available data regarding a case, in analyzed and classified form.

Household - group of people living together in a common dwelling and with a common budget.

Index Card - card with blanks to be filled up mainly with the identifying data of a case or a client; index cards are filed in such a way as to provide an index to all the case records of a social agency.

Index Sheet - form with blanks to be filled up with data providing an index to a case record.

Intake - acceptance of cases for treatment.

Interview - method of securing information through a professional conversation with a client or his associate.

Diagnostic Interview - interview with the purpose of diagnosis.

Identifying Interview - interview with the purpose of securing personal identifying data only.

Investigation (of a case) - all forms of inquiry into the facts of a case.

Means Test - examination of the financial resources of an applicant for treatment as a basis for the intake of the applicant concerned.

Medical History Sheet - form with blanks to be filled up with the medical data concerning a client.

Needs Standard - definition of need in relation to the treatment objectives of the social agency concerned.

Objective Data (of a case) - actual facts regarding a case uncoloured by feelings or opinions of the social agency or social worker supplying them.

Psychiatric History Sheet - form with blanks to be filled up with the psychiatric data concerning a client.

Record - see Case Record.

Register - see Central Case Register.

Service - see Social Service.

Social Agency - body organized for the purpose of performing social work.

Scope of a Social Agency - sphere of agency activity as defined by its types of cases, types of social service provided and area in which agency functions.

Social Case Work - see Case Work.

Social Diagnosis - See Diagnosis.

Social Evidence - facts used in arriving at a conclusion in social diagnosis.

Social Experience (with a case) - feelings and opinions regarding social contacts with a case.

Social History Sheet - form with blanks to be filled up with data concerning the social relationships of a client.

Social Service - type of treatment provided by a social agency.

Social Welfare Agency - see Social Agency.

Social Work - all activity on the part of social workers towards: (a) the correction or prevention of abnormal circumstances, and (b) the amelioration of average practices or the raising of current norms.

Social Worker - person qualified through special education and/or experience to solve problems arising in the field of human relationships.

Summary Sheet - form with blanks to be filled up with a summary of the facts, events and treatment of a case.

Treatment - activity based on diagnosis towards treatment objectives.

Treatment Objectives - the complex of ideal social relationships, as contrasted with the actual social relationships, to which an agency or an individual social worker strives.

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### Chapter III.

#### THE METHOD AND PROCEDURE USED IN COLLECTING DATA

##### A. Method.

The methods of investigation included the use of schedule, questionnaire, documents and observation.

Three forms were designed for use in obtaining the data required: Form A, Form B and Form C.

Form A was designed to obtain certain purely administrative data regarding social case work agencies in Johannesburg and to be completed either by the administrative head of the agency concerned or by an investigator. Only in a few instances was it possible to obtain these data from official records. Where records were consulted first, form (A) was checked with the administrative head of the agency concerned, as official records proved to be frequently out of date.

Form B was designed as a schedule to be completed by a skilled investigator in an interview with the case supervisor of a case work agency.

For convenience, case work was divided into the following sections: Intake, The First Interview, Interviews Generally, Investigation, Use of Central Case Register, Relations with other Agencies, Diagnosis, Plan, Treatment, Follow-up, Recording and Research.

Under these headings the data desired were selected on the basis of:

- (1) their value in solving the main problems - for this purpose certain dummy tables were constructed;

- (ii) their value in successful interviewing - certain questions, probably not amenable to statistical treatment proved to be so wound up with the subject that they were included for the sake of smooth interviewing;
- (iii) their availability in reliable form - certain data were obviously available; other data, of doubtful availability, were checked by test questions to social workers.

The schedule was constructed for easy completion during interviews, rather than for use in analysis. It was realized that the nature of the questions demanded active collaboration on the part of the interviewee. To stimulate common interest on the part of the interviewer and the interviewee, the schedule was written out in the form of definite questions in the order in which they might arise in a discussion. The interviewee would then be able to understand the process of completing the schedule, taking a live interest not only in the answers, but also in the questions themselves.

The remark column was included:

- (i) to record any very recent changes or changes contemplated in the near future;
- (ii) to record any important relevant data not covered by the questions;
- (iii) to record any explanations the interviewee might wish to have recorded.

The experience gained in two test interviews was used in drawing up the final schedule.

Form C was designed as a questionnaire to be completed by social workers attached to case work agencies. Where the schedule asks for factual data on case work as performed under existing circumstances, the questionnaire asks mainly for the case worker's opinion as to how case work should be performed under ideal circumstances. A few simple factual questions, of importance mainly as a check on the schedule, were also included.

The data desired were selected on the same principles as those of the schedule.

The questionnaire was constructed in such a way that nearly all questions required to be answered either 'yes' or 'no'. Questions were placed in the same order as in the schedule, again to facilitate answering. A remark section was included in order to stimulate response and to facilitate the answering of 'yes' or 'no' to ethical questions.

The questionnaire was tested and rephrased after discussion with a small group of case workers.

---

Name of Agency .....

Address .....

Information supplied by .....

Tel. No. ....

Offices held .....

Sch. ....

Investigator .....

Date rec. ....

I. Paid Social Workers employed

Name

Professional Qualifications

Date of Appointment

Main Duties  
If part-time add (P)

|          |       |       |       |
|----------|-------|-------|-------|
| 1. ....  | ..... | ..... | ..... |
| 2. ....  | ..... | ..... | ..... |
| 3. ....  | ..... | ..... | ..... |
| 4. ....  | ..... | ..... | ..... |
| 5. ....  | ..... | ..... | ..... |
| 6. ....  | ..... | ..... | ..... |
| 7. ....  | ..... | ..... | ..... |
| 8. ....  | ..... | ..... | ..... |
| 9. ....  | ..... | ..... | ..... |
| 10. .... | ..... | ..... | ..... |
| 11. .... | ..... | ..... | ..... |
| 12. .... | ..... | ..... | ..... |
| 13. .... | ..... | ..... | ..... |
| 14. .... | ..... | ..... | ..... |
| 15. .... | ..... | ..... | ..... |
| 16. .... | ..... | ..... | ..... |

Main Duties

- 21. ....
- 22. ....
- 23. ....
- 24. ....
- 25. ....
- 26. ....
- 27. ....
- 28. ....
- 29. ....
- 30. ....

IV. Definition of Client

- Nationality .....
- Ethnic Group .....
- Religion .....
- Sex .....
- Age Group .....
- Means Test .....
- Residence .....
- Membership .....
- Other .....

Main Duties

- 31. ....
- 32. ....
- 33. ....
- 34. ....
- 35. ....
- 36. ....
- 37. ....
- 38. ....
- 39. ....
- 40. ....

V. Main Functions of Agency (in order of importance)

- 1. ....
- 2. ....
- 3. ....
- 4. ....

VI. Area in which Agency Functions

- Union of S.A. .... Province(s) .....
- Municipality(ies) .... District(s) .....

VII. Coordinating Bodies to which affiliated:

- .....

RESEARCH INTO STANDARDS OF SOCIAL WORK  
(Social Case Work Section)

Name of Agency ..... Sch. ....  
 Address ..... Tel. No. ....  
 Information obtained from ..... Office held .....  
 Investigator ..... Date .....

| <u>Intake</u>   | REMARKS. |
|---|----------|
| a) Does the Agency accept as clients all persons defined under A(4)?<br>.....<br>b) Can the Agency maintain the desired standard of work on this basis?<br>.....<br>c) Does the Agency, in order to maintain the desired standard of work, limit its intake? .....<br>d) If intake is limited, does the acceptance of an applicant for treatment depend on:<br>1. race? .....<br>2. nationality? .....<br>3. religion? .....<br>4. priority of application? .....<br>5. needs standards? .....<br>e) Does the Agency accept direct applications by a client or his associates? .....<br>f) Does the Agency accept indirect applications by professional interested agencies or persons? ..... |          |

| <u>I. First Interviews</u>   | REMARKS. |
|--|----------|
| a) Is the information obtained at a first interview:<br>1. identifying? .....<br>2. diagnostic? .....<br>b) Is the client required to complete an application form? .....<br>c) Which staff-member(s) is/are in charge of first interviews? (.....)<br>(.....)<br>d) Is the first diagnostic interview, as a general rule, held:<br>1. in the client's own home? .....<br>2. in the Agency's office? .....<br>e) Are first interviews, as a general rule, arranged by appointment? ..... |          |

| <u>II. Interviews Generally</u>  | REMARKS. |
|--|----------|
| a) Are office interviews with clients, as a general rule, arranged by appointment? .....<br>b) Does the Agency set aside certain specific periods as consulting hours? ..... (.....)<br>c) Under what conditions are office interviews held as regards:<br>1.(i) room(s) shared with s.w.? ..... 5. sanitary arrangements?<br>(ii) room(s) shared with clients? .....<br>(iii) sound? ..... 6.(i) waiting room? .....<br>2.(i) furniture? ..... (ii) mirror? .....<br>(ii) hearing? ..... (iii) periodicals? .....<br>3. lighting? ..... 7. other?(.....)<br>4. ventilation? ..... (.....) |          |

IV. Investigation

- (a) Is the Agency concerned with:
  - 1. the history of its cases? .....
  - 2. the present circumstances of its cases only? .....
- (b) Does the Agency, as a matter of routine, verify data by means of:
  - 1. documents? .....
  - 2. other social agencies? .....
- (c) Does the Agency contact, as a matter of routine, if relevant and available:
  - 1. relatives, first degree? .....
  - 2. other relatives? .....
  - 3. friends? .....
  - 4. present neighbors? .....
  - 5. former neighbors? .....
  - 6. present employers? .....
  - 7. former employers? .....
  - 8. physicians? .....
  - 9. hospitals? .....
  - 10. police? .....
  - 11. teachers? .....
  - 12. clergymen? .....
  - 13. present landlords? .....
  - 14. former landlords? .....
  - 15. courts? .....
  - 16. lawyers? .....
  - 17. tradesmen? .....
  - 18. other agencies? ..... (.....)
  - (.....)
  - 19. other sources? ..... (.....)
  - (.....)
- (d) Does the Agency give special weight to any of the above sources? .....
- ..... (underline)

V. Use of Case Register

New cases:

- (a) Does the Agency contact the Register:
  - 1. as soon as identifying data are available:
    - (i) by telephone? .....
    - (ii) by post? .....
  - 2. after the first diagnostic interview:
    - (i) by telephone? .....
    - (ii) by post? .....
  - 3. never? .....
- (b) Does the Agency contact all other agencies reported by the Register to know the case? .....
- (c) Are the agencies contacted selected on the basis of:
  - 1. the nature of the service they provide? .....
  - 2. their date of registration? .....
  - 3. on any other basis? ..... (.....)
  - (.....)
- (d) Which staff-member(s) is/ are responsible for contacting the Register? (.....)

Current cases:

- (e) Does the Agency contact the Register:
  - 1. at regular intervals:
    - (i) by telephone? .....
    - (ii) by post? .....
  - 2. only in special circumstances: (.....)
    - (i) by telephone? .....
    - (ii) by post? .....
  - 3. never? .....
- (f) Which staff-member(s) is/are responsible for contacting the Register? (.....)

VI. Relations with Other Agencies

- (a) Does the Agency contact other agencies regularly:
  - 1. in order to obtain objective data about a given client? .....
  - 2. in order to obtain their social experience with a given client? .....
  - 3. in order to co-operate in treatment? .....
  - 4. in order to spontaneously give information which might be of use to another agency? .....
- (b) Which agencies (if any) are primarily contacted for the purpose of:
  - (a) 1.? { .....
  - (a) 2.? { .....
  - (a) 3.? { .....
  - (a) 4.? { .....
- (c) By which other agencies is the Agency primarily contacted for the purpose of:
  - (a) 1.? { .....
  - (a) 2.? { .....
  - (a) 3.? { .....
  - (a) 4.? { .....
- (d) Does the Agency communicate with other agencies about a client:
  - 1. directly? .....
  - 2. through the client? .....
  - 3. through other intermediaries? ..... (.....)
- (e) Does the Agency refuse information to another agency when:
  - 1. the ethical dependability or standing of the enquiring agency is not definitely known? .....
  - 2. the inquiring agency refuses to give the reason for requesting information? .....
  - 3. the inquiring agency withholds adequate information which the Agency believes to be important for securing the data requested? .....
- (f) Does the Agency in a report to another agency give information, which is of importance to a full understanding of the case, but might prove harmful to a client:
  - 1. when the second agency's standards are acceptable? .....
  - 2. when the second agency's standards are unknown? .....
  - 3. when the second agency's standards are doubtful? .....
- (g) Does the Agency make its records available to social workers in other agencies?
  - 1. always? .....
  - 2. only in specific instances? ..... (.....)

VII. Diagnosis

- (a) Does the Agency for the purpose of diagnosis consider as unit:
  - 1. the individual? .....
  - 2. the family? .....
  - 3. the household? .....
- (b) Has the Agency any standardized outline of a full case report? ..... (A-2)
- (c) Has the Agency any provision for temporary treatment until diagnostic procedure has been fully completed? .....
- (d) Has the Agency any time limit within which diagnostic procedure must be completed? .....
- (e) Does the responsibility for final diagnosis of a case rest with:
  - 1. the social worker in charge of the investigation? .....
  - 2. a case supervisor? .....
  - 3. a case committee? .....
  - 4. any other person or group of persons? ..... (.....)
- (f) Where diagnosis is in the hands of a case committee, are cases presented by:
  - 1. the social worker in charge? .....
  - 2. the case supervisor? .....
  - 3. any other person or group of persons? ..... (.....)
- (g) Does the Agency periodically review, as a matter of routine, cases under treatment? .....
- If so, what period is allowed to elapse between:
  - 1. initial diagnosis and first review? (.....)

VIII. Plan

- (a) Has the Agency laid down any general formula expressing its treatment objectives? ..... (A-3)
- (b) Is the Agency in its treatment objectives specifically concerned with:
  - 1. food? .....
  - 2. clothing? .....
  - 3. housing? .....
  - 4. medical care? .....
  - 5. education? .....
  - 6. recreation? .....
  - 7. culture? .....
  - 8. human relationships? .....
  - 9. income? .....
  - 10. other? .....
 (.....)
- (c) Has the Agency laid down any measurable objective for:
  - 1. food? ..... (A-4)
  - 2. clothing? ..... (A-5)
  - 3. housing? ..... (A-6)
  - 4. medical care? ..... (A-7)
  - 5. education? ..... (A-8)
  - 6. recreation? ..... (A-9)
  - 7. culture? ..... (A-10)
  - 8. human relationships? ..... (A-11)
  - 9. income? ..... (A-12)
  - 10. other? .....
 (.....)
- (d) Is/are the person(s) responsible for diagnosis also responsible for planning treatment? .....  
If not, who is? (.....)
- (e) Does the Agency discuss its plan of treatment with other agencies dealing with the case:
  - 1. always? .....
  - 2. only in special circumstances? .....(.....)
 (.....)
- (f) Does the Agency discuss its plan of treatment with the client(s) concerned:
  - 1. always? .....
  - 2. only in special circumstances? .....
- (g) In case of refusal of a client to accept the treatment planned, does the Agency:
  - 1. attempt to enforce its treatment? .....
  - 2. modify its plan? .....
  - 3. withdraw from treatment? .....

