

**STATISTICS OF
MEDICAL SOCIAL CASEWORK
IN NEW YORK CITY**

1944

By

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*Director, Department of Statistics
Russell Sage Foundation*

NEW YORK

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STATISTICS OF MEDICAL SOCIAL CASEWORK IN NEW YORK CITY: 1944

During 1944 the medical social work departments of 53 hospitals cooperated with the Committee on Medical Social Work Statistics of the United Hospital Fund of New York and the Department of Statistics of the Russell Sage Foundation by compiling monthly statistics of their casework service according to a uniform plan. All of these departments had compiled similar statistics during the preceding year and most of them also in 1942, when the collection and exchange of the data were begun. This bulletin summarizes the comparative statistics for 1944 obtained from the monthly reports of the 53 departments. It contains in addition a brief outline of the plan used in compiling the data.

Participating Departments

The participating medical social work departments are located in New York City. The group includes nine in municipal hospitals and 44 in voluntary hospitals. Together they represent a large proportion of the total volume of medical social work carried on in hospitals in the city. Not included, however, are the two largest medical social work departments of the city Department of Hospitals, as well as a considerable number of smaller departments of both municipal and voluntary hospitals. Also omitted are the social work departments of four state hospitals for mental patients located in the city, and those of two federal hospitals, the United States Naval Hospital and the Veterans Administration Facility.

Medical social work departments of hospitals are predominantly of small size. It is not surprising, therefore, to find that more than half of this group consists of departments that employ five or fewer medical social workers. The two largest are those of Presbyterian and Mount Sinai hospitals, both of which employ more than 30 medical social workers. Ten other participating departments employed during 1944 from 10 to 18 social workers. Among the smaller departments, six had in this year only one professional worker.

Forty-one of the departments are in institutions usually classified as general hospitals, while 12 are in special hospitals, of which two are municipal and 10 voluntary hospitals.

The departments are identified by the names of the hospitals of which they are a part in the tables that record their comparative statistics.

Purpose and Quality of Data

These statistics have been compiled primarily because of a desire on the part of the agencies concerned for some quantitative basis for comparing their work. In recognition of this interest and also because of the United Hospital Fund's need, for planning and administrative purposes, of statistics of the social work done in hospitals in New York City, the Committee on Medical Social Work Statistics was appointed in 1941. The Committee, under whose auspices the data have been collected, consists largely of representatives of participating agencies.* The Department of Statistics of the Russell Sage Foundation assisted in preparing the plan; it has also assembled and returned to the agencies monthly tabulations of the data.

The statistics are regarded as only approximate measurements of the work of the respective departments. Numerous difficulties stand in the way of obtaining medical social work statistics of a degree of accuracy and comparability that is desirable. Yet, notwithstanding the fact that the present data are subject to important qualifications, it is believed that they supply significant information describing the current practice of medical social work in New York City, and that they are valuable also as a means of comparing the work of the individual agencies. The figures are presented, however, with the reservation that conclusions based on them should be drawn tentatively.

It should be noted especially that the statistics are intended to relate only to the social casework of the respective medical social work departments, rather than to the entire activity of their staffs. Although it may be assumed that casework is the chief function for which medical social work departments are maintained in hospitals, there is a great deal of variation in the extent to which social workers employed in hospitals are able to avoid assignments that interfere with the provision of casework service. Differences in the proportion of the total professional staff time devoted to the casework function, therefore, will account for some of the variation in the volume of work shown by the statistics. Differences in interpretation of terms and in practice in applying them also account to an important extent for variation of the data.

Definition of Social Casework

The report form used for recording the monthly statistics is reproduced and described briefly at the end of this report and the principal terms used on it are there defined. Reference to these definitions should be made in examining the data of the diagrams and tables that follow.

Social casework is defined as work performed by a social worker in which attention is given to a problem of a client for the purpose of assisting in

*The members of the Committee are as follows: Mrs. Eleanor Bishop, Miss Grace Cooke, Miss Mercedes Geyer, Mrs. Freda B. Goldfeld, Miss Hazel Halloran, Mrs. Mildred Maxwell, Miss Mabel McGuire, Mrs. B. V. McMillan, Mrs. Fanny L. Mendelsohn, Mrs. Edith G. Seltzer, Miss Sadie Shapiro, Miss Theodate H. Soule, Mr. Ralph G. Hurlin, Chairman.

solving it. The definition excludes activity that does not have the specific purpose of assisting in the solution of a problem of a particular client. Among services excluded are those that relate to the administration of the hospital or clinic, such as the general management of a clinic, the keeping of clinic records, the routine following-up of patients for clinic attendance, and hospital or clinic admitting service.

Although work that is not specifically directed to the treatment of a problem of a client is excluded from the scope of the statistics, it is intended that even brief instances of casework service shall be recorded. It is recognized that many of the hospital and clinic patients whose problems received the serious attention of medical social workers are served only briefly, and that these instances of service in aggregate occupy an important share of the total time of the workers. A case of service is, therefore, counted when the worker attempts to aid in coping with the problem of a patient, irrespective of the number of contacts that are anticipated, or of the completeness of the service, or the probability of a positive result.

