CASEWORK-GROUPWORK REFERRAL

A Study of Co-operative Relationships between Agencies offering Casework Services and Agencies providing Leisure-time Services.

by

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Abstract

CASEWORK - GROUPWORK REFERRAL

Investigation of referral practices between agencies offering casework services and agencies providing leisure-time services is the essential subject of this thesis. To meet the criterion of success, which was established in the study, a referral should be planned and carried through only when an individual's needs are thereby more adequately met. In the past, referrals often fell short of this standard, but since roles of the workers, and the nature of the referral process itself were not clear, factors promoting failure were unidentified. To clarify these matters was an objective. An additional objective was an evaluation of experimental attempts to provide casework services in leisure-time agencies. This fusion of casework and groupwork services and the needs hereby met are examined.

In the study twenty-nine case and group records, chiefly from Vancouver agencies, are used. Both adults and children are considered in the cases, but children's problems frequently stemmed from relationships with parent figures. Thus, helping the parent was an integral part of help for the child's difficulty.

The findings deal with phases in the referral process. The burden of the evidence shows the outcome of referral to be problematic if workers try to deal with a child alone. If a worker recognizes and deals with parents' resistances and problems, thereby enlisting their co-operation, probability of successful referral is increased. Nevertheless, when workers have no clear idea of their respective responsibilities, any activity is of doubtful service to the individuals. The implication is that a joint casework-groupwork staff conference offers the best framework within which to define roles, to evaluate information about a situation and to form a social plan. Later review of this plan is usually essential; then workers may modify their approach or withdraw from the process. Lack of group records constitutes a specific weakness in evaluation of the groupworker's role; moreover, it was often difficult to learn from case records how the caseworker had functioned. This discloses the need for better recording.

New insights into the nature of referral show it to be a joint casework-groupwork function requiring (a) careful attention to each case on an individual basis, (b) close collaboration between caseworker and groupworker, and (c) a capacity of parents to modify their attitudes to children needing referral. Additional criteria for good referral are given.
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CASEWORK - GROUPWORK REFERRAL

A Study of Co-operative Relationships between Agencies offering Casework Services and Agencies providing Leisure-time Services.
Chapter One

THE BASIC PROBLEM - MEETING THE INDIVIDUAL'S NEED

The Aim of Referral

Two disciplines which are basic to social work - casework and group work - typify differing ways of working with people, but find their roots in the common aim of consciously helping people toward more complete and satisfying personal and social relationships. In both disciplines the underlying objective is to meet people's needs; inter-agency relationships and referral processes must promote this objective. All too often, a clearly-defined, smoothly articulating referral process can become an end in itself. Then the individual in need of service falls between two agencies because the definition of function and responsibility or the complementary contribution of each agency remains unspecified. The much neglected area or relationship between casework and groupwork programs is the specific focus of this study.

Differential Approach of Caseworker and Groupworker

Since relationships between two differing types of programs and agencies are to be discussed, there is need to define the methods of casework and groupwork so that their differential approach is clear. Merely to assume, arbitrarily, that caseworkers work with individuals and groupworkers work with groups will lead to sterile controversy. It is essential to understand the roles and functions of practitioners in both disciplines.
a) The Caseworker

The caseworker has always been interested in helping individuals to meet their problems. Often he met the need by prescribing a service. "Over the years emphasis gradually shifted from an exclusive interest in external problems toward inclusion of treatment of personality difficulties". Although perhaps a caseworker did not have the background of dynamic psychology required of today's worker, he nevertheless realized that giving a service or referring a client to another resource was ineffectual while personality difficulties interfered. Today "character diagnosis, patterns of social and ego functioning..." are perhaps the special province of the caseworker.

b) The Groupworker

Groupwork is also a way of helping individuals.

"In the leisure-time agencies it replaces superimposed programs artfully designed by adults for the building of character, especially in the so-called underprivileged, by self-governing groups and programs growing out of the interests of the members."  

But groupwork is also undergoing a change, analogous, though not identical to that in casework. Since these changes are sometimes obscure, they will be examined in some detail here.