IX. Treatment

- (a) Is/are the person(s) responsible for carrying out treatment the same as those responsible for planning treatment? .....  
If not, who is? (.....)
- (b) Which of the following treatment methods does the Agency use:
 

|  |               |                                |
|--|---------------|--------------------------------|
|  | <u>itself</u> | <u>through other agencies?</u> |
| 1. budgeting? .....                          | .....         | .....                          |
| 2. promotion of physical health?.....        | .....         | .....                          |
| 3. promotion of mental health? .....         | .....         | .....                          |
| 4. social use of law? .....                  | .....         | .....                          |
| 5. placement in homes or institutions? ..... | .....         | .....                          |
| 6. placement in employment? .....            | .....         | .....                          |
| 7. after-care?(.....)                        | .....         | .....                          |
| 8. education? .....                          | .....         | .....                          |
| 9. protection?(.....)                        | .....         | .....                          |
| 10. supervision? (.....)                     | .....         | .....                          |
| 11. other? { .....                           | .....         | .....                          |
| { .....                                      | .....         | .....                          |
| { .....                                      | .....         | .....                          |
- (c) Is treatment given:
  - 1. on the Agency's premises? .....
  - 2. in the client's own home? .....
- (d) Does the Agency periodically review its treatment as a matter of routine? .....  
If so, what is the maximum period allowed to elapse between such reviews? (.....)

I. Follow-up

- (a) Does the Agency, as a matter of routine, follow up cases no longer under treatment:
  - 1. when a client refuses treatment? .....
  - 2. when the Agency refuses to give further treatment? .....
  - 3. when a client wants to maintain contact with the Agency? .....
  - 4. when the Agency wants to maintain contact with a client? .....
- (b) Does the Agency close a case:
  - 1. when a client refuses treatment offered by the Agency? .....
  - 2. when a client can no longer be defined under (A4), though wanting further treatment? .....
  - 3. when a client dies? .....
  - 4. when the Agency no longer provides the service required? .....
  - 5. when a client goes to another agency? .....
  - 6. when the Agency refers a client to another agency? .....
  - 7. when a client moves to another district? .....
- (c) Has the Agency any standards relating to the quantity of treatment given?
  - 1. as laid down in (A-15)? .....
  - 2. as unwritten policy? ..... { .....
  - (.....)
- (d) Has the Agency any standards relating to the number of cases per social workers?
  - 1. as laid down in (A-16)? .....
  - 2. as unwritten policy? ..... { .....
- (e) Has the Agency any standards relating to the number of visits per social worker?
  - 1. as laid down in (A-17)? .....
  - 2. as unwritten policy? ..... { .....
- (f) Has the Agency any standards relating to the number of interviews per social worker?
  - 1. as laid down in (A-18)? .....
  - 2. as unwritten policy? ..... { .....

II. Recording

- (a) Does the Agency use any of the following recording forms?
  - 1. Application form? ..... (A-20)
  - 2. Face Sheet? ..... (A-21)
  - 3. Index Card? ..... (A-22)
  - 4. Medical History Sheet? ..... (A-23)
  - 5. Psychiatric History Sheet? ..... (A-24)
  - 6. Social History Sheet? ..... (A-25)
  - 7. Index Sheet? ..... (A-26)
  - 8. Summary Sheet? ..... (A-27)
- (b) Is correspondence:
  - 1. interloaved with the text? .....
  - 2. filed consecutively? .....
  - 3. filed in any other manner? ..... { .....
- (c) Does the Agency include periodic summaries in its records? .....
- (d) Does the Agency differentiate in its recording between different types of cases? ..... { .....

III. Research

- (a) Does the Agency make its records available to:
  - 1. students engaged in research projects? .....
  - 2. others engaged in scientific projects? .....
  - 3. the public? .....
- (b) Have the Agency's records ever been used for research purposes?
  - ..... { .....
  - (.....)
  - (.....)
  - (.....)
  - (.....)

RESEARCH INTO STANDARDS OF SOCIAL WORK.

(Social Case Work Section)

C/o Department of Social Studies,  
University of the Witwatersrand  
Milner Park,  
JOHANNESBURG.

31st July, 1945.

Dear Sir/Madam,

I should be very grateful for your co-operation in a research project into 'Standards of Social Work and their relation to Co-operative Planning'. The study is being carried on with generous financial assistance from the National Research Council and Board.

You are kindly requested to complete and return the enclosed questionnaire, which refers to methods and procedures in Social Case Work. In answering the questions contained therein you are giving us your opinion as to how Case Work should be performed, under ideal conditions, in the type of work in which you are engaged.

All questions should be answered either 'yes' or 'no', unless otherwise specified. Where your opinion is doubtful the answer 'yes' or 'no' may be qualified in the 'Remarks' section. Questions which you cannot answer at all may be left blank.

We are concerned with you in your capacity of professional Social Worker only, so that you are known to us only by number and not by name.

Trusting that your co-operation will be forthcoming, I shall be very glad to receive your completed questionnaire before 18th August, 1945.

Yours very sincerely,

L. Arnold.

Note: You will be invited to a discussion of some of the problem contained in the questionnaire at a meeting of the Case Workers' Sub-Committee of the Social Workers' Association soon after all completed questionnaires have been returned.

RESEARCH INTO STANDARDS OF SOCIAL WORK  
(Social Case Work Section)

I. Intake of Social Agencies

- |   | Yes   | No    |
|---|-------|-------|
| (a) Should an agency accept as clients all persons falling within the scope of the agency, even though this means a lower standard of work? | ..... | ..... |
| (b) Should an agency in order to maintain the desired standard of work limit its intake to such a number as can be cared for adequately?    | ..... | ..... |
| (d) If intake is limited, should acceptance of an applicant for treatment depend on   |       |       |
| 1. race?  | ..... | ..... |
| 2. nationality?   | ..... | ..... |
| 3. religion?  | ..... | ..... |
| 4. priority of application?   | ..... | ..... |
| 5. needs standards?   | ..... | ..... |

REMARKS:

II. First Interviews with Clients

- |  |       |       |
|--|-------|-------|
| (a) Should information obtained at the first interview with a client generally be                          |       |       |
| 1. identifying?  | ..... | ..... |
| 2. diagnostic?   | ..... | ..... |
| (b) Should clients be required to complete their own application forms, when they are capable of doing so? | ..... | ..... |
| (c) Should the staff-member in charge of a first interview be  |       |       |
| 1. a trained social worker?  | ..... | ..... |
| 2. a clerk?  | ..... | ..... |
| 3. any other person? (specify) .....   | ..... | ..... |
| (d) Should the first diagnostic interview, as a general rule, be held                                      |       |       |
| 1. in the client's own home?   | ..... | ..... |
| 2. in the agency's office?   | ..... | ..... |
| (e) Should first interviews, as a general rule, be arranged by appointment?                                | ..... | ..... |

REMARKS:

III. Interviews Generally

- |  |       |       |
|--|-------|-------|
| (a) Should office interviews with clients, as a general rule, be arranged by appointment?            | ..... | ..... |
| (b) Should a social worker set aside certain specific periods as consulting hours?                   | ..... | ..... |
| (c) Do you consider the conditions under which you conduct office interviews satisfactory as regards |       |       |
| 1. privacy?  | ..... | ..... |
| 2. furniture?  | ..... | ..... |
| 3. lighting?   | ..... | ..... |
| 4. ventilation?  | ..... | ..... |
| 5. sanitary arrangements?  | ..... | ..... |
| 6. waiting room?   | ..... | ..... |
| 7. other? (specify) .....  | ..... | ..... |

REMARKS:

**IV. Investigation**

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| (a) Are you, in investigating a case, concerned mainly with   |            |           |
| 1. the history of the case?   | .....      | .....     |
| 2. the present circumstances of the case only?  | .....      | .....     |
| (b) Should a social worker always, as a matter of routine, verify data, whenever possible                                       |            |           |
| 1. by means of documents?   | .....      | .....     |
| 2. by means of other social agencies?   | .....      | .....     |
| (c) Which of the following sources of information should be contacted in an investigation, as a matter of routine, if available |            |           |
| 1. relatives 1st degree? - - - - -  | .....      | .....     |
| 2. other relatives? - - - - -   | .....      | .....     |
| 3. friends? - - - - -   | .....      | .....     |
| 4. present neighbors?   | .....      | .....     |
| 5. former neighbors?  | .....      | .....     |
| 6. present employers?   | .....      | .....     |
| 7. former employers?  | .....      | .....     |
| 8. physicians? - - - - -  | .....      | .....     |
| 9. hospitals? - - - - -   | .....      | .....     |
| 10. police? - - - - -   | .....      | .....     |
| 11. teachers? - - - - -   | .....      | .....     |
| 12. clergymen? - - - - -  | .....      | .....     |
| 13. present landlords?  | .....      | .....     |
| 14. former landlords?   | .....      | .....     |
| 15. courts? - - - - -   | .....      | .....     |
| 16. lawyers? - - - - -  | .....      | .....     |
| 17. tradesmen? - - - - -  | .....      | .....     |
| 18. other agencies that have dealt with the case? - - - - -   | .....      | .....     |
| (cd) Do you, in your work, give special weight to any of the above sources?   | .....      | .....     |
| If so, underline in the above list those sources to which you give special weight.  |            |           |
| Are there any sources, not on the above list, which you contact as a matter of routine, if available?                           | .....      | .....     |
| If so, specify these: .....   |            |           |
| .....   |            |           |

**REMARKS:**

**V. Use of Central Case Register**

New Cases:

- |  |       |       |
|--|-------|-------|
| (a) Should an agency contact the Register  |       |       |
| 1. as soon as identifying data are available   |       |       |
| (i) by post?   | ..... | ..... |
| (ii) by telephone?   | ..... | ..... |
| 2. after the first diagnostic interview  |       |       |
| (i) by post?   | ..... | ..... |
| (ii) by telephone?   | ..... | ..... |
| 3. never?  | ..... | ..... |
| (b) Should an agency contact all other agencies reported by the Register to know the case? | ..... | ..... |
| (c) Should the agencies contacted be selected on the basis of                              |       |       |
| 1. the nature of the service they provide?   | ..... | ..... |
| 2. their date of registration?   | ..... | ..... |
| 3. on any other basis? (specify) .....   | ..... | ..... |
| (d) Should the person contacting the Register regarding a new case be                      |       |       |
| 1. the social worker in charge of that case?   | ..... | ..... |
| 2. some other person specially appointed for the purpose?                                  | ..... | ..... |

Current Cases:

Yes No

- 1) Should an agency contact the Register regarding current cases
  - 1. at regular intervals
    - (i) by post? .....
    - (ii) by telephone? .....
  - 2. only in special circumstances
    - (i) by post? .....
    - (ii) by telephone? .....
  - 3. never? .....

- 2) Should the person contacting the Register regarding a current case be
  - 1. the social worker in charge of that case? .....
  - 2. some other person specially appointed for the purpose? .....

MARKS:

Relations with other Agencies

- 1) Should an agency contact other agencies regularly
  - 1. in order to obtain objective data about a given client? .....
  - 2. in order to obtain the social experience of other agencies with a given client? .....
  - 3. in order to co-operate in treatment? .....
  - 4. in order to give information which may be of use to another agency, but has not been specially asked for? .....

- 2) Should an agency communicate with other agencies about a client
  - 1. directly? .....
  - 2. through the client? .....
  - 3. through other intermediaries? (specify) .....

- 3) Should an agency refuse information to another agency
  - 1. when the ethical dependability or standing of the inquiring agency is not definitely known? .....
  - 2. when the inquiring agency refuses to give the reasons for requesting information? .....
  - 3. when the inquiring agency withholds adequate information which the first agency believes to be important for securing the data requested? .....

- 4) Should an agency in a report to another agency give information, which is of importance to a full understanding of the case, but which might prove harmful to a client
  - 1. when the second agency's standards are acceptable? .....
  - 2. when the second agency's standards are unknown? .....
  - 3. when the second agency's standards are doubtful? .....

- 5) Should an agency make its records available to social workers in other agencies
  - 1. always? .....
  - 2. only in specific instances? .....

MARKS:



|  | Yes                     | No                      |
|--|-------------------------|-------------------------|
| c) Have you in your treatment objectives laid down any measurable standard for (specify)   |                         |                         |
| 1. food? .....   | .....                   | .....                   |
| 2. clothing? .....   | .....                   | .....                   |
| 3. housing? .....  | .....                   | .....                   |
| 4. medical care? .....   | .....                   | .....                   |
| 5. education? .....  | .....                   | .....                   |
| 6. recreation? .....   | .....                   | .....                   |
| 7. culture? .....  | .....                   | .....                   |
| 8. human relationships? .....  | .....                   | .....                   |
| 9. income? .....   | .....                   | .....                   |
| 10. other? .....   | .....                   | .....                   |
| d) Should the person(s) responsible for diagnosis also be responsible for planning treatment?<br>If not, who should? (specify) .....   | .....                   | .....                   |
| e) Should an agency discuss its plan of treatment with other agencies dealing with the case<br>1. always?<br>2. only in special circumstances?                                     | .....<br>.....          | .....<br>.....          |
| f) Should an agency discuss its plan of treatment with the clients concerned.<br>1. always?<br>2. only in special circumstances?   | .....<br>.....          | .....<br>.....          |
| g) In case of refusal by a client to accept the treatment planned, should the agency<br>1. attempt to enforce its treatment?<br>2. modify its plan?<br>3. withdraw from treatment? | .....<br>.....<br>..... | .....<br>.....<br>..... |

REMARKS:

4. Treatment

|   |                |                |
|---|----------------|----------------|
| a) Should the person(s) responsible for carrying out treatment be the same as those responsible for planning treatment?   | .....          | .....          |
| b) Should treatment be given as far as possible<br>1. on the agency's premises?<br>2. in the client's own home?   | .....<br>..... | .....<br>..... |
| c) Should an agency periodically review its treatment as a matter of routine?<br>If so, what period should be allowed to elapse between such reviews? (specify) ..... | .....          | .....          |

REMARKS:

Yes No

I. Follow-up

(a) Should an agency follow up, as a matter of routine, cases no longer under treatment

- 1. when a client refuses treatment?
- 2. when the agency refuses to give further treatment?
- 3. when a client wants to maintain contact with the agency?
- 4. when the agency wants to maintain contact with a client?

(b) Should an agency close a case

- 1. when a client refuses treatment offered by the agency?
- 2. when a client no longer falls within the scope of the agency, though wanting further treatment by the agency?
- 3. when a client dies?
- 4. when the agency no longer provides the service required?
- 5. when a client goes to another agency?
- 6. when the agency refers the client to another agency?
- 7. when a client moves to another district?
- 8. under any other circumstances? (specify) .....

(d) What is your case load at the present time?

- Under 10
- 10 & under 20
- 20 " " 30
- 30 " " 40
- 40 " " 50
- 50 " " 60
- 60 " " 70
- 70 " " 80
- 80 " " 90
- 100 & over

What do you consider a satisfactory case load in your present work?

(e) What is the number of home visits paid by you during the last 7 days?

- Under 10
- 10 & under 20
- 20 " " 30
- 30 " " 40
- 40 " " 50
- 50 & over

(f) What is the number of office interviews held by you during the last 7 days?

- Under 10
- 10 & under 20
- 20 " " 30
- 30 " " 40
- 40 " " 50
- 50 & over

REMARKS:

III. Research

(a) Should an agency make its records available to

- 1. students engaged in research projects?
- 2. others engaged in scientific projects?
- 3. the public?

(b) Have you ever used agency records for research purposes? (specify).....

REMARKS:

B. Procedure for collecting Data on Agency Practice.

Selection of Agencies.

Official records gave a total of 41 agencies in Johannesburg engaged mainly in case work in the natural environment of the client, i.e., outside institutions. Further preliminary enquiry into the activities of these 41 agencies resulted in the exclusion of 7 agencies from the list of case work agencies on the following grounds:

1. Government agency, officially unable to give the required data.
2. Agency not functioning at present.
3. No paid or unpaid qualified social worker employed; agency only assists financially mainly aged people not eligible for Old Age Pensions, owing to the present law relating to residential qualifications.
4. Agency not doing case work, mainly assisting homeless men by giving casual assistance.
5. Agency mainly engaged in referring cases to relevant agencies; gives small amount of casual assistance.
6. Agency could not be found.
7. No case work done; legal assistance only given on means test basis.