The primary unit for recording the volume of work is the case of service, or the person in whose interest the work is done. A second unit, the casework interview, is also used. Casework interviews are contacts of the social worker with the client or with other persons, except members of the casework staff, for discussion of a client's problem in order to assist in solving it. They may take place either in person or by telephone. One result of compiling the statistics has been to show that a substantial proportion of the casework interviews of medical social workers are interviews by telephone.

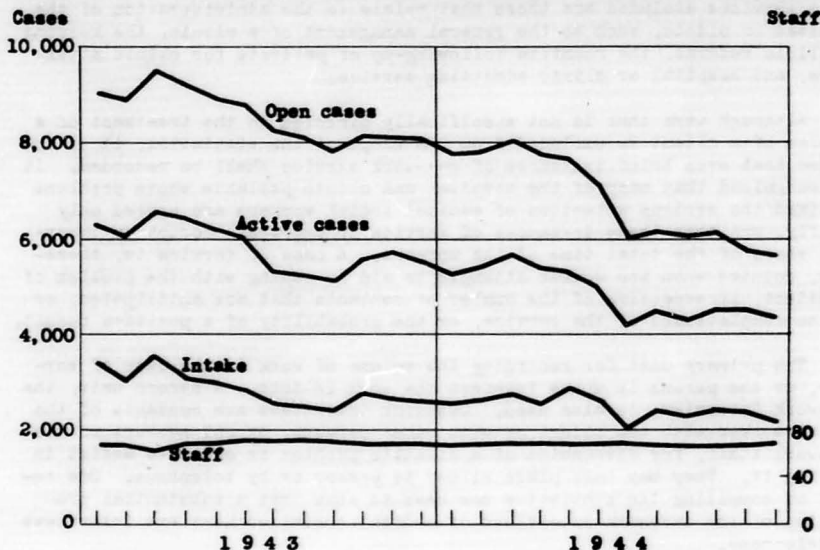
Aggregate Case and Staff Figures

In Diagrams 1 and 2 are plotted monthly aggregate case and staff figures for the two years, 1943 and 1944, of two groups of the participating departments, those in municipal and those in voluntary hospitals. The two diagrams show much resemblance. In both the tendency of each of the curves that record changes in the number of cases is definitely downward. The declining trends, however, are more pronounced for the departments of the municipal hospitals. In marked contrast to the case curves, the curve in each diagram that records the number of medical social workers employed is approximately level.

Each of the case curves of the municipal hospital departments registers a decline over the 24 months of more than 30 per cent. For the departments in voluntary hospitals, the intake curve reflects a decline of 30 per cent, that of active cases 18 per cent, and that of total open cases 16 per cent. The curves are not, of course, representative of the experience of every department. Two of the departments in municipal hospitals and 15 of those in voluntary hospitals, in fact, reported more active cases monthly during 1944 than during 1943.

The explanation of the reduction in the aggregate number of cases of service reported by both groups of departments is not certain. It is apparent that it is not to be accounted for by the employment of a smaller

DIAGRAM 1 - CHANGE IN AGGREGATE NUMBER OF CASES AND OF WORKERS MONTHLY DURING 1943 AND 1944. 9 MEDICAL SOCIAL WORK DEPARTMENTS IN MUNICIPAL HOSPITALS

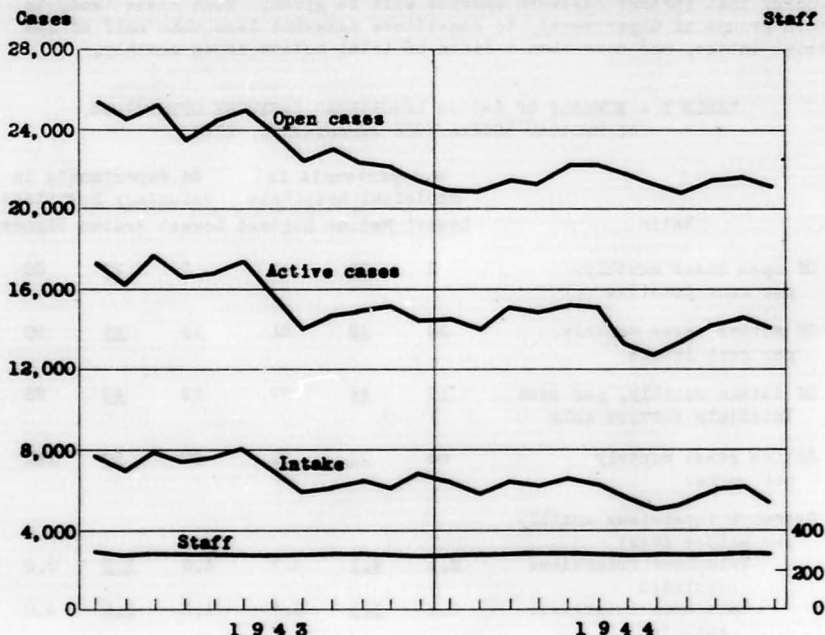


number of medical social workers. It is true, however, that during the two-year period many of the departments experienced a large amount of staff turnover, and it is probable that the average experience of the medical social work staffs was considerably less at the end than at the beginning of the two-year period.