In the past, what groupwork offered was relatively unknown. In fact, only recently have groupworkers clarified

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their objectives, methods and techniques. Caseworkers had doubts as to the contribution of this new and growing discipline, and later experience has made it evident that these doubts were well founded on the basis of groupwork as it is often practised. In one city the writer asked a group leader: "What do you do with the boys who cannot fit into the program as you have defined it?", and received the reply: "We have no such problem boys - they either stay in line with the rest, or they are out." In the same city, a groupworker in a Community House explained that the method used in her agency "to discipline rowdy boys" was "to suspend the membership of all who are found to be ringleaders". Such remarks point up some of the least enlightened aspects of "groupwork" as it was practised. It is only fair to add that in this same city there were also professional groupworkers with sound attitudes and practices. Nevertheless, this "...wide divergence...had delayed both the acceptance of standard regarding professional competence for group-workers" and the recognition that groupwork could provide a much needed resource.

By rethinking of their goals and functions, groupworkers came to see more clearly than ever the principle that individual needs must be met through the groupwork process. In 1944, Grace Coyle described this aspect of groupwork when she said, groupwork is "...in part...the conscious use of group experience for the development of persons." 


5 "Not All Group Activities Are Group Work", The Group, vol. 1, Nov. 1944, p. 10
From the emphasis on "development of persons" it was but a short step to a stress on "therapy for individuals", and there has grown up an incorrect and confusing tendency to refer to any intensive work with people in groups as group therapy. Traditionally, the social groupworker has realized that his role is to work with groups to develop healthy inter-relationships between group members. More recently, he has seen, in addition, that in some settings his task is "...intensive work with individuals in the group and that (he) must have a knowledge of causative factors of behaviour..." In this way he can help those individuals whose personality difficulties interfere with their ability to profit from group experience. But while it is important to see that therapy is not recognized as a goal for all groups, it is well to understand that all groupwork has therapeutic "aspects".

The following excerpt from the record of "Club 47", demonstrates how a tension-laden group situation can be skilfully handled so as to be valuable and constructive for the participants. A notable feature of this group of adolescent girls was their desire to talk of personal, home and family problems.

Case 1 Toxy Anston, aged 14, frequently hinted at difficulties at home with her mother. Arriving late at the group one evening, she was still carrying her school books and had not yet been home. She appeared humiliated yet defiant. The other two girls present,

knowing of her unhappy life, immediately sensed something amiss. No one spoke, but suddenly and spontaneously, Roxy burst out with her story.

"One night I woke up and heard mother screaming and hollering at my older sister, Les, who came home very late. She told her to quit going with her boy friend - right in front of him, too." Les had refused and, in a subsequent argument, Roxy had sided with her. The mother had told both girls to leave the house, not to return. Roxy was staying temporarily at her girl friend's house. In tears, she concluded: "I almost hate my mother, sometimes."

The leader knew Mrs. Anston had recently sustained a serious burn and asked if this did not partly explain her irritability. Roxy said it didn't give her license to be mean and insulting. To this the leader agreed, but added that at times, all parents seem unjust.

Encouraged, Lois spoke up: "You think that's bad? You don't know anything till you've heard my folks scrap." Then, "My father's a seaman and comes home drunk. Mom hates it - they're always fighting and getting a divorce any time."

This meeting gave an opportunity for verbalization of feelings and release of hostility. Each girl's recognition that her experience was not unique, the support afforded through group discussion and the leader's attempt at clarification were stabilizing influences in their turbulent lives.

As groupwork practitioners refine their methods and become increasingly adept in their use of techniques, the needs of more seriously disturbed and unhappy individuals may be met through the groupwork process.

Need for Referral on an Individual Basis

At present in Vancouver's leisure-time agencies, instances of behaviour that cannot be handled in the group setting are referred to other resources such as a Family Service Society, Child Guidance Clinic or Child Protection Agency. With greater skill and more perfect programming techniques, the worker may be able to provide constructive outlets for difficult behaviour. However, when a child presents certain rather severe troubles, which nevertheless
can be assimilated within the group, there may still arise the need to refer the parent for casework treatment. Such a process should be undertaken not only as a method of indirectly meeting the child's needs in the home, but also as the considered task of directly handling the parent's needs. For example, conflict between a child's and a parent's dependency needs may be expressed as the parent's rejection of the child. Then, from the child's point of view, the parent usually emerges victorious. Since the child-parent relationship requires adjustment, it is obvious that help given only to the child will not reach the real source of trouble.