The administrative heads and case supervisors of the resulting 34 agencies were all interviewed with the object of completing forms A and B. These interviews resulted in the exclusion of another 7 agencies from the final list of agencies to be surveyed, for the following reasons:

1. Limited amount of investigation, since circumstances of families are known to the 'visiting sisters'; no files or records kept; function mainly giving of casual assistance.
2. No paid or unpaid qualified case workers employed, although one worker does case work unofficially.
3. Only financial assistance supplied on the basis of office interviews; cases referred to other agencies for treatment.
4. Object of agency: 'to give charity and charity only'.

5. No case work done except in connection with institutions
6. No case work done except in connection with institutions; other cases referred to another agency.
7. Most cases referred to another agency for investigation and treatment; only financial temporary aid given, usually on the recommendation of other agencies.

The number of case work agencies for which forms A and B have been completed and used in the enquiry is therefore 27.

#### Approach.

In general the agencies concerned were approached as follows:

(i) A letter requesting co-operation and explaining the project was sent to the administrative head of the agency concerned.

(ii) This was followed by a telephone call to make appointments with the administrative head and case supervisor of the agency.

(iii) A skilled investigator, thoroughly familiar with forms A and B, then completed these forms during interviews at the agency. In some cases form A was left at the agency's office to be completed by the administrative head of the agency, where administrative details were not readily available.

(iv) The interviews for form B took from 1½ to 4 hours and in some cases were spread over more than one interview period.

(v) Relevant documents were collected as far as possible during interviews.

(vi) The investigator recorded, immediately after each interview, the conditions under which the interview had taken place, especially noting the place and duration of the interview, interruptions, the ease or difficulty with which questions were answered and the attitude of the interviewee towards the study.

This approach was modified in some cases, depending on the agency concerned. A letter of thanks concluded all contacts.

Response.

Although the final response of all agencies investigated for forms A and B was excellent, certain initial difficulties presented themselves, which should be mentioned:

(i) First Contact: For the first 4 interviews a direct verbal approach was made by the investigator to the administrative head of the agency concerned, without the official letter requesting co-operation. In two of these interviews this proved a definite mistake, and all further interviews were preceded by an official letter. Several agencies requested the investigator to leave form B for them to study before the interview took place. This request was not acceded to.

(ii) Interpretation of project: In some interviews the investigator had to explain carefully and at length the object of the study before the desired co-operation from the interviewee was gained. One interviewee, for example, did not consider her agency to be doing case work in the sense in which the term is employed in Johannesburg. This interviewee pointed out consistently that social work as performed at present 'ought to be completely overhauled, with an entirely new approach'. Another interviewee insisted initially that her agency did work 'in the missionary spirit', and was not interested in case work procedure. Another was of the opinion that research of this nature was useless as long as social work was done under the capitalist system.

Some interviewees, in agencies unable through lack of funds and staff to perform their work as desired, had great difficulty in distinguishing between the actual work as performed by the agency and the manner in which they thought the

agency should be run.

(iii) Time of Interviews: Frequent interruptions causing breaks in some interviews and general overwork and lack of time on the part of the interviewees also proved considerable handicaps that had to be overcome by the skill of the investigator.

(iv) Specific Questions: Certain difficulties in answering specific questions will be mentioned below.

#### Editing.

Conferences between the investigator who carried out the interviews and the present author were held after each of the first 4 interviews and thereafter after each third interview. During these conferences the questions in each schedule were checked with themselves and with information from other sources. Three second interviews were arranged to clear doubtful questions. Finally all schedules were carded for use in analysis.

All schedules were completed and edited between July 1st, 1945, and August 31st, 1945.

---

## C. Procedure for collecting Data on Social Worker Opinion.

### Selection of Social Workers.

A list of social case workers was compiled from form A to include all full-time social workers employed by the 27 agencies investigated, and whose main duties were likely to involve case work. The total number of social workers thus selected was 129.

### Approach.

These social workers were approached as follows:

(i) A questionnaire with a covering letter explaining the object of the study, giving simple instruction for answering the questionnaire and pointing out the confidential nature of the enquiry, together with a stamped addressed return envelope, was sent to each social worker.

(ii) This was followed after one month by occasional verbal follow-up contacts with workers easily available.

(iii) After 6 weeks written follow-up notes were sent to all those who had not yet responded.

(iv) At the end of two months one social worker was contacted by telephone in each agency which employed one or more social workers who had not yet returned the questionnaire.

(v) At the end of four months a fresh copy of the questionnaire together with a follow-up letter was sent to all those who had not yet replied. The follow-up letter requested social workers who were unable to complete the questionnaire to state briefly their reasons therefor.

Response

The final response, six months after the first questionnaire was sent out was as follows:

|  |    |
|--|----|
| Number of completed questionnaires received .....                | 71 |
| Number of questionnaires cancelled .....                         | 44 |
| Number of questionnaires to which no response was received ..... | 14 |

Questionnaires were cancelled for the following reasons:

Social workers no longer employed in case work (13).

Social workers not engaged in bona fide case work (20).

Social workers unable to co-operate because they were Government employees (9).

Social workers reported lack of time (1).

Social workers returned a blank questionnaire (1).

The completed questionnaires represent the opinions of social workers employed in 22 out of the 27 agencies investigated. The 5 agencies from which no worker had returned a completed questionnaire were all virtually 'one-man' agencies, so that the case worker, being at the same time case supervisor, had already been interviewed for forms A and B. Enquiries from other case workers interviewed as case supervisors indicated a certain amount of difficulty in distinguishing between the schedule interview and the questionnaire; that is, between the policy of and the methods actually employed by the agency concerned and the opinion of the social worker as independent professional social worker.

It was estimated that the questionnaire took from 1½ to 5 hours to complete, depending on the amount of thought the social worker had already given to the problems therein. Follow-up enquiries indicated that many workers required to seriously consider all the questions involved. In

following up the interest and importance of the study was stressed; rather than insisting on speedy replies.

Editing.

A small number of replies in certain questionnaires had to be rejected where it was clear that the social worker was not stating his own opinion but merely mentioning agency policy. This was only done, however, where the social worker's misunderstanding of the question was unmistakable.

All questionnaires were received, edited and carded for analysis between 1st September, 1945, and 28th February, 1946.

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Chapter IVNOTES ON STATISTICAL PROCEDURE.

In analysing the data obtained use was made of the Standard Error Formula. The following is an example of how the formula was applied.

Data:

(a) The following question was put to 27 Family Welfare Agencies in Johannesburg, the reply being recorded on a schedule:

"Does the Agency accept as clients all persons falling within the scope of the Agency?"

25 agencies replied 'yes' and 2 agencies replied 'no'.

(b) The following question was put to 71 social workers, employed by Family Welfare Agencies in Johannesburg, the reply being recorded on a questionnaire:

"Should an agency accept as clients all persons falling within the scope of the agency, even though this means a lower standard of work?"

21 social workers replied 'yes' and 50 social workers replied 'no'.

---

The group of 27 agencies under (a) includes all agencies engaged in family case work (in the clients' own homes) in Johannesburg during July, 1945. The responses, as recorded, give us in themselves a picture of some aspects of family welfare work in Johannesburg at the time of the investigation. There are then 27 known responses or events which constitute an existent finite universe.

We may, however, attempt to use these 27 known events as a basis for scientific generalization, so that conclusions drawn from them have a wider basis than the accidental circumstances of welfare work in Johannesburg at the time of the investigation.

The response of each agency is dependent on a large number of small factors varying independently of each other from agency to agency. Generally the type of response obtained will be influenced by all factors building up the historical background of an agency up to the moment the response was recorded. If it were possible to determine the nature and degree of all these factors, the response of any particular agency could be forecast exactly. These factors are, however, innumerable, largely unknown, and highly complex, and it is in practice impossible to analyze each one separately. To say, however, that all responses are affected by a complex system of innumerable small independent factors is equivalent to saying that all responses are affected by chance and should be investigated by statistical methods.

There is an infinite number of possible responses to question (a) if it is repeatedly asked in the same general circumstances as described above. Around the 27 known events we can build up a hypothetical universe, consisting of all the possible responses to the question. This universe is infinite and exists only in imagination, but actuality can be given to particular events in this universe by recording actual responses to the question.

If at any time or place circumstances arise similar to those under which the recorded events happened, then another event in our hypothetical universe comes into existence. There can be imagined an infinite universe of

responses to question (a) by the type of agency described functioning under conditions similar to those in Johannesburg at the time of the investigation, and the data observed then form a sample from this hypothetical universe.

If the available sample is to be used for scientific generalization, it must give us information about this hypothetical parent universe. The type of sample that conforms to this condition is the Random Sample. A Random Sample consists of a limited number of events, chosen from a universe in such a manner that every event in the universe has had an equal and independent chance of being selected. Such a sample is so constituted that it is possible to find from estimates calculated directly from it (i) corresponding values of the universe; and (ii) limits to the probable divergence between the estimate based on the sample and the true value in the universe.

Where the parent universe is known, established techniques of random sampling can be employed to extract a sample conforming to conditions of randomness. These techniques are, however, based on the existence of every event in the universe. In our hypothetical universe this condition does not apply and we have to take the available events as the basis of our sample.

In drawing a sample from a known universe, established techniques allow us to judge to a certain extent the randomness of a sampling method. These techniques presuppose that we know the form of the parent universe and can therefore not be used to criticise the method by which a sample from a hypothetical universe was obtained.

Since our knowledge of the parent universe can only be derived from the sample we cannot say with certainty that every other possibility has had an equal chance of occurring.

There are, however, certain grounds for supposing that the sample used in the present investigation is sufficiently equivalent to a random sample to give us estimates of the parent universe.

The method of selecting events was such that sampling conditions were kept constant throughout the investigation. The responses of all family welfare agencies in one locality were included in the sample and were recorded within a short space of time. The probability of drawing a certain type of response therefore remained constant throughout. The investigator took notes, on recording each individual response, of any differences or changes which might be regarded as affecting sampling conditions.

All agencies were approached individually. Their responses were recorded on a schedule by a skilled social investigator and as far as possible tested and checked with outside sources of information.

We shall then consider our sample as equivalent to a random sample of all family welfare agencies operating under conditions similar to those in Johannesburg at the time of the investigation.

Our sample is drawn from a universe containing yes's and no's only. The sample then gives rise to a binomial distribution from which the standard error can be calculated.

If  $p$  is the proportion of Yes's in the sample;  
 $q$  is the proportion of No's in the sample; and  
 $n$  is the total number of events;

then the Standard Error =  $\sqrt{\frac{pq}{n}}$

Applying this formula to the data under (a) above, we then find a standard error of approximately 4 %; i.e., the odds are 100:1 that in our imaginary universe between 85% and 100% of replies will be 'yes'.<sup>(1)</sup>

For our purpose odds of 100:1 establish virtual certainty and we can therefore be virtually certain that:- of all family welfare agencies, operating under conditions similar to those in Johannesburg, between 85% and 100% accept as clients all persons falling within the scope of the agency.

Applying the same formula to the data under (b), we can be virtually certain that:- of all social workers employed by family welfare agencies operating under conditions similar to those in Johannesburg, between 16% and 43% are of the opinion that agencies should accept as clients all persons falling within the scope of the agency, even though this means a lower standard of work.

Where it was of interest to discover the divergence between agency practice and social worker opinion, the standard error of the difference was calculated by the formula:  $\epsilon_{12} = \sqrt{\frac{pq_1}{n_1} + \frac{pq_2}{n_2}}$ .

Where the difference between  $p_1$  and  $p_2$  was at least  $2\frac{1}{2}$  times  $\epsilon_{12}$  the divergence between agency practice and social worker opinion was considered significant.

---

(1) For  $n < 20$  Fisher's table of  $t$  was used. (R.A. Fisher - Statistical Methods for Research Workers. Edinburgh - London: Oliver and Boyd, 1941, pg 167)

In the following tables, the figures under (P), are the actual values obtained, representing the best single estimates the data permit. The figures recorded under (CL) correspond to odds of 100:1, and are taken as establishing virtual certainty for our purpose.

In the following tables the 'weighted percentage' of social agencies is the percentage of the agencies concerned weighted in proportion to the number of full-time case workers employed, so that the final figures will give a truer picture of social work practice as a whole. No adjustment was made for the weighting in calculating the figures under (CL) as the resulting variations were small compared to the original figures.

In interpreting the following tables the figures under (CL) are used in most cases. It was found, however, that where the standard error was very large, so that the upper and lower limits established under (CL) were comparatively far apart, these figures were sometimes difficult to interpret. In such a case either the figures under (P) are used as being 'probable'; or a deviation of the actual value obtained from 50% of at least  $2\frac{1}{2}$  standard error is interpreted as constituting a 'majority' or a 'minority' practice or opinion.

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Chapter V.ANALYSIS OF THE DATA COLLECTEDA. Treatment Objectives.

The following tables and remarks examine the treatment objectives of social agencies and individual social workers. It will be seen inter alia:

1. that for all agencies the general formula expressing their case work objectives could be expressed in terms of one or more of the following human needs: food, clothing, housing, medical care, education, recreation, culture, and human relationships.
2. that of every 10 agencies more than 9 included medical care amongst their treatment objectives, and 9 or more included human relationships; that income was included by 8 or more of every 10 agencies; that more 7 of every 10 agencies included food, clothing, housing and education; that 6 or more of every 10 agencies were concerned with recreation; while probably about half of all agencies were concerned with culture and employment as treatment objectives.
3. that of every 10 agencies, probably 5 used a measurable standard for income, probably 3 used a measurable standard for food, probably 2 to 3 used a measurable standard for medical care, probably 2 used a measurable standard for housing and education, and probably 1 used a measurable standard for human relationships; while recreation, culture and employment were never expressed in measurable terms.

4. that the majority of social workers, but certainly not all, could express their treatment objectives in terms of one or more of the following human needs: food, clothing, housing, medical care, education, recreation, culture and human relationships.
  5. that from 4 to 7 of every 10 social workers included medical care and education amongst their treatment objectives, from 3 to 6 included food, housing and recreation, from 2 to 5 included clothing, human relationships and income, and from 1 to 4 included culture amongst their treatment objectives.
  6. that of every 10 social workers probably 2 used a measurable standard for housing and medical care, probably 1 or 2 used a measurable standard for food, clothing and education, probably 1 used a measurable standard for recreation and income, and less than 1 used a measurable standard for culture and human relationships.
-

Table 1.

Treatment Objectives in 27 Agencies

|  | Weighted <sup>(1)</sup><br>Percentage |                   | Number |
|--|---------------------------------------|-------------------|--------|
|  | P <sup>(2)</sup>                      | CL <sup>(2)</sup> |        |
| (a) Agencies that were, in their treatment objectives specifically concerned with            |                                       |                   |        |
| 1. food .....  | 88                                    | 72-100            | 20     |
| 2. clothing .....  | 87                                    | 71-100            | 19     |
| 3. housing .....   | 87                                    | 71-100            | 18     |
| 4. medical care .....  | 99                                    | 94-100            | 26     |
| 5. education .....   | 89                                    | 74-100            | 22     |
| 6. recreation .....  | 76                                    | 56- 96            | 16     |
| 7. culture .....   | 61                                    | 38- 84            | 12     |
| 8. human relationships .....   | 97                                    | 89-100            | 25     |
| 9. income .....  | 90                                    | 76-100            | 20     |
| 10. other (employment) .....   | 61                                    | 38- 84            | 14     |
| (b) Agencies that were not specifically concerned with any of the objectives under (a) ..... | 0                                     | 0- 3              | 0      |
| (c) Agencies that, in their treatment objectives, had laid down a measurable standard for    |                                       |                   |        |
| 1. food .....  | 31                                    | 9- 53             | 3      |
| 2. clothing .....  | 0                                     | 0- 3              | 0      |
| 3. housing .....   | 18                                    | 0- 36             | 3      |
| 4. medical care .....  | 25                                    | 4- 46             | 5      |
| 5. education .....   | 20                                    | 1- 39             | 3      |
| 6. recreation .....  | 0                                     | 0- 3              | 0      |
| 7. culture .....   | 0                                     | 0- 3              | 0      |
| 8. human relationships .....   | 14                                    | 0- 31             | 1      |
| 9. income .....  | 51                                    | 27- 75            | 9      |
| 10. employment .....   | 0                                     | 0- 3              | 0      |

(1) In all tables the weighted percentage of social agencies is the percentage of the agencies concerned weighted in proportion to the number of full-time case workers employed. See also chapter IV.