Decline in the number of hospital and clinic patients appears to have accounted for some of the reduction of the case figures of some of the departments. It is reasonable to suppose also that the continuation of good economic conditions has tended to reduce the need for social casework among hospital and clinic patients, as it has the number of families seeking financial assistance from public assistance agencies or casework service from private family casework agencies.

But, perhaps, the most important factor accounting for the declining trends of the case figures is the purely statistical one of improvement of the reported data. The more recent figures probably represent cases actually receiving casework attention much more uniformly than do the earlier ones. This explanation, however, does not apply equally to the figures of all the reporting departments. It applies especially to departments which at the beginning of the period had very high ratios of active cases to workers. In some instances where medical social workers have been responsible for clinic administrative functions, adequate distinction was not made earlier between clinic caseloads and the counts of patients actually given casework service. This difficulty has affected the figures less as the reporting has continued.

DIAGRAM 2 - CHANGE IN AGGREGATE NUMBER OF CASES AND OF WORKERS MONTHLY DURING 1943 AND 1944. 44 MEDICAL SOCIAL WORK DEPARTMENTS IN VOLUNTARY HOSPITALS



Summary of Ratios

Ratios computed from the statistics reported during 1944 by the departments of municipal and voluntary hospitals are summarized separately in Table 1. For each group the lowest, the highest, and the median values of 10 ratios descriptive of casework practice are given in the table.

This table is of interest chiefly because it demonstrates a large amount of similarity between the two sets of measurements. For most of the ratios rather wide variation is indicated by the extreme values for both groups of departments. Very great importance should not be attached to the extreme items, however. Much more significant is the general similarity of the median values.

The median ratios indicate a tendency in both groups of departments for inactive cases to constitute a little more than a quarter of the total number of open cases each month. They also indicate for both groups a tendency for intake to constitute not far from half of the total number of active cases monthly. The high proportions of intake signify that the average duration of casework service is not long.

The designation "immediate service only" is applied to cases given attention in one casework interview without expectation on the part of the worker that further casework service will be given. Such cases tend, in both groups of departments, to constitute somewhat less than half of the total intake, and more than a fifth of total active cases monthly.

TABLE 1 - SUMMARY OF RATIOS DESCRIBING CASEWORK OPERATIONS,
53 MEDICAL SOCIAL WORK DEPARTMENTS, 1944

Ratio	9 departments in municipal hospitals			44 departments in voluntary hospitals		
	Lowest	Median	Highest	Lowest	Median	Highest
Of open cases monthly, per cent inactive	3	<u>28</u>	43	2	<u>27</u>	68
Of active cases monthly, per cent intake	34	<u>49</u>	81	19	<u>45</u>	90
Of intake monthly, per cent immediate service only	19	<u>44</u>	77	12	<u>49</u>	86
Active cases monthly per worker	56	<u>72</u>	99	22	<u>50</u>	142
Casework interviews monthly per active case:						
Telephone interviews included	3.1	<u>4.1</u>	4.7	1.6	<u>3.5</u>	6.2
Telephone interviews excluded	2.3	<u>3.1</u>	3.7	1.3	<u>2.6</u>	4.0
Of total casework interviews:						
Per cent:						
With physicians	8	<u>17</u>	20	5	<u>18</u>	34
With social agencies	13	<u>17</u>	22	8	<u>17</u>	37
All other	61	<u>66</u>	75	45	<u>62</u>	81
Per cent by telephone	21	<u>24</u>	34	17	<u>31</u>	56

The median values of the ratio of active cases per worker monthly are less closely similar. They indicate that the workers' caseloads tend to be substantially larger in the medical social work departments of the municipal hospitals than in those of the voluntary hospitals. Both of these median figures are high, however, as compared with the corresponding figure for private family casework agencies. The median active caseload monthly per social worker in 1944 for 60 private family casework agencies reporting statistics to the Department of Statistics of the Russell Sage Foundation was only 28 cases.*

*Operation Statistics of Selected Family Casework Agencies, 1944. Russell Sage Foundation, 1945

It should be explained that the ratios of active cases to workers, for both the medical social work departments and the family casework agencies, have been computed by relating the average number of active cases monthly to the total number of workers comprising the casework staff. Supervisors of casework as well as caseworkers are included in the count of workers. Directors of medical social work departments have been included uniformly, inasmuch as supervision of casework is characteristically an important part of their function and because in many of the departments they also participate directly in the work with clients. When both supervisory workers and the cases they carry are omitted in computing the ratios, the number of cases per worker increases somewhat. For the 60 family casework agencies in 1944 the median caseload of caseworkers was 34 active cases monthly. It should be noted further that the active caseloads of the family agencies also include substantial proportions of one-interview cases.