(2) The figures recorded under P represent the best single estimates that the data permit; the figures recorded under CL are the cautious limits amounting to virtual certainty. See also chapter IV.

Remarks on Table 1.

Quest. No.

- (a) Nearly all agencies had laid down some general formula expressing their treatment objectives.
- (a)10. Several agencies spontaneously gave 'employment' as a treatment objective. It will be seen from table 2 that individual social workers did not give any treatment objectives other than those mentioned in question (a).
- (a)9. and 10. Income and employment are really secondary objectives, as their value depends on the food, clothing, housing, medical care, education, recreation, culture and human relationships for which they can be exchanged.
- (c) In one agency measurable standards for food, clothing, housing, medical care, education and recreation were being worked out at the time of the investigation.
-

Table 2.

Treatment Objectives of 71 Social Workers

|  | Percentage |        | Number | Number of Replies not Recorded |
|--|------------|--------|--------|--------------------------------|
|  | P          | CL     |        |                                |
| (a) Social workers that were, in their treatment objectives, specifically concerned with       |            |        |        |                                |
| 1. food .....  | 47         | 30- 64 | 25     | 18                             |
| 2. clothing .....  | 38         | 21- 54 | 20     | 18                             |
| 3. housing .....   | 45         | 28- 62 | 24     | 18                             |
| 4. medical care .....  | 57         | 40- 73 | 30     | 18                             |
| 5. education .....   | 53         | 36- 70 | 28     | 18                             |
| 6. recreation .....  | 47         | 30- 64 | 25     | 18                             |
| 7. culture .....   | 24         | 10- 39 | 13     | 18                             |
| 8. human relationships .....   | 32         | 16- 48 | 17     | 18                             |
| 9. income .....  | 36         | 19- 52 | 19     | 18                             |
| 10. other .....  |            |        | 0      |                                |
| (b) Social workers that were not specifically concerned with any of the above objectives ..... | 30         | 14- 46 | 16     | 18                             |
| (c) Social workers that had laid down in their treatment objectives a measurable standard for  |            |        |        |                                |
| 1. food .....  | 15         | 3- 27  | 8      | 18                             |
| 2. clothing .....  | 15         | 3- 27  | 8      | 18                             |
| 3. housing .....   | 19         | 6- 32  | 10     | 18                             |
| 4. medical care .....  | 19         | 6- 32  | 10     | 18                             |
| 5. education .....   | 15         | 3- 27  | 8      | 18                             |
| 6. recreation .....  | 9          | 0- 19  | 5      | 18                             |
| 7. culture .....   | 4          | 0- 10  | 2      | 18                             |
| 8. human relationships .....   | 4          | 0- 10  | 2      | 18                             |
| 9. income .....  | 13         | 2- 25  | 7      | 18                             |
| 10. other .....  |            |        | 0      |                                |

Remarks on Table 2.

## Quest. No.

- (a) Approximately half of all social workers had laid down a general formula expressing their treatment objectives.

A comparatively large number of social workers (approximately  $\frac{1}{4}$ ) did not reply to the questions concerning treatment objectives. It seems probable that their replies to these questions would be in the negative, but this possibility has not been taken into account.

Remarks on Table 2 (Cont.)

Quest. No.

(a)9. See remark under (a)9 on table 1.

(a)10. No other treatment objectives were mentioned.

(b) Of the 16 social workers that stated that they were not specifically concerned with any of the objectives mentioned under (a), 10 gave a general formula expressing their objectives in treatment. These follow verbatim hereunder:

1. "My main treatment objective is positive health (i.e. preventive health)".
2. "(a) The supplying of urgent needs when necessary. (b) Encouragement of person or family to make the best out of a situation and themselves co-operate hopefully on the basis of faith in God Who cares and can help".
3. "(a) In approaching cases my first aim is to give what material aid is absolutely necessary: such as food, clothing etc. (b) Secondly the exploitation of all undeveloped economic possibilities is my aim. (c) The most important step comes last; that of planning, in the widest sense, for those members of the family that are the grown-ups of tomorrow".
4. "Each case is a separate personality and no two personalities can be treated alike. The only aim is rehabilitation of the case".
5. "Programme of treatment based on medical, psychiatric and social history of client and each case is treated on its merits".
6. "To assist the client in achieving a satisfactory adjustment to his social and psychological environment".
7. "Attempts to locate the avenues through which the unit can achieve the maximum adjustment with the minimum of external assistance".
8. "Rehabilitation of person(s) concerned to become independent. Aim is to help people to help themselves."
9. "My aim is to adjust children to society, i.e., to train them to control their social relationships in such a way as to bring satisfaction to themselves and to others. I attempt to do this, by reasoning and discussion and never dogmatically; i.e., I attempt to make them aware of their responsibility as members of society".

Remarks on Table 2 (Cont.)

Quest. No.

(b)  
(cont.)

10. "Very broadly speaking, I consider the object of treatment to be that of enabling the individual or family concerned to attain a decent standard of living. This will involve readjustment or rehabilitation. Unfortunately, one agency is seldom able to do this, it can at best attack only a small part of the problem and its work consists of patching up."

(c) Some social workers remarked that standards for medical care, education, recreation, culture and human relationships were not measurable, that the standards should always be adapted in accordance with available resources keeping as near as possible to the ideal.

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B. Intake.

The following tables and remarks examine the intake of social agencies and the opinions of social workers on this subject. It will be seen inter alia:

1. that more than 8 of every 10 agencies accepted as clients any person falling within their scope.
  2. that less than 2 of every 10 agencies limited intake within their scope for the purpose of maintaining the desired standard of work, but that constitutional policy often included certain limiting factors, including race in probably about half of all agencies, needs standards in less than 3 of every 10 agencies, nationality in less than 2, priority of application in 1 or less, and religion in less than 1 of every 10 agencies.
  3. that of every 10 agencies that did not limit intake within their scope as laid down constitutionally, more than 6 could maintain the standard of work they desired.
  4. that of every 10 agencies 6 or more maintained the standard of work they desired, with or without limiting intake.
  5. that from 6 to 8 of every 10 social workers were of the opinion that agencies should limit intake in order to maintain the desired standard of work.
  6. that of every 10 social workers 8 or more were in favour of using needs standards as a basis for the limitation of intake, less than 4 favoured using race or priority of application, and 1 or less favoured using nationality or religion as a basis for the limitation of intake.
-

Table 3.

Intake in 27 Social Agencies

|   | Weighted Percentage |        | Number |
|---|---------------------|--------|--------|
|   | P                   | CL     |        |
| (a) Agencies that accepted as clients all persons falling within their scope                    | 95                  | 84-100 | 25     |
| (b) Agencies that could maintain the desired standard of work without limiting intake .....     | 83 <sup>(1)</sup>   | 64-100 | 14     |
| (c) Agencies that limited intake in order to maintain the desired standard of work .....        | 5                   | 0- 16  | 2      |
| (d) Agencies that maintained the desired standard of work with or without limiting intake ..... | 77                  | 56- 98 | 14     |

(1) Percentage of the number of agencies accepting as clients all persons falling within the scope of the agency.

Remarks on Table 3.

Quest. No.

- (c) Of the agencies investigated, two limited their intake within their scope, in order to maintain the desired standard of work; neither of these agencies limited their intake to the extent of actually maintaining the desired standard of work.
-

Table 4.

Opinion on Intake in Social Agencies

Replies of 71 Social Workers

|   | Affirmative Replies |        | Number of Replies not Recorded |
|---|---------------------|--------|--------------------------------|
|   | Percentage          |        |                                |
|   | P                   | CL     |                                |
| (a) Should an agency accept as clients all persons falling within the scope of the agency, even though this means a lower standard of work? ..... | 30                  | 16- 43 | 21 0                           |
| (b) Should an agency in order to maintain the desired standard of work limit its intake to such a number as can be cared for adequately? .....    | 70                  | 57- 84 | 50 0                           |

Remarks on Table 4.

Quest. No.

- (a) A few social workers remarked that if a particular agency is the only one in a specialized field, then that agency should accept as clients all persons falling within its scope, even though this may mean a lower standard of work; otherwise intake should be limited.
- (b) One social worker remarked that agencies should accept as clients all persons falling within their scope, as Government recognition of the need to increase subsidies, leading to expansions, will depend partly on statistics relating to the number of clients served.

Table 5.

Intake of 27 Agencies as determined by their  
Constitution and Limitation Policy

|  | Weighted Percentage |        | Number |
|--|---------------------|--------|--------|
|  | P                   | CL     |        |
| Agencies that circumscribed intake on the basis of |                     |        |        |
| 1. race .....                                      | 49                  | 25- 73 | 19     |
| 2. nationality .....                               | 7                   | 0- 19  | 3      |
| 3. religion .....                                  | 2                   | 0- 9   | 2      |
| 4. priority of application .....                   | 3                   | 0- 11  | 1      |
| 5. needs standards .....                           | 12                  | 0- 28  | 3      |

Remarks on Table 5.

The intake of an agency is as a rule limited by the scope of its constitution. Table 5 combines constitutional limitation and limitation of intake in order to maintain the desired standard of work.

Of the two agencies that limited intake within their scope in order to maintain the desired standard of work, one limited intake on the basis of race, priority of application and needs standards, depending on the type of problem presented. The other agency limited intake solely on the basis of race.

Table 6

Opinion on the Basis for Limitation in Intake

## Replies of 71 Social Workers

|   | Affirmative Replies |        | Number of Replies not Recorded |            |
|---|---------------------|--------|--------------------------------|------------|
|   | Percentage          | Number | Number                         | Percentage |
|   | P                   | CL     |                                |            |
| If intake is limited, should acceptance of an applicant for treatment depend on |                     |        |                                |            |
| 1. race? .....  | 23                  | 10- 36 | 15                             | 6          |
| 2. nationality? .....   | 6                   | 0- 14  | 4                              | 6          |
| 3. religion? .....  | 5                   | 0- 11  | 3                              | 6          |
| 4. priority of application? .....   | 23                  | 10- 37 | 15                             | 7          |
| 5. needs standards? .....   | 88                  | 77- 98 | 56                             | 7          |

Remarks on Table 6.

The following social worker's remark is of interest:  
 "If intake is limited, acceptance of an applicant for treatment should depend on a good prognosis".

---

### C. Interviewing Conditions.

The following tables and remarks examine some of the general conditions under which agencies conducted office interviews with clients and the views of social workers thereon.

It will be observed inter alia:

1. that of every 10 agencies 3 or less arranged office interviews with clients by appointment, as a general rule, and less than 2 set aside specific periods as consulting hours.
  2. that the majority of social workers were of the opinion that appointments for office interviews with clients and consulting hours should be introduced into agency practice.
  3. that in probably about half of all agencies office interviews lacked privacy and waiting room was unsatisfactory.
-

Table 7.

Conditions under which Office Interviews  
were held in 27 Agencies

|  | Weighted<br>Percentage |        | Number |
|--|------------------------|--------|--------|
|  | P                      | CL     |        |
| (a) Agencies that arranged office inter-<br>views with clients as a general rule<br>by appointment ..... | 14                     | 0- 31  | 6      |
| (b) Agencies that set aside certain spec-<br>ific periods as consulting hours ..                         | 5                      | 0- 16  | 3      |
| (c) Agencies that held office interviews<br>in satisfactory <sup>(1)</sup> conditions as<br>regards      |                        |        |        |
| 1. privacy .....   | 52                     | 28- 76 | 15     |
| 2. furniture .....   | 84                     | 66-100 | 21     |
| 3. lighting .....  | 100                    | 97-100 | 27     |
| 4. ventilation .....   | 99                     | 94-100 | 26     |
| 5. sanitary arrangements .....   | 86                     | 69-100 | 25     |
| 6. waiting room .....  | 46                     | 22- 70 | 11     |

(1) The conditions under which office interviews were held were recorded as satisfactory by the investigator if:

1. the room(s) in which social workers conducted interviews was/were not shared with either other social workers or clients other than those interviewed, and was/were free from other disturbances.
2. the room(s) in which clients were interviewed was/were pleasantly furnished, contained suitable seating accommodation for clients, and was/were provided with some means of heating.
3. the room(s) in which clients were interviewed was/were brightly lit by daylight or electricity.
4. the room(s) in which clients were interviewed was/were cross ventilated.
5. lavatory and washing facilities were easily accessible to clients.
6. a pleasantly furnished waiting room with sufficient seating accommodation and reading matter was available.

Remarks on Table 7.

Quest. No.

- (a) One agency arranged office interviews by appointment only when the client had been referred to it by another agency.
-

Table 8.

Opinion on Conditions under which Office Interviews  
are held

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Replies of 71 Social Workers

|  | Affirmative Replies |        | Number<br>of<br>Replies<br>not<br>Record |   |
|--|---------------------|--------|--|---|
|  | Percentage          |        |  |   |
|  | P                   | CL     |  |   |
| (a) Should office interviews with clients, as a general rule, be arranged by appointment? .....      | 74                  | 61- 87 | 52                                       | 1 |
| (b) Should a social worker set aside certain specific periods as consulting hours? .....             | 75                  | 62- 88 | 53                                       | 0 |
| (c) Do you consider the conditions under which you conduct office interviews satisfactory as regards |                     |        |  |   |
| 1. privacy? .....  | 55                  | 39- 70 | 35                                       | 7 |
| 2. furniture? .....  | 68                  | 54- 83 | 43                                       | 8 |
| 3. lighting? .....   | 90                  | 81-100 | 57                                       | 8 |
| 4. ventilation? .....  | 87                  | 77- 98 | 55                                       | 8 |
| 5. sanitary arrangements? .....  | 86                  | 75- 97 | 54                                       | 8 |
| 6. waiting room? .....   | 50                  | 34- 66 | 31                                       | 9 |

Remarks on Table 8.

Quest. No.

- (b) According to some social workers specific consulting hours should only be held for clients that have difficulty in coming to the agency's office.
- (c) In three instances social workers remarked on unsatisfactory heating and constant interruptions.

It will be seen that the opinion of social workers on this question closely approximates the investigator's evaluation.

---

#### D. First Interviews with Clients.

The first interview with a client differs from subsequent interviews in that the client and the social worker and agency are new to one another.

The following tables and remarks examine some aspects of agency practice in first interviews and the opinions of social workers on these questions. Amongst other things it will be seen:

1. that 9 or more of every 10 agencies collected identifying information at the first interview and that probably more than half of these agencies also started the process of diagnosis at this interview.
2. that 9 or more of every 10 social workers agreed with the practice of these agencies in making the first interview identifying, but that the majority of these social workers were not in favour of starting the process of diagnosis at this interview.
3. that 9 or more of every 10 agencies used trained social workers for the first interview with a client, while less than 4 used other specially trained persons or clerks, mostly in addition to trained social workers.
4. that 9 or more of every 10 social workers were in favour of using trained social workers for the first interview while less than 2 were in favour of using other specially trained persons or clerks.
5. that less than 2 of every 10 agencies required clients to complete their own application forms; and probably 4 or 5 of every 10 social workers thought that clients should complete their own application forms ( a significant disagreement with agency practice).

6. that 2 or less of every 10 agencies arranged first interviews as a rule by appointment; and probably 5 of every 10 social workers were of the opinion that first interviews should, as a rule, be arranged by appointment (a significant disagreement with agency practice).
  7. that it is probable that in agency practice the circumstances of the case as a rule decided the place of the first diagnostic interview; and probably a small majority of social workers favoured the client's own home for the first diagnostic interview.
-

Table 9.

First Interviews with Clients in 27 Agencies

|  | Weighted Percentage |        | Number |
|--|---------------------|--------|--------|
|  | P                   | CL     |        |
| (a) Agencies that obtained information at the first interview with a client that was             |                     |        |        |
| 1. identifying .....   | 97                  | 89-100 | 25     |
| 2. identifying, but not diagnostic   | 30                  | 8- 52  | 7      |
| 3. identifying and diagnostic ....   | 67                  | 44- 90 | 18     |
| 4. diagnostic, but not identifying   | 3                   | 0- 11  | 2      |
| (b) Agencies that had in charge of first interviews  |                     |        |        |
| 1. trained social workers .....  | 97                  | 89-100 | 26     |
| 2. other specially trained persons or clerks .....   | 19                  | 0- 38  | 7      |
| (c) Agencies that required clients to complete their own application forms .....                 | 6                   | 0- 17  | 2      |
| (d) Agencies that, as a general rule, arranged first interviews by appointment .....             | 9                   | 0- 23  | 4      |
| (e) Agencies that held the first diagnostic interview, as a general rule                         |                     |        |        |
| 1. in the clients' own homes .....   | -(1)                | -      | -      |
| 2. in the agency's office .....  | -                   | -      | -      |
| 3. according to circumstances, either in the clients' own homes, or in the agency's office ..... | -                   | -      | -      |

(1) It appeared that in all agencies circumstances played some part in determining whether the first diagnostic interview took place in the clients' own homes or in the agency's office, although many stated that they would like one or the other. In the majority of agencies the investigator found it impossible to distinguish between agency policy on this question and the effect of circumstances, and so to obtain a reliable reply.

Remarks on Table 9.

Quest. No.

- (a) It was sometimes found difficult to distinguish between identification and diagnosis in the first interview. Identification almost invariably starts the process of diagnosis and diagnosis almost invariably includes identification. We shall call an interview identifying only, when its sole object is securing personal identifying data and it is therefore not conducted with the purpose of diagnosis.
- (e) The first diagnostic interview may, of course, have to be conducted in other places, such as a court or a hospital ward.
-

Table 10.

Opinion on First Interviews with Clients

Replies of 71 Social Workers

|  | Affirmative Replies |        | Number of Replies not Recorded |
|--|---------------------|--------|--------------------------------|
|  | Percentage          | Number |                                |
|  | P                   | CL     |                                |
| (a) Should information obtained at the first interview with a client generally be                                |                     |        |                                |
| 1. identifying? .....  | 96                  | 89-100 | 67                             |
| 2. identifying, but not diagnostic? .....  | 73                  | 60- 86 | 51                             |
| 3. identifying and diagnostic? .....   | 23                  | 10- 35 | 16                             |
| 4. diagnostic, but not identifying? .....  | 4                   | 0- 11  | 3                              |
| (b) Should the staff-member in charge of a first interview be  |                     |        |                                |
| 1. a trained social worker? ..   | 94                  | 88-100 | 67                             |
| 2. some other specially trained person or a clerk? .....   | 8                   | 0--16  | 6                              |
| (c) Should clients be required to complete their own application forms, when they are capable of doing so? ..... | 45                  | 30- 60 | 30                             |
| (d) Should first interviews, as a general rule, be arranged by appointment? .....                                | 47                  | 32- 62 | 32                             |
| (e) Should the first diagnostic interview be held  |                     |        |                                |
| 1. in the client's own home? ..  | 63                  | 48- 77 | 44                             |
| 2. in the agency's office? ..  | 29                  | 15- 42 | 20                             |
| 3. according to circumstances either in the client's own home or in the agency's office? .....                   | 9                   | 0- 17  | 6                              |

Remarks on Table 10.

Quest. No.

- (a) Several social workers remarked that they found it difficult to differentiate between identification and diagnosis.
- (b) All those who were in favour of using clerks or specially trained persons, other than social workers, for first interviews, remarked that for establishing rapport and for diagnosis a trained social worker was essential.

### E. Investigation.

The following tables and remarks examine some aspects of the practice of agencies and of social workers in conducting enquiries into the facts of cases, and also the views of social workers on some aspects of investigation. It will be seen inter alia:

1. that 9 or more of every 10 agencies and more than 8 of every 10 social workers were, in investigating their cases, concerned mainly with the history of their cases.
  2. that a number of agencies investigated present circumstances only in 'routine matters', while 1 or less of every 10 agencies never investigated the history of their cases; and that less than 2 of every 10 social workers investigated only the present circumstances of their cases.
  3. that of every 10 agencies 8 or more verified data, as a matter of routine, by reference to documents and to other social agencies; and that of every 10 social workers more than 7 agreed with the practice of these agencies in this respect.
  4. that the majority of agencies and social workers gave as routine sources of information to be contacted in an investigation: other agencies, near relatives, physicians, hospitals, teachers and present employers.
  5. that there was little or no agreement amongst agencies or social workers as to what sources of information were of special importance in case work, even of those sources most frequently contacted, with the possible exception of physicians.
-

Table 11.

Investigation in 27 Agencies

|  | Weighted Percentage |        | Number |
|--|---------------------|--------|--------|
|  | P                   | CL     |        |
| (a) Agencies that were concerned with  |                     |        |        |
| 1. the history of their cases ...  | 97                  | 89-100 | 24     |
| 2. the present circumstances of their cases <u>only</u> .....                  | 3                   | 0- 11  | 3      |
| (b) Agencies that, as a matter of routine, verified data                       |                     |        |        |
| 1. by means of documents and other social agencies .....                       | 91                  | 77-100 | 21     |
| 2. by means of documents, but not by means of other social agencies .....      | 5                   | 0- 16  | 4      |
| 3. by means of other social agencies, but not by means of documents .....      | 0                   | 0- 3   | 0      |
| 4. neither by means of documents, nor by means of other social agencies .....  | 4                   | 0--13  | 2      |
| (c) Agencies that contacted, as a matter of routine, if relevant and available |                     |        |        |
| 1. relatives 1st degree .....  | 92                  | 79-100 | 22     |
| 2. other relatives .....   | 49                  | 25- 73 | 12     |
| 3. friends .....   | 56                  | 32- 80 | 11     |
| 4. present neighbours .....  | 58                  | 34- 82 | 10     |
| 5. former neighbours .....   | 20                  | 1- 39  | 3      |
| 6. present employers .....   | 71                  | 49- 93 | 19     |
| 7. former employers .....  | 19                  | 0- 38  | 10     |
| 8. physicians .....  | 75                  | 54- 96 | 22     |
| 9. hospitals .....   | 89                  | 74-100 | 21     |
| 10. police .....   | 33                  | 10- 56 | 11     |
| 11. teachers .....   | 83                  | 65-100 | 19     |
| 12. clergymen .....  | 45                  | 21- 69 | 10     |
| 13. present landlords .....  | 65                  | 42- 88 | 12     |
| 14. former landlords .....   | 8                   | 0- 21  | 3      |
| 15. courts .....   | 45                  | 21- 69 | 11     |
| 16. lawyers .....  | 21                  | 1- 41  | 5      |
| 17. tradesmen .....  | 36                  | 13- 59 | 6      |
| 18. other agencies .....   | 95                  | 85-100 | 23     |

Remarks on Table 11.

## Quest. No.

- (a) A number of agencies, although mainly **investigating** the history of their cases, were, in what they called 'routine matters' interested in **present** circumstances only. Pension administration, school exemptions, and immediate financial aid are examples of routine matters.
- (c) One agency did not carry out investigations 'as a matter of routine'.

See table 15 for sources of information, **contacted** as a matter of routine, in order of the **frequency** with which they were used.

It will be seen that probably none of these sources of information were contacted by all **agencies** as a matter of routine.

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Table 12.

Opinion on Investigation

Replies of 71 Social Workers

|  | Affirmative Replies |        | Number | Number of Replies not Recorded |
|--|---------------------|--------|--------|--------------------------------|
|  | Percentage          |        |        |                                |
|  | P                   | CL     |        |                                |
| (a) Are you, in investigating a case, concerned mainly with  |                     |        |        |                                |
| 1. the history of the case? ..   | 91                  | 83-100 | 63     | 2                              |
| 2. the present circumstances of the case <u>only</u> ? .....   | 8                   | 0- 17  | 6      | 0                              |
| (b) Should a social worker always, as a matter of routine, verify data, whenever possible                                      |                     |        |        |                                |
| 1. by means of documents and other social agencies? ..   | 84                  | 73- 95 | 59     | 1                              |
| 2. by means of documents, but not by means of other social agencies? .....   | 9                   | 0- 17  | 6      | 1                              |
| 3. by means of social agencies, but not by means of documents? .....   | 4                   | 0- 10  | 3      | 1                              |
| 4. neither by means of documents, nor by means of other social agencies? ..  | 3                   | 0- 8   | 2      | 1                              |
| (c) Which of the following sources of information should be contacted in an investigation as a matter of routine, if available |                     |        |        |                                |
| 1. relatives 1st degree? .....   | 76                  | 63- 89 | 54     | 0                              |
| 2. other relatives? .....  | 34                  | 20- 48 | 24     | 0                              |
| 3. friends? .....  | 51                  | 36- 66 | 36     | 0                              |
| 4. present neighbours? .....   | 45                  | 30- 60 | 32     | 0                              |
| 5. former neighbours? .....  | 37                  | 22- 51 | 26     | 0                              |
| 6. present employers? .....  | 72                  | 57- 86 | 51     | 0                              |
| 7. former employers? .....   | 62                  | 48- 76 | 44     | 0                              |
| 8. physicians? .....   | 78                  | 65- 90 | 55     | 0                              |
| 9. hospitals? .....  | 69                  | 55- 83 | 49     | 0                              |
| 10. police? .....  | 51                  | 36- 66 | 36     | 0                              |
| 11. teachers? .....  | 78                  | 65- 90 | 55     | 0                              |
| 12. clergymen? .....   | 56                  | 42- 71 | 40     | 0                              |
| 13. present landlords? .....   | 41                  | 26- 55 | 29     | 0                              |
| 14. former landlords? .....  | 34                  | 20- 48 | 24     | 0                              |
| 15. courts? .....  | 54                  | 39- 68 | 38     | 0                              |
| 16. lawyers? .....   | 27                  | 14- 40 | 19     | 0                              |
| 17. tradesmen? .....   | 25                  | 12- 38 | 18     | 0                              |
| 18. other agencies? .....  | 87                  | 77- 97 | 62     | 0                              |

Remarks on Table 12.

Quest. No.

- (a) Several social workers remarked that the history and the present circumstances of a case cannot be separated.
- (b) See table 15 for sources of information to be contacted as a matter of routine, in order of the frequency with which they should be used.

It will be seen that there was no total agreement amongst social workers on any of these sources of information.

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Table 13.  
Sources of Information of Special Weight  
in 27 Agencies

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|  | Weighted Percentage |        | Number |
|--|---------------------|--------|--------|
|  | P                   | CL     |        |
| Agencies that gave special weight to the evidence of |                     |        |        |
| 1. relatives 1st degree .....                        | 15                  | 0- 32  | 9      |
| 2. other relatives .....                             | 4                   | 0- 13  | 1      |
| 3. friends .....                                     | 2                   | 0- 9   | 1      |
| 4. present neighbours .....                          | 6                   | 0- 17  | 2      |
| 5. former neighbours .....                           | 0                   | 0- 3   | 0      |
| 6. present employers .....                           | 22                  | 2- 42  | 6      |
| 7. former employers .....                            | 7                   | 0- 19  | 4      |
| 8. physicians .....                                  | 57                  | 33- 81 | 18     |
| 9. hospitals .....                                   | 36                  | 13- 59 | 13     |
| 10. police .....                                     | 17                  | 0- 35  | 3      |
| 11. teachers .....                                   | 25                  | 4- 46  | 7      |
| 12. clergymen .....                                  | 30                  | 8- 52  | 5      |
| 13. present landlords .....                          | 2                   | 0- 9   | 1      |
| 14. former landlords .....                           | 0                   | 0- 3   | 0      |
| 15. courts .....                                     | 2                   | 0- 9   | 1      |
| 16. lawyers .....                                    | 0                   | 0- 3   | 0      |
| 17. tradesmen .....                                  | 0                   | 0- 3   | 0      |
| 18. other agencies .....                             | 30                  | 8- 52  | 7      |

Remarks on Table 13.

See table 15 for sources of information of special weight, in order of the frequency with which they were used.

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Table 14.

Sources of Information of Special Weight  
in the Work of 71 Social Workers

|   | Percentage |        | Number | Number of Replies not Record |
|---|------------|--------|--------|------------------------------|
|   | P          | CL     |        |                              |
| Social workers who, in their work, gave special weight to the evidence of |            |        |        |                              |
| 1. relatives 1st degree . . .   | 41         | 26- 55 | 29     | 0                            |
| 2. other relatives . . . . .  | 11         | 0- 24  | 8      | 0                            |
| 3. friends . . . . .  | 18         | 7- 30  | 13     | 0                            |
| 4. present neighbours . . . . .   | 22         | 10- 35 | 16     | 0                            |
| 5. former neighbours . . . . .  | 6          | 0- 12  | 4      | 0                            |
| 6. present employers . . . . .  | 41         | 26- 55 | 29     | 0                            |
| 7. former employers . . . . .   | 20         | 8- 31  | 14     | 0                            |
| 8. physicians . . . . .   | 63         | 49- 78 | 45     | 0                            |
| 9. hospitals . . . . .  | 49         | 34- 64 | 35     | 0                            |
| 10. police . . . . .  | 25         | 12- 38 | 18     | 0                            |
| 11. teachers . . . . .  | 54         | 39- 68 | 38     | 0                            |
| 12. clergymen . . . . .   | 22         | 10- 35 | 16     | 0                            |
| 13. present landlords . . . . .   | 20         | 8- 31  | 14     | 0                            |
| 14. former landlords . . . . .  | 7          | 0- 15  | 5      | 0                            |
| 15. courts . . . . .  | 20         | 8- 31  | 14     | 0                            |
| 16. lawyers . . . . .   | 8          | 0- 17  | 6      | 0                            |
| 17. tradesmen . . . . .   | 7          | 0- 15  | 5      | 0                            |
| 18. other agencies . . . . .  | 45         | 30- 60 | 32     | 0                            |

Remarks on Table 14.

See table 15 for sources of information of special weight in order of the frequency with which they were used.

Table 15.