The reported figures indicate that in the city hospital departments casework interviews per active case monthly are generally somewhat more frequent than in the departments of the voluntary hospitals. This difference is shown both when telephone interviews are included and when they are excluded in computing the ratio. The corresponding median ratios found for family casework agencies in 1944 were: including telephone interviews, 3.6 interviews per case; excluding telephone interviews, only 1.8 interviews per case.

The median percentages recording the distribution of casework interviews by category of person interviewed are remarkably alike. The proportion of casework interviews in which the contact was by telephone, on the other hand, tends to be somewhat larger among the departments of the voluntary hospitals. Here again, however, the figures of the two groups of medical social work departments show resemblance when they are compared with the corresponding figures of family casework agencies. The median proportion of telephone interviews found for the family agencies in 1944 was 50 per cent.

Most of the median ratios of the medical social work departments for 1944 correspond rather closely with those found for the preceding year. The greatest difference between the figures of the two years is found in the ratios of cases per worker. As already made evident by the difference

TABLE 2 - MEDIAN RATIOS OF ACTIVE CASES MONTHLY PER WORKER,
JANUARY, 1943 THROUGH DECEMBER, 1944

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
<u>9 departments in municipal hospitals</u>												
1943	98	88	89	103	83	83	69	66	64	76	72	73
1944	81	78	82	74	84	74	60	64	71	80	68	64
<u>44 departments in voluntary hospitals</u>												
1943	59	55	60	52	55	60	59	50	46	45	50	47
1944	51	49	49	45	52	51	47	43	47	49	50	45

in the trends of the case and staff curves of Diagrams 1 and 2, the number of active cases per worker for both groups of departments was substantially lower in 1944 than in 1943. That the change in each case was gradual is shown by the two series of ratios in Table 2.

Statistics of Individual Departments

Tables 3, 4, and 5 present comparative statistics of the social case-work of the individual medical social work departments. These statistics pertain to the average month of 1944. Except in the case of one department they are averages for the entire year. The medical social work department of Flushing Hospital made no reports for four months during which it was without a medical social worker.

The figures of these tables are chiefly ratios, which can be compared directly irrespective of differences in the size of the departments. Size of agency is a factor, however, which should not be overlooked in examining the data, and therefore the departments have been arranged, within each group, in order of size as indicated by the average number of medical social workers employed during the year. The order is the same in each of the tables. The use of the same order in each table will be found to facilitate comparison of the figures of particular departments.

In each table median ratios are given for each group of departments and also, at the bottom of the tables, for the entire group of reporting departments. Because of the larger number of departments in voluntary hospitals, the median ratios for the total group are more nearly like those of the voluntary than those of the municipal hospital departments.

Number of Active Cases Monthly

The data of Table 3 relate to the size and composition of the caseloads of the individual departments. The number of cases receiving social case-work service in the average month varied from only 26 in a department having only one medical social worker to 2,326 in one of the two largest departments.

The aggregate monthly active caseload of the 53 departments was 19,283 cases, of which three-fourths were patients of voluntary hospitals. Three of the departments reported average active caseloads of more than 1,000 cases. Ten reported fewer than 100 cases monthly.

Intake

For the entire group of departments the median ratio of intake to total active cases monthly was 46 per cent. For several departments the active caseload comprised few cases except those newly opened or reopened for service. For one of the smaller voluntary departments, intake was 90 per cent of active cases monthly; for two other departments it was more than 80 per cent; and for three others it was above 70 per cent. The lowest value of this ratio was 19 per cent. Only six departments had values lower than 30 per cent.

TABLE 3 - ACTIVE CASES MONTHLY AND THREE RATIOS PERTAINING TO AVERAGE
MONTHLY CASELOAD, 53 MEDICAL SOCIAL WORK DEPARTMENTS, 1944