## Sources of Information in order of Frequency.

| Sources of Information contacted as a matter of routine in 27 Agencies. |    | Sources of Information to be contacted as a matter of routine acc. to 71 soc. w. |    |      | Sources of Information of special weight in 27 agencies. |    | Sources of Information of special weight in the work of 71 social workers |    |
|---|----|--|----|------|--|----|---|----|
| Source  | P  | Source   | P  | Rank | Source   | P  | Source  | P  |
| Other Agencies  | 95 | Other Agencies   | 87 | 1    | Physicians   | 57 | Physicians  | 63 |
| Relatives 1st degree  | 92 | Physicians   | 78 | 2    | Hospitals  | 36 | Teachers  | 54 |
| Hospitals   | 89 | Teachers   | 78 | 3    | Other Agencies   | 30 | Hospitals   | 49 |
| Teachers  | 83 | Relatives 1st degree   | 76 | 4    | Clergymen  | 30 | Other Agencies  | 45 |
| Physicians  | 75 | Present Employers  | 72 | 5    | Teachers   | 25 | Relatives 1st degree  | 41 |
| Present Employers   | 71 | Hospitals  | 69 | 6    | Present Employers  | 22 | Present Employers   | 41 |
| Present Landlords   | 65 | Former Employers   | 62 | 7    | Police   | 17 | Police  | 25 |
| Present Neighbours  | 58 | Clergymen  | 56 | 8    | Relatives 1st degree                                     | 15 | Clergymen   | 22 |
| Friends   | 56 | Courts   | 54 | 9    | Former Employers   | 7  | Present Neighbours  | 22 |
| Other Relatives   | 49 | Friends  | 51 | 10   | Present Neighbours                                       | 6  | Courts  | 20 |
| Clergymen   | 45 | Police   | 51 | 11   | Other Relatives  | 4  | Present Landlords   | 20 |
| Courts  | 45 | Present Neighbours   | 45 | 12   | Courts   | 2  | Former Employers  | 20 |
| Tradesmen   | 36 | Present Landlords  | 41 | 13   | Present Landlords  | 2  | Friends   | 18 |
| Police  | 33 | Former Neighbours  | 37 | 14   | Friends  | 2  | Other Relatives   | 11 |
| Lawyers   | 21 | Other Relatives  | 34 | 15   | Lawyers  | 0  | Lawyers   | 8  |
| Former Neighbours   | 20 | Former Landlords   | 34 | 16   | Former Landlords   | 0  | Former Landlords  | 7  |
| Former Employers  | 19 | Lawyers  | 27 | 17   | Tradesmen  | 0  | Tradesmen   | 7  |
| Former Landlords  | 18 | Tradesmen  | 25 | 18   | Former Neighbours  | 0  | Former Neighbours   | 6  |

F. Use of Central Case Register.

The following tables and remarks examine some aspects of agency practice in the use of the Central Case Register and the views of social workers thereon. It will be observed inter alia:

1. that 7 or more of every 10 agencies contacted the Register in connection with new cases, mostly as soon as identifying data became available.
2. that of every 10 social workers more than 9 were of the opinion that agencies should contact the Register in connection with new cases, according to the majority of these workers either as soon as identifying data become available or after the first diagnostic interview, depending on circumstances.
3. that probably about half of the agencies that used the Register contacted all other agencies reported by the Register to know the case, while the other agencies selected the agencies to be contacted mainly on the basis of the nature of the service they provided.
4. that the majority of social workers thought agencies should contact all other agencies reported by the Register to know the case, the minority favouring selecting the agencies to be contacted mainly on the basis of the nature of the service they provide.
5. that in more than 6 of every 10 agencies that used the Register, the person contacting the Register in connection with a new case was usually the social worker in charge of that case; and that the majority of social workers agreed with the practice of these agencies in this respect; but that

agencies also frequently used other persons specially appointed for the purpose.

6. that probably slightly more than half of all agencies contacted the Register in connection with current cases, but mostly only in special circumstances; and that the majority of social workers agreed with the practice of these agencies in this respect.
  7. that in 6 or more of every 10 agencies that contacted the Register in connection with current cases the social worker in charge of that case was responsible for contacting the Register; and that 8 or more of every 10 social workers agreed with the practice of these agencies in this respect.
-

Table 16.

Use of Central Case Register in 27 Agencies.

|   | Weighted Percentage |        | Number |
|---|---------------------|--------|--------|
|   | P                   | CL     |        |
| <u>New Cases</u>  |                     |        |        |
| (a) Agencies that contacted the Register  |                     |        |        |
| 1. as soon as identifying data were available .....   | 71                  | 49- 93 | 12     |
| 2. after the first diagnostic interview .....   | 46                  | 22- 70 | 11     |
| 3. never .....  | 16                  | 0- 34  | 8      |
| (b) Agencies that contacted all other agencies reported by the Register to know the case .....        | 51 <sup>(1)</sup>   | 19- 84 | 8      |
| (c) Agencies that selected the agencies contacted on the basis of                                     |                     |        |        |
| 1. the nature of the service they provided .....  | 100 <sup>(2)</sup>  | 94-100 | 11     |
| 2. their date of registration of the case .....   | 49 <sup>(2)</sup>   | 2- 95  | 6      |
| (d) Agencies in which the person contacting the Register regarding a new case was                     |                     |        |        |
| 1. the social worker in charge of that case .....   | 87 <sup>(1)</sup>   | 65-100 | 18     |
| 2. some other person specially appointed for the purpose ..   | 52 <sup>(1)</sup>   | 20- 85 | 10     |
| <u>Current Cases</u>  |                     |        |        |
| (e) Agencies that contacted the Register re current cases   |                     |        |        |
| 1. at regular intervals .....   | 13                  | 0- 29  | 1      |
| 2. only in special circumstances  | 60                  | 37- 83 | 14     |
| 3. never .....  | 27                  | 6- 48  | 12     |
| (f) Agencies in which the person responsible for contacting the Register regarding a current case was |                     |        |        |
| 1. the social worker in charge of that case .....   | 85 <sup>(3)</sup>   | 58-100 | 14     |
| 2. some other person specially appointed for the purpose ..   | 41 <sup>(3)</sup>   | 4- 78  | 5      |

(1) Refers to 19 agencies that contacted the Register re new cases.

(2) Refers to 11 agencies that selected the agencies contacted.

(3) Refers to 15 agencies that contacted the Register re current cases

Remarks on Table 16.

## Quest. No.

- (a) It appeared that in some agencies the Register was contacted either immediately after identifying data were available or after the first diagnostic interview depending on circumstances.
- (c) All or nearly all agencies that selected the agencies to be contacted, did so on the basis of the nature of the service they provided, probably about half of these also taking the date of registration into account.
- (d) In contacting the Register regarding a case persons specially appointed for the purpose were sometimes used instead of, and sometimes in addition to, the social worker in charge of the case.
- (f)
-

Table 17.

Opinion on Use of Central Case Register.

## Replies of 71 Social Workers

|  | Affirmative Replies |            | Number of Replies not Recorded |    |
|--|---------------------|------------|--------------------------------|----|
|  | Percentage          | Number     |                                |    |
|  | P                   | CL         |                                |    |
| <u>New Cases</u>   |                     |            |                                |    |
| (a) Should an agency contact the Register  |                     |            |                                |    |
| 1. as soon as identifying data are available? .....  | 88                  | 78- 98     | 57                             | 6  |
| 2. after the first diagnostic interview? .....   | 66                  | 52- 81     | 43                             | 6  |
| 3. never? .....  | 3                   | 0- 8       | 2                              | 6  |
| (b) Should an agency contact all other agencies reported by the Register to know the case? ... | 78                  | 66- 91     | 51                             | 6  |
| (c) Should the agencies contacted be selected on the basis of                                  |                     |            |                                |    |
| 1. the nature of the service they provide? .....   | 93                  | (1) 72-100 | 13                             | 57 |
| 2. their date of registration? .....   | 21                  | (1) 0- 54  | 3                              | 57 |
| (d) Should the person contacting the Register regarding a new case be                          |                     |            |                                |    |
| 1. the social worker in charge of that case? .....   | 79                  | 67- 92     | 53                             | 4  |
| 2. some other person specially appointed for the purpose? .....                                | 28                  | 15- 42     | 19                             | 4  |
| <u>Current Cases</u>   |                     |            |                                |    |
| (e) Should an agency contact the Register re current cases                                     |                     |            |                                |    |
| 1. at regular intervals? .....   | 56                  | 40- 72     | 33                             | 12 |
| 2. only in special circumstances? .....  | 76                  | 62- 90     | 45                             | 12 |
| 3. never? .....  | 14                  | 2- 25      | 8                              | 12 |
| (f) Should the person contacting the Register regarding a current case be                      |                     |            |                                |    |
| 1. the social worker in charge of that case? .....   | 87                  | 76- 98*    | 54                             | 9  |
| 2. some other person specially appointed for the purpose? .....                                | 18                  | 6- 30      | 11                             | 9  |

(1) Refers to 14 social workers in whose opinion the agencies contacted should be selected.

Remarks on Table 17.

## Quest. No.

- (a) Probably about half of all social workers were of the opinion that the Register should be con-  
tacted as soon as identifying data were available or after the first diagnostic interview, depending on circumstances.
- (c) A few social workers were in favour of a combination of the two stated methods of selecting the agencies to be contacted.
- (d) In contacting the Register regarding a case, some  
and social workers favoured using persons specially  
(f) appointed for the purpose either instead of or  
in addition to the social worker in charge of  
the case.
- (e) Some social workers in favour of the general principle of contacting the Register at regular intervals, remarked that regular contact was not necessary in all cases and that in some cases only special circumstances warranted consulting the Register.

It was also remarked that it was more practicable for an agency to be notified by the Register of the registration of other agencies.

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### G. Relations between Agencies.

The following tables and remarks examine some aspects of the relations between agencies and the views of social workers thereon. It will be seen inter alia:

1. that the majority of agencies were in regular contact with other agencies in order to exchange information regarding their cases and to co-operate in treatment.
2. that the majority of social workers favoured regular contact between agencies for the purpose of exchanging information, and all or nearly all for co-operation in treatment.
3. that contact between agencies was probably always direct and that all or nearly all social workers agreed with this practice.
4. that probably at least 9 of every 10 agencies did or would refuse information to another agency whose standing was not definitely known or that was not prepared to be co-operative in return; and that at least 8 of every 10 social workers agreed with the policy of these agencies in this respect.
5. that the majority of agencies were or would be prepared to give another agency information, that might prove harmful to a client, but was of importance to a full understanding of the case, if the other agency's standards were acceptable, but not if the other agency's standards were unknown or doubtful; and that 8 or more of every 10 social workers agreed with the policy of these agencies in this respect.

6. that probably less than half of all agencies always made their records available to social workers in other agencies, while the other agencies did so only in specific instances or not at all.
  7. that the majority of social workers were of the opinion that records should be made available to social workers in other agencies only in specific instances.
-

Table 18.

Relations of 27 Agencies with other Agencies.

|  | Weighted Percentage |        | Number |
|--|---------------------|--------|--------|
|  | P.                  | CL     |        |
| (a) Agencies that contacted other agencies regularly   |                     |        |        |
| 1. in order to obtain objective data about a given client .....  | 66                  | 43- 89 | 15     |
| 2. in order to obtain the social experience of other agencies with a given client .....  | 89                  | 74-100 | 21     |
| 3. in order to co-operate in treatment .....   | 94                  | 83-100 | 23     |
| 4. in order to give information which might be of use to another agency but had not been specially asked for .....   | 72                  | 50- 94 | 18     |
| (b) Agencies that communicated with other agencies about a client  |                     |        |        |
| 1. directly .....  | 100                 | 97-100 | 27     |
| 2. through the client .....  | 23                  | 3-43   | 8      |
| (c) Agencies that did or would refuse information to another agency  |                     |        |        |
| 1. when the ethical dependability or standing of the inquiring agency was not definitely known .....   | 95                  | 85-100 | 24     |
| 2. when the inquiring agency refused to give reasons for requesting information .....  | 97                  | 89-100 | 25     |
| 3. when the inquiring agency withheld information which the first agency believed to be important for securing the data requested .....  | 97                  | 89-100 | 25     |
| (d) Agencies that, in a report to another agency did or would give information, which was of importance to a full understanding of a case, but which might prove harmful to a client |                     |        |        |
| 1. when the second agency's standards were acceptable .....  | 75                  | 54- 96 | 20     |
| 2. when the second agency's standards were unknown .....   | 1                   | 0- 6   | 1      |
| 3. when the second agency's standards were doubtful .....  | 1                   | 0- 6   | 1      |
| (e) Agencies that made their records available to social workers in other agencies   |                     |        |        |
| 1. always .....  | 37                  | 14- 60 | 12     |
| 2. only in specific instances .....  | 49                  | 25- 73 | 14     |

Remarks on Table 18.

## Quest. No.

- (c) It appeared that on the questions referring to the refusal of information to other agencies, and  
(d) some agencies had little or no experience on which to base their answers. These agencies were requested to state what they would do, should such a situation arise.
- (e) One agency made case work records always available to social workers in other agencies, but public assistance records only in specific instances.

One agency was attached to a larger organization, and records or the data contained therein were only made available if the client had left this organization and was not eligible for their treatment.

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Table 19.

Opinion on Relations between Agencies

Replies of 71 Social Workers

|   | Affirmative Replies |        | Number of Replies not Recorded |   |
|---|---------------------|--------|--------------------------------|---|
|   | Percentage          |        |                                |   |
|   | P                   | CL     |                                |   |
| (a) Should an agency contact other agencies regularly   |                     |        |                                |   |
| 1. in order to obtain objective data about a given client?  | 88                  | 77- 98 | 56                             | 7 |
| 2. in order to obtain the social experience of other agencies with a given client? .....  | 83                  | 71- 95 | 53                             | 7 |
| 3. in order to co-operate in treatment? .....   | 100                 | 98-100 | 66                             | 5 |
| 4. in order to give information which may be of use to another agency, but has not been specially asked for?                              | 77                  | 63- 90 | 49                             | 7 |
| (b) Should an agency communicate with other agencies about a client   |                     |        |                                |   |
| 1. directly? .....  | 99                  | 95-100 | 70                             | 0 |
| 2. through the client? .....  | 10                  | 1- 19  | 7                              | 0 |
| (c) Should an agency refuse information to another agency   |                     |        |                                |   |
| 1. when the ethical dependability or standing of the inquiring agency is not definitely known? .....                                      | 90                  | 81- 99 | 64                             | 0 |
| 2. when the inquiring agency refuses to give the reasons for requesting information? .....  | 96                  | 89-100 | 66                             | 2 |
| 3. when the inquiring agency withholds information which the first agency believes to be important for securing the data requested? ..... | 91                  | 83-100 | 62                             | 3 |

Table 19(Cont.)

Opinion on Relations between Agencies

## Replies of 71 Social Workers

|  | Affirmative Replies |        | Number of Replies not Recorded |
|--|---------------------|--------|--------------------------------|
|  | Percentage          | Number |                                |
|  | P                   | CL     |                                |
| (d) Should an agency in a report to another agency give information, which is of importance to a full understanding of the case, but which might prove harmful to a client |                     |        |                                |
| 1. when the second agency's standards are acceptable?  | 89                  | 79-98  | 62                             |
| 2. when the second agency's standards are unknown?   | 4                   | 0-10   | 3                              |
| 3. when the second agency's standards are doubtful?  | 4                   | 0-10   | 3                              |
| (e) Should an agency make its records available to social workers in other agencies  |                     |        |                                |
| 1. always? .....   | 27                  | 14-40  | 19                             |
| 2. only in specific instances?   | 73                  | 60-86  | 51                             |

Remarks on Table 19.

## Quest. No:

(a)3: It was remarked that when other agencies are contacted for co-operation in treatment only one person should be responsible for the case and not more than one person.

(d) Several social workers remarked that, if an agency's standards are acceptable, no information should prove harmful to a client.

One social worker remarked that one might give information to an individual employed by another agency, but not for record purposes or for the benefit of the agency as a whole.

#### H. Social Diagnosis.

The following tables and remarks examine some aspects of social diagnosis in agency practice and the opinions of social workers thereon. It will be seen inter alia:

1. that the majority of agencies used as units for the purpose of diagnosis: the individual, the family or the household, depending on the type of case under consideration, the family being most frequently used.
2. that a considerable number of social workers were of the opinion that the unit for social diagnosis should depend on the type of case under consideration; and that the majority of social workers considered the family, probably about half of all social workers considered the household, and less than half of all social workers considered the individual, a suitable unit for the purpose of social diagnosis.
3. that 7 or more of every 10 agencies provided temporary treatment before diagnostic procedure had been fully completed; and that more than 8 of every 10 social workers agreed with agency practice in this respect.
4. that 4 or less of every 10 agencies had a time limit within which diagnostic procedure had to be completed; and that less than 3 of every 10 social workers agreed with the practice of these agencies in this respect.
5. that agency practice varied widely as regards the placing of the responsibility for the final diagnosis of cases; that the final diagnosis rested in probably 4 of every 10 agencies in the hands of the social worker in charge of the investigation of the case, working together with the case supervisor;

and that in most other agencies either the social worker in charge of the investigation alone, or the case supervisor together with the case committee had this responsibility.

6. that amongst social workers opinion was very much divided on the question of who should be responsible for diagnosis; that case committees were most frequently thought to be the best body to assume this responsibility followed by the social workers in charge of the investigation, alone or in conjunction with the case supervisor.
  7. that of every 10 social workers 8 or more thought that, where final diagnosis was in the hands of a case committee, the social worker in charge of the investigation should present the case; and that this probably happened in the majority of agencies using case committees.
  8. that 8 or more of every 10 agencies reviewed as a matter of routine the diagnosis of cases under treatment, and that more than 8 of every 10 social workers agreed with the practice of these agencies in this respect.
-

Table 20.

Some Aspects of Social Diagnosis in 27 Agencies

|   | Weighted Percentage |        | Number |
|---|---------------------|--------|--------|
|   | P                   | CL     |        |
| (a) Agencies that, for the purpose of diagnosis consider as unit  |                     |        |        |
| 1. the individual .....   | 75                  | 54- 96 | 19     |
| 2. the family .....   | 94                  | 83-100 | 25     |
| 3. the household .....  | 88                  | 72-100 | 18     |
| (b) Agencies that provided temporary treatment before diagnostic procedure had been fully completed .     | 84                  | 66-100 | 19     |
| (c) Agencies that had a time limit within which diagnostic procedure had to be completed .....            | 21                  | 1- 41  | 5      |
| (d) Agencies in which responsibility for the final diagnosis of a case rested with                        |                     |        |        |
| 1. the social worker in charge of the investigation of the case   | 70                  | 48- 98 | 20     |
| 2. a case supervisor .....  | 57                  | 33- 81 | 8      |
| 3. a case committee .....   | 39                  | 16- 62 | 14     |
| (e) Agencies in which cases were presented to the case committee by                                       |                     |        |        |
| 1. the social worker in charge of the investigation of the case   | 69                  | 15-100 | 6      |
| 2. the case supervisor .....  | 0                   |        |        |
| 3. all professional persons that had been in contact with the case .....                                  | 31 <sup>(1)</sup>   | 0- 85  | 2      |
| (f) Agencies that periodically reviewed, as a matter of routine, the diagnosis of cases under treatment . | 92                  | 79-100 | 22     |

(1) Refers to 8 agencies in which responsibility for final diagnosis rested with a committee that acted only as case committee.

Remarks on Table 20.

## Quest. No.

- (a) The majority of agencies used the individual, the family or the household as unit for the purpose of diagnosis, depending on the nature of the case.
- (b) Some agencies provided for temporary treatment through other agencies.
- (d) Case Committees included committees acting part-time as case committee, such as the executive committee of an agency or a sub-committee thereof.

See also table 21.

- (f) In one agency clients were members of the agency and had continuous contact with the staff.
-

Table 21.

Detailed Analysis of Question (d), Table 20.  
Responsibility for Diagnosis in 27 Agencies

|   | Weighted<br>Percentage |
|---|------------------------|
|   | P                      |
| Agencies in which responsibility for the<br>final diagnosis of a case rested with   |                        |
| 1. the social worker in charge of the<br>investigation of the case alone  | 25                     |
| 2. this social worker in conjunction<br>with a case supervisor .....  | 36                     |
| 3. this social worker in conjunction<br>with a case committee .....   | 9                      |
| 4. a case supervisor alone .....  | 0                      |
| 5. a case supervisor in conjunction<br>with a case committee .....  | 21                     |
| 6. a case committee alone .....   | 9                      |
| 7. the social worker in charge of the<br>investigation of the case in con-<br>junction with a case supervisor<br>and a case committee ..... | 0                      |

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Table 22.

Opinion on Some Aspects of Social Diagnosis

## Replies of 71 Social Workers

|   | Affirmative Replies |        | Number<br>of<br>Replies<br>not<br>Recorded |   |
|---|---------------------|--------|--|---|
|   | Percentage          |        |  |   |
|   | P                   | CL     |  |   |
| (a) Should an agency for the purpose of diagnosis consider as unit  |                     |        |  |   |
| 1. the individual? .....  | 35                  | 21- 49 | 25   | 0 |
| 2. the family? .....  | 78                  | 65- 90 | 55   | 0 |
| 3. the household? .....   | 54                  | 39- 68 | 38   | 0 |
| (b) Should an agency undertake temporary treatment, before diagnostic procedure has been fully completed? ..... | 90                  | 81- 99 | 63   | 1 |
| (c) Should an agency have a time limit within which diagnostic procedure must be completed?                     | 17                  | 5- 28  | 11   | 5 |
| (d) Should responsibility for the final diagnosis of a case rest with   |                     |        |  |   |
| 1. the social worker in charge of the investigation of the case? .....  | 47                  | 32- 62 | 33   | 1 |
| 2. a case supervisor? .....   | 36                  | 21- 50 | 25   | 1 |
| 3. a case committee? .....  | 54                  | 39- 69 | 38   | 1 |
| (e) Where final diagnosis is in the hands of a case committee, should cases be presented to that committee by   |                     |        |  |   |
| 1. the social worker in charge of the investigation of the case? .....  | 88                  | 78- 98 | 57   | 6 |
| 2. the case supervisor? .....   | 14                  | 3- 24  | 9  | 6 |
| 3. all professional persons that have been in contact with the case? .....                                      | 5                   | 0- 11  | 3  | 6 |
| (f) Should an agency periodically review, as a matter of routine, the diagnosis of cases under treatment? ..... | 91                  | 82-100 | 58   | 7 |

Remarks on Table 22.

## Quest. No.

- (a) A considerable number of social workers considered the answer to this question dependent on the branch of social work under consideration.

It was remarked that the individual could be considered as unit, but always in relation to the family and the household.

- (b) According to some social workers temporary treatment should not be undertaken except in the most urgent and desperately needy cases.

- (d) See also table 23.

- (d) 3. Several social workers remarked that such a case committee should consist only of professional workers and experts in related professions.
-

Table 23.

Detailed Analysis of Question (d), Table 22.

Opinion on Responsibility for Diagnosis

Replies of 71 Social Workers

|   | Percentage |
|---|------------|
|   | P          |
| The responsibility for final diagnosis<br>of a case should rest with  |            |
| 1. the social worker in charge of the<br>investigation of the case alone..  | 23         |
| 2. this social worker in conjunction<br>with a case supervisor .....  | 13         |
| 3. this social worker in conjunction<br>with a case committee .....   | 6          |
| 4. a case supervisor alone .....  | 10         |
| 5. a case supervisor in conjunction<br>with a case committee .....  | 7          |
| 6. a case committee alone .....   | 36         |
| 7. the social worker in charge of the<br>investigation of the case in con-<br>junction with a case supervisor<br>and a case committee ..... | 6          |

---

### I. Planning Treatment.

The following tables and remarks examine some aspects of the planning of treatment in social agencies and the views of social workers thereon. It will be seen inter alia:

1. that in more than 9 of every 10 agencies the person(s) responsible for diagnosis was/were also responsible for planning treatment and that 9 or more of every 10 social workers agreed with the practice of these agencies in this respect.
2. that the majority of agencies discussed their plan of treatment with other agencies dealing with the case only in special circumstances; and that probably a small majority of social workers agreed with the practice of these agencies in this respect.
3. that probably about half of all agencies made it a practice always to discuss their plan of treatment with the client concerned; and that amongst social workers probably a small majority were of the opinion that circumstances should decide this question.
4. that in case of refusal on the part of a client to accept the treatment planned more than 8 of every 10 agencies modified their plan, 3 or less attempted to enforce treatment and probably about 5 withdrew their treatment, usually after a modified plan had failed to gain co-operation.
5. that 9 or more of every 10 social workers were of the opinion that if the client refuses to accept the treatment planned, this plan should be modified; that 2 or less of every 10 social workers were in favour of enforcing treatment and that the majority of social workers were against withdrawing treatment.

Table 24.

Some Aspects of Planning Treatment in 27 Agencies

|   | Weighted Percentage |        | Number |
|---|---------------------|--------|--------|
|   | P                   | CL     |        |
| (a) Agencies in which the person(s) responsible for diagnosis was/ were also responsible for planning treatment ..... | 99                  | 94-100 | 26     |
| (b) Agencies that discussed their plan of treatment with other agencies dealing with the case                         |                     |        |        |
| 1. always .....   | 26                  | 5- 47  | 7      |
| 2. only in special circumstances  | 74                  | 53- 95 | 20     |
| (c) Agencies that discussed their plan of treatment with the clients concerned  |                     |        |        |
| 1. always .....   | 58                  | 34- 82 | 16     |
| 2. only in special circumstances  | 42                  | 18- 66 | 11     |
| (d) Agencies that, in case of refusal of a client to accept the treatment planned                                     |                     |        |        |
| 1. attempted to enforce their treatment .....   | 16                  | 0- 34  | 5      |
| 2. modified their plan .....  | 94                  | 83-100 | 25     |
| 3. withdrew their treatment ....  | 53                  | 29- 77 | 15     |

Remarks on Table 24.

## Quest. No.

(c) Some agencies stated that plans for treatment were always discussed with parents, but only in special circumstances with children.

(d) The modification of the plan of treatment includes transfer to another agency.

One agency stated that, since it dealt with Government departments, it could not as a rule modify its plan.

Many agencies stated that they withdrew treatment only if modifying their plan had failed.

Table 25.

Opinion on some Aspects of Planning Treatment

Replies of 71 Social Workers

|  | Affirmative Replies |        | Number<br>of<br>Replies<br>not<br>Recorded |   |
|--|---------------------|--------|--|---|
|  | Percentage          |        |  |   |
|  | P                   | CL     |  |   |
| (a) Should the person(s) responsible for diagnosis also be responsible for planning treatment? | 95                  | 89-100 | 62   | 6 |
| (b) Should an agency discuss its plan of treatment with other agencies dealing with the case   |                     |        |  |   |
| 1. always? .....   | 36                  | 21- 50 | 24   | 4 |
| 2. only in special circumstances? .....  | 63                  | 48- 78 | 42   | 4 |
| (c) Should an agency discuss its plan of treatment with the clients concerned                  |                     |        |  |   |
| 1. always? .....   | 37                  | 22- 51 | 25   | 3 |
| 2. only in special circumstances? .....  | 63                  | 49- 78 | 43   | 3 |
| (d) In case of refusal by a client to accept the treatment planned, should an agency           |                     |        |  |   |
| 1. attempt to enforce its treatment? .....   | 13                  | 3- 24  | 9  | 4 |
| 2. modify its plan? .....  | 94                  | 87-100 | 63   | 4 |
| 3. withdraw its treatment? .....   | 16                  | 5- 28  | 11   | 4 |

Remarks on Table 25.

## Quest. No.

- (a) One social worker remarked that the person responsible for the diagnosis should not necessarily plan the treatment, but should always be consulted in this matter.
- (c) Several social workers remarked that the treatment plan should not be discussed with the client only if the client is mentally unbalanced or mentally unable to understand the plan, when it should be discussed with some members of the client's family.

Remarks on Table 25(Cont.)

Quest. No.

- (c) Two other remarks recorded were: that the treatment plan should always be discussed with the client subject to such items as may upset treatment; and that the treatment plan should always be discussed with the client, except when the client is a child.
- (d) Some social workers thought that the answer to this question depended entirely on the client, and on the type of problem under consideration.

On the point of enforcing treatment it was remarked that enforcement is permissible only when the agency is convinced that the treatment is good for the client; and further, that enforcement against a client's will handicaps the worker by the resulting attitude of the client, and that therefore complete success in treatment will seldom follow.

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J. Treatment.

The following tables and remarks examine some aspects of the treatment given by social agencies and the views of social workers thereon. It will be seen inter alia:

1. that it is likely that in the majority of agencies the person(s) responsible for planning the treatment of a case was/were also responsible for carrying out the treatment of that case; and that the majority of social workers agreed with the practice of these agencies in this respect.
  2. that in more than 8 of every 10 agencies circumstances determined whether a case was given treatment mainly on the agency's premises or in the client's own home.
  3. that the majority of social workers were of the opinion that the best place for treating a case was in the client's own home; but that from 1 to 4 of every 10 social workers were of the opinion that circumstances should determine the place of treatment.
  4. that 7 or more of every 10 agencies periodically and as a matter of routine reviewed the treatment of their cases; and that 9 or more of every 10 social workers agreed with the practice of these agencies in this respect.
-

Table 26.

Some Aspects of Treatment in 27 Agencies

|  | Weighted Percentage |        | Number |
|--|---------------------|--------|--------|
|  | P                   | CL     |        |
| (a) Agencies in which the persons responsible for carrying out treatment were the same as those responsible for planning treatment | 72                  | 50- 94 | 24     |
| (b) Agencies that gave treatment   |                     |        |        |
| 1. as far as possible on the agency's premises .....   | 5                   | 0- 16  | 3      |
| 2. as far as possible in the clients' own homes .....  | 1                   | 0- 6   | 1      |
| 3. according to circumstances, on the agency's premises or in the clients' own homes .....   | 94                  | 83-100 | 23     |
| (c) Agencies that periodically reviewed their treatment as a matter of routine .....   | 84                  | 66-100 | 19     |

Remarks on Table 26.

Quest. No.

- (c) Some agencies mentioned that they would like to review their treatments as a matter of routine, but were unable to do so because of shortage of trained staff.
-

Table 27

Opinion on some Aspects of Treatment

## Replies of 71 Social Workers

|  | Affirmative Replies |        | Number<br>of<br>Replies<br>not<br>Recorded |
|--|---------------------|--------|--|
|  | Percentage          |        |  |
|  | P                   | CL     |  |
| (a) Should the persons responsible for carrying out treatment be the same as those responsible for planning treatment? ..... | 80                  | 69- 92 | 52   |
| (b) Should treatment be given  |                     |        |  |
| 1. as far as possible on the agency's premises? .....  | 10                  | 1- 19  | 6  |
| 2. as far as possible in the clients' own homes? ....  | 68                  | 54- 82 | 45   |
| 3. according to circumstances, on the agency's premises or in the clients' own homes? .....                                  | 23                  | 10- 36 | 15   |
| (c) Should an agency periodically review its treatment as a matter of routine? .....   | 95                  | 89-100 | 61   |

Remarks on Table 27.

## Quest. No.

- (a) It was remarked (i) that several social workers may be on the committee that diagnoses and plans treatment, but that only one or two of these should be responsible for carrying out the treatment; (ii) that one particular person may have a better approach to the client during the diagnostic process, but that treatment may be carried out by several persons in consultation; and (iii) that a well-trained staff can take over from one-another.
- (b) Some social workers remarked that certain recreational, cultural and medical treatment methods cannot be applied in the client's own home, although the ultimate aim is to improve family life.

### K. The Follow-up and Closing of Cases.

The following tables and remarks examine some aspects of the follow-up and closing of cases in social agencies and the views of social workers thereon. Amongst other things it will be seen:

1. that all or nearly all agencies followed up cases as a matter of routine, when they wanted to maintain contact with a client or when a client wanted to maintain contact with them; and that probably a small majority of agencies did follow-up work when a client had refused their treatment, but not when they had refused further treatment to a client.
2. that agencies should follow-up cases according to 9 or more of every 10 social workers, when an agency wants to maintain contact with a client; according to more than 8 of every 10 social workers, when a client wants to maintain contact with an agency; and according to probably about half of all social workers when a client refuses treatment; and that the majority of social workers were not in favour of follow-up when an agency has refused to give further treatment to a client.
3. that agencies closed cases under a variety of circumstances of which the most frequent were: a client moving to another district (in probably about half of all agencies), and a client going to another agency (in probably about one-third of all agencies).