Hospital	Active cases monthly	Of active cases monthly, per cent intake	Of intake monthly, per cent immediate service only	Of open cases monthly, per cent inactive
Municipal				
Harlem	1,031	46	28	33
Metropolitan	942	34	38	42
Lincoln	558	46	76	28
Queens General	681	68	44	11
Cumberland	569	66	44	5
Goldwater Memorial	333	56	77	3
Greenpoint	292	81	46	29
Kingston Avenue	298	35	19	43
Coney Island	300	49	63	27
Median, municipal	-	49	44	28
Voluntary				
Presbyterian	1,240	37	49	23
Mount Sinai	2,326	31	48	24
New York	520	34	12	16
Joint Diseases	719	46	45	28
New York Post-Graduate	261	28	13	32
Jewish, Brooklyn	569	25	34	29
St. Luke's	456	33	34	18
St. Vincent's, Manhattan	299	44	60	22
Beth Israel	621	87	66	40
Bronx	262	57	31	38
Special Surgery	448	33	39	32
Neurological	444	68	86	13
Long Island College	244	25	42	23
Lenox Hill	393	42	63	43
New York Orthopaedic	211	43	69	49
Lehman	326	30	70	27
Roosevelt	263	61	51	24
Babies	502	52	29	26
Manhattan Eye, Ear and Throat	648	31	33	40
New York Eye and Ear	190	66	64	21
Flower and Fifth Avenue	650	29	61	68
Sydenham	287	36	85	47
Montefiore	175	36	51	41
New York Infirmary	144	58	46	2
New York Polyclinic	185	44	65	35
French	182	51	79	44
Beckman	140	42	32	17
Beth-E	183	19	35	16
Woman's	171	90	80	5
Mary Immaculate	75	64	64	32
Lying-In	185	33	17	15
St. John's, Brooklyn	87	61	48	26
St. Mary's	122	72	36	64
St. John's, Queens	108	73	43	45
Jewish Memorial	111	56	64	32
Methodist	96	45	55	30
Staten Island	81	46	26	7
Jamaica	91	45	52	14
Beth Moses	42	58	69	33
Brooklyn Womens	26	47	52	50
Knickerbocker	106	75	57	53
St. Vincent's, Richmond	41	40	25	11
Wyckoff Heights	83	19	20	7
Flushing	67	55	36	13
Median, voluntary	-	45	49	27
Median, all	-	46	48	28

In the median department 48 per cent of intake consisted of cases classified as "immediate service only." The total range of this ratio is very wide, from only 12 per cent at one extreme to 86 per cent at the other. The lower values of the ratio may indicate that the briefer instances of casework service are not fully recorded.

Inactive Cases

The reporting departments vary materially with respect to the relative number of cases held open on which there is no casework activity in the current month. To some extent, inactivity of cases included in the count of open cases is to be expected. Not infrequently, even though the casework undertaken has not been completed, casework service within a particular period may be either not needed or not possible. If the proportion of inactive cases is very large, however, there is a suggestion that many cases which need current attention are being overlooked, or else that an unreasonable number of cases on which work has been completed have not been closed.

The median ratio indicates that for these departments 28 per cent is the typical proportion of inactive cases monthly. Six departments had proportions as low as 10 per cent, while for 12 the proportion was more than 40 per cent.

Number of Workers

Table 4 records first the average monthly number of medical social workers employed in each department. Directors and supervisors, as well as caseworkers, are included in these figures. As already mentioned many of the medical social work staffs are small. The median number of professional workers was 4.6 workers. The total number of medical social workers employed in the average month by the 53 departments was 355. The number would be larger had not vacancies reduced the staff figures of some of the individual departments to an important extent.

Space has not been taken in the tables to present the detailed figures for staff members other than professional workers. The statistics reported for student workers, volunteers, and clerical workers are, however, summarized briefly in the following paragraphs.

Fourteen of the participating departments, all in voluntary hospitals, were used during the year by graduate schools of social work for field work training of students. The aggregate number of such students obtaining practice in the departments varied from month to month. Barring September, when only 13 students were reported, the number varied from 31 to 48. It was more than 40 in each month of the Spring and Fall quarters. One department averaged during the year more students than medical social workers. In another, the ratio was one student to 1.5 social workers; in none of the others in the average month was it as high as one student to three social workers.

The use of volunteers giving regularly scheduled time was reported throughout the year by about half of the group. Several other departments reported use of such volunteers in some months. The number of volunteers re-

TABLE 4 - NUMBER OF MEDICAL SOCIAL WORKERS AND RATIOS OF CASES PER WORKER AND INTERVIEWS PER CASE, 53 MEDICAL SOCIAL WORK DEPARTMENTS, 1944