4. that the majority of social workers were in favour of an agency closing a case which had been referred to another agency; that probably about half of all social workers were in favour of closing a case when a client dies, when a client goes to another agency, or when a client goes to another district; but that the majority of social workers were not in favour of closing a case in which a client refuses the agency's treatment or in which a client no longer falls within the scope of the agency, though wanting further treatment by the agency.
-

Table 28.

The Follow-up and Closing of Cases in 27 Agencies

|  | Weighted Percentage |        | Number |
|--|---------------------|--------|--------|
|  | P                   | CL     |        |
| (a) Agencies that, as a matter of routine, followed up cases no longer under treatment                         |                     |        |        |
| 1. when the agency wanted to maintain contact with a client .  | 99                  | 94-100 | 26     |
| 2. when a client wanted to maintain contact with the agency  | 100                 | 97-100 | 27     |
| 3. when a client refused treatment .....   | 69                  | 47- 91 | 15     |
| 4. when the agency refused to give further treatment .....   | 34                  | 11- 57 | 8      |
| (b) Agencies that closed a case  |                     |        |        |
| 1. when a client refused treatment offered by the agency .   | 25                  | 4- 46  | 9      |
| 2. when a client no longer fell within the scope of the agency, though wanting further treatment by the agency | 23                  | 3- 43  | 5      |
| 3. when a client died .....  | 26                  | 5- 47  | 9      |
| 4. when a client went to another agency .....  | 34                  | 11- 57 | 4      |
| 5. when the agency referred the client to another agency ...   | 30                  | 8- 52  | 3      |
| 6. when a client moved to another district .....   | 58                  | 34- 82 | 17     |
| 7. in any other circumstances ...  |                     |        | 0      |

Remarks on Table 28.

## Quest. No.

- (a) One agency referred its cases to another agency for follow-up work.
- (b) One agency did not close a case under any circumstances.
- (b)4. In the case of a client going to another agency, the case was, as a rule, closed only after consultation with the other agency.

One agency closed such cases unless the other agency gave only specialized treatment.

Table 29.

Opinion on the Follow-up and Closing of Cases

Replies of 71 Social Workers

|  | Affirmative Replies |        | Number<br>of<br>Replies<br>not<br>Recorded |    |
|--|---------------------|--------|--|----|
|  | Percentage          | Number |  |    |
|  | P                   | CL     |  |    |
| (a) Should an agency follow up, as a matter of routine, cases no longer under treatment                                |                     |        |  |    |
| 1. when the agency wants to maintain contact with a client? .....  | 94                  | 86-100 | 60   | 7  |
| 2. when a client wants to maintain contact with the agency? .....  | 92                  | 84-100 | 58   | 8  |
| 3. when a client refuses treatment? .....  | 48                  | 32-64  | 29   | 10 |
| 4. when the agency refuses to give further treatment?  | 30                  | 15-46  | 17   | 15 |
| (b) Should an agency close a case  |                     |        |  |    |
| 1. when a client refuses treatment offered by the agency? .....  | 26                  | 12-40  | 17   | 6  |
| 2. when a client no longer falls within the scope of the agency, though wanting further treatment by the agency? ..... | 34                  | 20-49  | 22   | 7  |
| 3. when a client dies? .....   | 58                  | 42-74  | 36   | 9  |
| 4. when a client goes to another agency? .....   | 53                  | 38-68  | 35   | 5  |
| 5. when the agency refers the client to another agency?  | 70                  | 56-84  | 46   | 5  |
| 6. when a client moves to another district? .....  | 60                  | 44-76  | 36   | 11 |
| 7. in any other circumstances?   |                     |        | 0  |    |

Remarks on Table 29.

Quest.No.

- (a) It was remarked that cases were always under treatment.
- (b) No other circumstances under which agencies should close a case were mentioned.

L. Research.

The following tables and remarks examine one measure of the extent to which agencies and social workers have used agency records for research purposes, the availability of agency records for research, and the views of social workers thereon. It will be observed inter alia:

1. that of every 10 agencies 7 or more were prepared to make their records available to students engaged in research projects, and 7 or more to others engaged in scientific projects, while 1 or less was prepared to make its records available to the public.
  2. that of every 10 social workers more than 9 were of the opinion that agency records should be made available to students engaged in research projects, and 9 or more were of the opinion that agency records should be made available to others engaged in scientific projects, while less than 2 favoured making agency records available to the public.
  3. that probably about half of all agencies and probably about one-quarter of all social workers had made use of agency records for research purposes.
-

Table 30.

Some Aspects of Research in 27 Agencies

|   | Weighted Percentage |        | Number |
|---|---------------------|--------|--------|
|   | P                   | CL     |        |
| (a) Agencies that made their records available to                 |                     |        |        |
| 1. students engaged in research projects .....                    | 84                  | 66-100 | 25     |
| 2. others engaged in scientific projects .....                    | 84                  | 66-100 | 25     |
| 3. the public .....   | 3                   | 0- 11  | 2      |
| (b) Agencies that had used their records for research purposes .. | 54                  | 30- 78 | 9      |

Remarks on Table 30.

## Quest. No.

- (a) One agency, in which clients were staff of an organization to which the agency was attached, did not make its records available to anyone outside the agency.

Many agencies specified the showing of proper credentials and stated that they would have to agree with the purpose of the research project.

It was not necessary in this investigation to examine agency records, so that an agency co-operating in this investigation might still not be prepared to make its records available to anyone outside the agency. On the other hand, it is likely that an agency, not prepared to co-operate in this investigation, would also not be prepared to make its records available for research purposes to anyone outside that agency. In this study, one agency, a Government Department, had to be excluded from the sample because it was not prepared to co-operate, and this may have affected the randomness of the sample with regard to this question.

- (b) It will be noted that the nature of this research has not been specified here.

Table 31.

Opinion on some Aspects of Research

Replies of 71 Social Workers

|  | Affirmative Replies |        | Number | Number of Replies not Recorded |
|--|---------------------|--------|--------|--------------------------------|
|  | Percentage          |        |        |                                |
|  | P                   | CL     |        |                                |
| (a) Should an agency make its records available to                 |                     |        |        |                                |
| 1. students engaged in research projects? .....                    | 97                  | 92-100 | 65     | 4                              |
| 2. others engaged in scientific projects? .....                    | 96                  | 89-100 | 64     | 4                              |
| 3. the public? .....   | 7                   | 0- 15  | 5      | 3                              |
| (b) Have you ever used agency records for research purposes? ..... | 22                  | 10- 34 | 15     | 0                              |

Remarks on Table 31.

Quest. No.

- (b) It will be seen that the nature of this research has not been specified here.
-

## Chapter VI.

### SUMMARY AND CONCLUSIONS

#### A. Evidence of Standardization.

It was seen that at least 6, and probably 8, of every 10 agencies maintained the standard of work they desired. It will be presumed, then, that the methods used in agency practice or advocated by agency policy, were to a very large extent, but almost certainly not entirely, those which agencies considered best for attaining their objectives in case work.

Social workers were requested, in completing the questionnaire, to assume ideal conditions to exist when giving their opinion as to how case work should be performed.

It is quite likely, however, that some social workers were so accustomed to present conditions as to be unable to accede to this request.

It was seen that from 6 to 8 of every 10 social workers were of the opinion that agencies should limit intake when necessary to maintain the desired standard of work. This seems to be the best available indication of the extent to which social workers assumed ideal conditions when giving their opinions as to how case work should be performed. It will be presumed, then, that the majority of social workers, but probably not all, gave as their opinion those methods which they considered best for attaining their objectives in case work.

The procedure followed by a particular agency is influenced by all the factors building up the historical background of the agency. Changes in such a procedure are most likely to come about through the stress of the opinion of social workers working for the agency.

Although most questions asked of agencies and social workers included such terms as 'generally', 'mainly' or 'as a rule', both agencies and social workers frequently stressed the importance of the circumstances of the case in determining the answer to a question. Moreover, there were hardly any aspects of procedure on which agreement was unanimous amongst agencies or social workers, but there were many aspects of procedure on which agreement was considerable.

It appears then that we are dealing not so much with rigid standardization as with procedures in which a considerable measure of standardization is evident.

Taking into account the importance of the individual aspects of every case, standardization was evident in those procedures which the majority of agencies adopted and on which the majority of social workers agreed.

Some Procedures in which Standardization is evident.

1. Collecting identifying information at the first interview with a client.
2. Using trained social workers for the first interview with a client.
3. Investigating the history of cases, and not present circumstances only.
4. Verifying data concerning a case, as a matter of routine, by reference to documents and to social agencies.
5. Contacting, in an investigation, as a matter of routine, other agencies, near relatives, physicians, hospitals, teachers and present employers.
6. Contacting the Central Case Register regarding all new cases.

Some Procedures in which Standardization is evident (Cont.)

7. Contacting the Central Case Register regarding current cases only in special circumstances.
8. Giving the social worker in charge of the investigation of a case responsibility for contacting the Register regarding that case, whether that case is new or current
9. Regularly contacting other agencies for the exchange of information and co-operation in treatment.
10. Contacting other agencies directly from agency to agency.
11. Refusing information to an agency whose standing is not definitely known or that is not prepared to be co-operative in return.
12. Refusing an agency information, that might be harmful to a client, but is of importance to a full understanding of a case, unless that agency's standards are known and acceptable.
13. Making records available to social workers in other agencies only in special circumstances.
14. Providing temporary treatment for a case until diagnostic procedure has been fully completed.
15. Having no time limit within which diagnostic procedure must be completed.
16. Where final diagnosis is in the hands of a case committee, letting the social worker in charge of the investigation of a case, present that case to the committee.
17. Reviewing, as a matter of routine, the diagnosis of cases under treatment.
18. Giving the persons responsible for diagnosis also responsibility for planning treatment.
19. Discussing the plan of treatment with other agencies dealing with the case only in special circumstances.

Some Procedures in which Standardization is evident (Cont.)

20. Modifying the plan of treatment, when the client refuses to accept the plan, and not enforcing treatment.
21. Giving the persons responsible for planning treatment, also the responsibility for carrying out the treatment.
22. Periodically reviewing treatment, as a matter of routine.
23. Following up cases, no longer under treatment, when an agency wants to maintain contact with a client, or a client wants to maintain contact with an agency.
24. Making records available for scientific projects to persons with satisfactory credentials, but not to the public.

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Where agency practice varied considerably in a certain procedure, but the majority of social workers agreed as to what form this procedure should take, we may expect standardization to take place in the direction of social worker opinion.

Some Procedures in which Standardization is likely to develop.

1. Starting the process of diagnosis after a purely identifying first interview.
  2. In case of refusal on the part of a client to accept the treatment planned, not withdrawing treatment.
-

Where agency practice was significantly contrasted with the opinion of social workers thereon, it is likely that agency practice will gradually change in the direction of the procedures advocated by a majority of social workers, and may in the long run show some measure of standardization.

Some Likely Developments in Agency Practice.

1. Limiting intake, in order to maintain the desired standard of work, on the basis of needs standards and not on the basis of race.
2. Introducing appointments for office interviews with clients.
3. Introducing consulting hours for clients.
4. Improving privacy and waiting room facilities in connection with office interviews with clients.

---

Where agency practice and the views of social workers thereon varied considerably there is little or no evidence of standardization or likely changes of procedure.

Some Procedures which show no Evidence of Standardization.

1. Requiring clients to complete their own application forms.
2. Arranging first interviews by appointment.
3. Holding the first interview in the client's own home or in the agency's office.
4. Determining which sources of information are of special weight.
5. Contacting the Central Case Register as soon as identifying data are available or after the first diagnostic interview.
6. Using the individual, the family or the household as the unit for the purpose of diagnosis.

Some Procedures which show no Evidence of Standardization,  
(Cont.)

7. Placing responsibility for diagnosis in the hands of the social worker in charge of the investigation of the case, a case supervisor or a case committee.
  8. Discussing the plan of treatment with the client concerned.
  9. Giving treatment in the clients' own homes or on the agency's premises.
  10. Following up a client who has refused treatment.
  11. Deciding when to close a case.
-

## B. Type of Standardization.

Nearly all agencies and approximately half of all social workers had laid down some general formula expressing their treatment objectives in such terms as 'giving advice', 'financial aid', 'rehabilitation', 'adjustment', etc. General formulae of this kind must be replaced by social or economic objectives, before we can study scientifically how to meet the objectives.

The replies to more specific questions on social and economic objectives suggested firstly, that these general formulae can be expressed in terms of definite social and economic objectives; and secondly, that in practice they have to a large extent been so expressed qualitatively but not quantitatively.

We find then that the first condition for scientific standardization, that of expressing the objectives in exact terms has not been fulfilled, so that the process of standardization that was observed was not scientific.

In social work, scientific standardization is generally associated with the raising of current norms and not with the correction or prevention of abnormal circumstances. As most of the agencies investigated were concerned mainly with the latter, it would not be expected that the standards used would be scientific.

The process of standardization observed was mainly social, i.e., it was the result of custom and agreement amongst agencies and social workers as to what is the best procedure to follow in certain circumstances. Many social case work procedures are becoming standardized on the basis of the accumulated experience of agencies and social workers.

It was seen that the data examined pointed to a measure of standardization, rather than to established standard practices to which all conform. Now most of the welfare agencies investigated were concerned with the correction or prevention of abnormal circumstances. This aspect of social work is conditioned by the subjective view of the social worker or the agency for which she works as to what is 'normal' or what is average practice. It was to be expected, therefore, that treatment objectives should vary considerably amongst agencies and especially amongst individual social workers. It seems likely that in those aspects of social case work procedure that can be standardized, the process of standardization will progress as agreement on the aim of social case work increases. This agreement can only be reached on the basis of further knowledge to be provided by the various social sciences.

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### C. General Conclusions.

If the sample of agencies used in this investigation is equivalent to a random sample of all family welfare agencies operating under conditions similar to those in Johannesburg at the time of the investigation; and

if the sample of social workers used in this investigation is equivalent to a random sample of all social workers employed by family welfare agencies under conditions similar to those in Johannesburg at the time of the investigation; then,

the conclusions reached are valid anywhere and at any time under conditions similar to those in Johannesburg at the time of the investigation.

Amongst the factors which determine these conditions probably the most important are:

- (a) the influence of various Government Departments, especially the Department of Social Welfare;
- (b) the influence of the accumulated experience of social welfare agencies;
- (c) the training received by social workers; and
- (d) the availability of forums for discussion amongst social welfare agencies and individual social workers.

The development of various aspects of co-ordination in social work activities is making these conditions increasingly similar elsewhere to those in Johannesburg, especially in the other urban areas in the Union. It seems probable, therefore, that, in the absence of evidence to the contrary, the conclusions from this investigation, are applicable in other centres of social work to the extent to which these centres participate in various co-ordinating activities.

#### D. Suggestions for further Research.

The scientific study of case work procedure is of comparatively recent date, but trial and error experimentation has been carried out in this field almost as long as social work has been a human activity.

It is not surprising, therefore, to find that a survey of present case work procedures suggest many aspects of social case work in which scientific research is likely to be profitable.

Some of the more immediate avenues of research which may be expected to be fruitful are stated here.

1. Not all the data collected were analyzed in this paper and the conclusions reached suggest that further analyses of the following might be particularly fruitful:

- (a) Analysis of the section on case recording;
- (b) Analysis of the section on case loads;
- (c) Correlations between different procedures;
- (d) Further study of those objectives that were expressed in measurable terms.

2. The conclusions reached in this investigation are only provisionally applicable to other centres of social work. A similar investigation in other centres would be of great value both as a check on the method of collecting data and the statistical methods employed in this investigation; and as a basis for comparing social work procedures in different centres.

3. Perhaps the most urgent problem revealed by this investigation is that of defining precisely objectives in case work which will be generally acceptable in case work. These objectives must be based on human needs. It would

be fruitful to discover

- (a) why those human needs that have been expressed in precise social or economic terms, are not generally accepted as part of the objectives of case work; and
  - (b) in what precise social and economic terms we can express those human needs that have not yet been defined.
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