Hospital	Medical social workers monthly	Active cases monthly per worker	Casework interviews monthly per active case	
			Telephone interviews included	Telephone interviews excluded
Municipal				
Harlem	14.8	70	3.1	2.3
Metropolitan	13.2	72	3.7	2.7
Lincoln	10.0	56	4.7	3.7
Queens General	9.2	74	4.1	3.1
Cumberland	6.3	91	3.2	2.4
Goldwater Memorial	6.0	56	3.9	3.1
Greenpoint	3.0	97	4.6	3.5
Kington Avenue	3.0	99	4.1	2.7
Coney Island	3.0	68	4.1	3.2
Median, municipal	-	72	4.1	3.1
Voluntary				
Presbyterian	33.0	38	3.2	2.5
Mount Sinai	32.5	72	4.0	3.3
New York	18.0	29	4.1	2.8
Joint Diseases	14.5	50	2.9	2.1
New York Post-Graduate	12.0	22	5.6	3.5
Jewish, Brooklyn	11.4	50	2.5	1.7
St. Luke's	11.4	40	5.2	3.5
St. Vincent's, Manhattan	11.3	26	3.2	2.1
Beth Israel	11.1	56	3.2	2.6
Bronx	9.3	28	3.2	2.2
Special Surgery	7.7	58	3.7	2.9
Neurological	7.4	60	3.9	2.4
Long Island College	6.9	35	3.3	2.1
Lenox Hill	6.9	57	4.0	2.6
New York Orthopaedic	6.7	32	1.6	1.3
Lebanon	5.8	56	2.9	2.0
Roosevelt	5.7	46	6.2	4.0
Babies	5.1	98	-	2.8
Manhattan Eye, Ear and Throat	5.0	130	3.4	2.8
New York Eye and Ear	5.0	38	3.2	2.3
Flower and Fifth Avenue	4.6	142	4.2	3.5
Sydenham	4.3	58	3.2	2.2
Montefiore	4.1	43	4.9	3.2
New York Infirmary	4.0	36	5.6	3.6
New York Polyclinic	3.9	47	2.9	2.2
French	3.8	49	3.7	2.9
Beckman	3.3	43	3.8	3.0
Beth-El	3.0	61	3.5	2.5
Women's	3.0	58	2.8	2.2
Mary Immaculate	2.9	26	3.8	2.8
Lying-In	2.9	64	3.8	2.6
St. John's, Brooklyn	2.6	34	4.3	3.0
St. Mary's	2.6	47	4.4	2.6
St. John's, Queens	2.2	50	2.3	1.8
Jewish Memorial	1.9	58	3.7	2.5
Methodist	1.8	53	4.2	2.9
Staten Island	1.8	44	3.5	1.9
Jamaica	1.4	64	2.8	2.0
Beth Moses	1.0	42	4.1	3.1
Brooklyn Women's	1.0	26	3.4	1.5
Knickerbocker	1.0	106	3.0	1.9
St. Vincent's, Richmond	1.0	41	4.6	2.4
Wyckoff Heights	1.0	83	3.5	2.6
Flushing	1.0	67	3.0	1.9
Median, voluntary	-	50	3.5	2.6
Median, all	-	56	3.7	2.6

ported by different departments varied from one to 17. The largest aggregate number for any month was 137. This figure does not include the members of classes of volunteer casework aides while in training in five of the departments. They do include approximately 50 volunteer aides assigned after training for regular part-time service in 19 different departments. Use of paid casework aides was reported by only one department, that of Mount Sinai Hospital, which employed from three to five such workers during the year.

In aggregate, the staffs of 53 departments included in the average month 130 clerical workers, which when related to the total number of social workers gives a ratio of one clerical worker to 2.7 professional workers. The ratio for municipal hospitals was one clerical worker to 3.3 medical social workers; for the voluntary hospitals it was one to 2.6. Six of the smaller departments reported no regularly assigned clerical worker during all or most of the year. The number of medical social workers per clerical worker varied in other departments from only one in two hospitals, in each of which there was but one social worker, to 5.7. In the median department, the ratio was one clerical worker to 2.7 social workers.

Active Cases per Worker Monthly

This ratio, which relates the number of clients obtaining casework service to the number of regularly employed professional workers, is probably the most useful measurement included in the tables. As already observed, duties other than casework may occupy the time of the professional workers. Where much time is given to other functions, smaller ratios of active cases to workers are to be expected. Obviously, the kind of service given may also affect the ratio.

For the total group of departments the reported figures give values of the ratio varying from as few as 22 to 142 cases. Only three departments, each in a voluntary hospital, had ratios as high as 100 cases per worker, but for four, of which three are in municipal hospitals, the ratios were between 90 and 100 cases. For the median agency the ratio was 56 cases and the range for the middle half of the total group was from 41 to 68 cases.

It should be observed that size of agency does not appear to influence greatly the variation of either this ratio or the others included in the tables. The median number of cases per worker monthly is found to be much the same whether it is obtained for only the larger or only the smaller departments. For the 16 largest departments, those having more than seven professional workers during the year, the median is 55 cases per worker, while for the 15 departments having fewer than three social workers, it is 50.

Casework Interview Ratios

The last two columns of Table 4 and all of those in Table 5 contain casework interview ratios. Those in Table 4 relate to the average number of casework interviews constituting the activity of cases each month. Ratios are given both including and excluding telephone interviews. The total range of the ratios is wide, from only 1.6 to 6.2 when telephone interviews are included,

TABLE 5 - CASEWORK INTERVIEW RATIOS, 53 MEDICAL SOCIAL WORK DEPARTMENTS, 1944

Hospital	Percentage distribution of total casework interviews			Of total casework interviews, per cent by telephone	Casework interviews monthly per worker	
	With physicians	With social agencies	All other		Telephone interviews included	Telephone interviews excluded
Municipal						
Harlem	10	19	71	25	216	161
Metropolitan	16	18	66	26	264	196
Lincoln	20	16	64	23	264	204
Queens General	11	16	73	23	303	233
Cumberland	17	22	61	25	288	216
Goldwater Memorial	20	13	67	21	215	170
Greenpoint	8	17	75	23	449	346
Kingston Avenue	17	19	64	34	407	268
Coney Island	19	16	65	24	280	213
Median, municipal	17	17	66	24	280	213
Voluntary						
Presbyterian	19	13	68	21	120	96
Mount Sinai	21	10	69	17	287	237
New York	22	15	63	31	119	82
Joint Diseases	24	17	59	26	144	106
New York Post-Graduate	23	23	54	37	123	177
Jewish, Brooklyn	19	17	64	32	124	84
St. Luke's	17	18	65	33	208	140
St. Vincent's Manhattan	19	21	60	33	84	56
Beth Israel	18	16	66	19	177	143
Bronx	29	13	58	33	90	61
Special Surgery	18	14	68	23	216	166
Neurological	15	15	70	38	234	146
Long Island College	17	24	59	36	116	74
Lenox Hill	23	17	60	35	229	150
New York Orthopaedic	11	8	81	20	50	40
Lebanon	18	30	52	32	159	109
Roosevelt	21	22	57	36	288	185
Babies	-	-	-	-	-	276
Manhattan Eye, Ear and Throat	19	9	72	17	441	368
New York Eye and Ear	23	15	62	29	121	87
Flower and Fifth Avenue	20	14	66	18	602	493
Sydenham	18	17	65	29	218	154
Montefiore	11	14	75	34	209	137
New York Infirmary	17	26	58	36	202	129
New York Polyclinic	22	16	62	25	139	104
French	16	11	73	21	178	141
Beckman	15	16	69	22	163	128
Beth-El	16	15	69	29	216	155
Woman's	6	15	79	22	164	127
Mary Immaculate	17	19	64	27	98	72
Lying-In	13	28	59	31	243	169
St. John's, Brooklyn	14	24	62	32	146	100
St. Mary's	14	19	67	42	209	122
St. John's, Queens	5	15	80	21	115	90
Jewish Memorial	17	22	61	32	217	148
Methodist	20	21	59	31	220	152
Staten Island	16	36	48	45	153	95
Jamaica	18	20	62	30	180	127
Beth Moses	34	21	45	25	175	130
Brooklyn Women's	27	20	53	56	87	38
Knickerbocker	18	28	54	34	312	206
St. Vincent's, Richmond	15	37	48	47	189	100
Wyckoff Heights	23	19	58	26	292	215
Flushing	18	23	59	37	197	124
Median, voluntary	18	17	62	31	178	128
Median, all	18	17	64	29	205	140

and from 1.3 to 4.0 when they are excluded. But for a majority of the group the variation is much less. Thus, including telephone interviews, the ratios of 39 departments, or three-fourths of the group, are within the range 2.8 to 4.2 interviews per case per month. When telephone interviews are excluded, more than four-fifths of the ratios are within the range 1.9 to 3.5.

The first three ratios of Table 5 give the proportions of total interviews with physicians, with workers of other agencies, and with other persons including the clients themselves. For a majority of the departments the variation of these percentages is surprisingly small.

Similarly, for a majority of the departments the variation of the proportion of telephone interviews is relatively small. With only eight exceptions, telephone interviews were not less than one-fifth, or more than two-fifths, of the total number of reported interviews.

Finally, ratios are included in Table 5 which relate the reported numbers of casework interviews to the numbers of medical social workers. Of the several factors which influence these ratios, one is clearly the proportion of time given to the casework function. To what extent it is the controlling factor, it is not possible to state.

Appendix: The Reporting Plan

Principal Terms Defined

Social casework is individualized study or treatment by a social worker of a problem affecting the well-being of a particular person for the purpose of assisting in solving the problem. To satisfy the definition, the service must be in the interest of a client, and must concern a problem which has been recognized as needing attention.

A case is a person in whose interest the medical social work department provides social casework service.

A casework interview is a contact in person or by telephone by a social worker with a client, or with another person who is not a member of the casework staff of the department, for the purpose of discussing a client's problem in order to assist in meeting it. Discussion of a client's problem by a caseworker with a supervisor or other member of the casework staff is not classified as a casework interview. Routine interviews with patients in clinic or ward for the purpose of ascertaining whether or not patients have problems which need social casework attention are also not classified as casework interviews. The routine interview becomes a casework interview only if a problem is found and the worker then initiates the indicated casework service concerning it.

An open case is a person for whom the department is currently responsible for providing casework service. The case is recognized as opened when a worker decides that a problem deserving casework service exists and undertakes to provide the needed service. The case remains open until it is closed by a decision to terminate the responsibility for service.

Intake is the group of cases opened within a specified period. Cases included in intake are new if they have not been previously recorded as cases. They are reopened if they have been previously recorded as cases. Reopened cases are divided into two groups, those reopened after closing in a previous year and those reopened after closing in the current year. The subdivision of intake into new and reopened cases is optional.

A closed case is a person in whose interest casework service has been given by the department but for whom it is not currently responsible for provision of further casework service. The case is closed when decision is made that the service that is possible or practicable for the present has been given and that further service will not be attempted in the immediate future. If, after a decision to close has been made, a case recurs before the end of the month, the closing is cancelled and the case then remains open until a further decision to close is made. In other words, the closing of a case does not become final until the end of the month.

An active case is a person for whom service was provided during the month of the report through one or more casework interviews, or through correspondence that involves discussion of the client's problem.

An inactive case is a person, included in the count of open cases, for whom no casework service was provided during the month of the report through a casework interview or by correspondence.

An immediate-service-only case is a person given casework service in an initial casework interview without plan on the part of the worker for any continuation of the service. If without plan by the worker, the client returns and receives casework service in another interview, the case continues to be an immediate-service-only case unless the worker then plans to give still further casework service. If the worker plans to continue study or treatment of the problem by discussion with a physician or a worker of another social work agency, or through other contact for the purpose of obtaining information or taking action in the interest of the client, the case should not be classified as immediate-service-only.

A continued-responsibility case is a person served in a first interview for whom the worker plans further casework service.

The paid casework staff consists of the paid workers who are employed for the purpose of providing social casework service. It may include workers in one or more of the three following categories:

The director is the worker in charge of the medical social work department.

A supervisor is a worker, other than the director, the major portion of whose time is given to directing, training, or supervising caseworkers or school of social work students.

A caseworker is a worker, other than the director or supervisor, who provides casework service. A case aide or other assistant to a caseworker, if any, should not be classified as a caseworker, but should be reported separately.

A school of social work student is a student currently enrolled in a school of social work and assigned to the department for practice work for which, if satisfactory, academic credit will be given.

A volunteer is an unpaid worker who serves on a regular time schedule in the department. A volunteer giving only incidental or occasional service should not be reported.

A clerical worker is a paid worker assigned to the social work department for performance of its clerical work. Only a clerical worker whose time is at the disposal of the department should be so classified.

Monthly Report Form

The form provided for the monthly statistics of social casework of a medical social work department is reproduced, in slightly reduced size, on the following pages.

MONTHLY STATISTICS OF MEDICAL SOCIAL CASEWORK

Social Service Department of _____ City _____ Month _____, 194__

I. Cases Receiving Casework Service

Worker and assignment	Cases carried from last month	Cases opened in this month					Cases transferred between workers	Cases open this month			Cases closed in this month	Cases carried forward	
		New	Reopened		Total intake	Immediate service only		Continued responsibility	Total*	Active this month			Inactive this month
			From prior year	From this year									
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
Total													

*For each worker "total cases open" should include cases received, but should omit cases lost, by transfer between workers during the month.

II. Social Service Staff

Full-time workers

Part-time workers

Directors and supervisors	_____	_____
Caseworkers	_____	_____
Total paid casework staff	_____	_____
School of social work students	_____	_____
Volunteers	_____	_____
Paid clerical workers	_____	_____

Include workers employed part of month. Show in footnote name and title of each worker joining or leaving during month, with date of joining or leaving. Include workers absent on ordinary vacation or sick leave.

Face of Monthly Report Form (somewhat reduced)

III. Casework Interviews on Cases Receiving Casework Service

Worker	With patient or patient family			With physician			With social agency			All other			Total			
	Inside	Outside	Telephone	Inside	Outside	Telephone	Inside	Outside	Telephone	Inside	Outside	Telephone	Inside	Outside	Telephone	Total
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
Total																

IV. Other Interviews

Total number of interviews by medical social workers with or concerning patients not counted as cases

Note here any unusual circumstances affecting comparability of these figures with those of the preceding month.

The face of the schedule consists of two sections. The first contains space for recording the movement of the caseloads of individual workers. The figures of each member of the staff giving casework service occupy a separate line. The workers are identified by last names or initials, and, if desired, the medical service to which they are assigned may be indicated. At the foot of the section total figures are obtained, which show the movement of the caseload of the department as a whole.

The second section of the form calls for record of the personnel of the department for the month. Members of the paid social work staff, school of social work students obtaining practice in the department, volunteers, and paid clerical workers are recorded separately, and in each category distinction is made between full-time and part-time workers. Workers employed during only part of the month are included, but marginal record is requested of the dates on which workers joined or left the staff during the month of the report.

The back of the schedule also contains two sections. The use of these sections is optional. The first is for the record of the casework interviews of each worker providing casework service in the month. The second contains space for the single item, the aggregate number of interviews by medical social workers during the month which do not satisfy the definition of casework interviews. This item is included on the form for the purpose of enabling the department to obtain, if desired, a ratio between the volume of interviewing by the casework staff for casework purposes and that for other purposes, including medical research, hospital or clinic admission service, or clinic administration.

Supplementary Forms

Three other forms have been prepared for use in compiling these statistics in departments not already having suitable similar forms. These forms, as well as the monthly report form, are available through the Publication Department of the Russell Sage Foundation. The four forms are:

- MSW-1. Form for monthly statistics of medical social casework
- MSW-2. Form for worker's daily record of work
- MSW-4. Index card for alphabetical reference file
- MSW-5. Statistical case card