Upon examining the reverse situation, where, for example, a child is referred to a leisure-time agency, it will be found that a rejecting parent may view with deep suspicion his child's participation in a group. He may complain the child does not receive "strict discipline" or "has too much fun at the group" or is "too friendly with the group-worker". Such problems presented by parents are the real attitudes to be dealt with in the referral process.

Not only the mechanical details of referral between casework and groupwork, but also their many ramifications are subjects of inquiry in this thesis. The agency inter-relationships which came into play were examined. The attitudes and actions of the children and adults who figured in the referrals were studied. Various ways of dealing with the situations are suggested, and their effects on the people involved are evaluated.
In some leisure-time agencies a casework service was offered. In the Young Women's Christian Association this service takes the form of interviewing girls regarding personal matters. The functions of the caseworker in this setting were briefly examined. In other leisure-time agencies the caseworker had functions which were mainly consultative. This worker's relationships to the groupwork staff were appraised.

All cases of referral were considered in relation to the question: "Did the referral process enable either worker involved to assist the individual to meet his needs more fully, either directly or indirectly?"
Chapter Two

AIMS AND METHODS IN THE PRESENT STUDY

Preliminary Approach

The casework-groupwork referral process was examined chiefly as it existed in Vancouver and as it had been used in those agencies which kept records of inter-agency relationships. Under what conditions, when and where did these referrals occur? This was one of the first questions to be answered; others followed. How did they occur; what were the mechanics of the process? What happened to clients or group members during the process? How did caseworkers and groupworkers implement the action? It was felt that the attitude of the worker in the process would be of paramount importance, therefore it was also necessary to learn what attitudes did workers bring to the task of working with another social work discipline? Was there antagonism and bitterness to be found or was there warmth and understanding shown as staffs worked together?

Even in a general way, conclusive answers to these questions could not be found; specific understanding of the process as it applied to the Vancouver situation was still less well defined. Lack of previous experience and of definitive knowledge excluded at the outset the possibility of setting down any but the most tentative criteria for good referral practices. To establish such became an objective of the study. Criteria had to be developed and become crystalized as material was gathered and as general patterns became clear.
Types of Relationship and Referrals between Agencies

Significant for this study were relationships between agencies offering casework service and agencies providing leisure-time service when these relationships resulted in referral of an individual to or from either agency. Thus, two forms of referrals were recognized:

1) a caseworker could initiate the process for one of his clients - child or adult. He would then contact a leisure-time agency and refer the client to a currently operating group. This was called Type X referral.

2) If a groupworker found a member of one of the groups he led, in need of casework help, he initiated the contact with the casework service and referred the member. This was called Type Y referral. In both Type X and Type Y referral two workers - a caseworker and a groupworker - and two agencies are involved.

To provide casework service to girls seeking this help is a function of the Personal Counselor in some Young Women's Christian Associations. In consultation with a groupworker in the agency's Program Department, the Counselor might sometimes decide that a certain girl was ready for, and could profit from, groupwork activity. She would then refer the girl to the Program Department. The reverse situation also occurred. Then a girl enrolled in a group of the Program Department, showing a need for casework help, would be referred to the Counselor.
Such situations were analogous to the Type X and Type Y referral except that they occurred within the walls of one agency. In selected cases, however, there might be referral to, or from another agency. Cases 4 and 14 are such examples; they were received from the Winnipeg Y.W.C.A.

In some leisure-time agencies an experimental approach to co-operative casework-groupwork services was attempted. This procedure was adopted when groupworkers were faced with the need for increased insight into the meaning of the behaviour exhibited by certain group members, but also saw in their own ranks a serious shortage of skilled groupworkers. The Joint Casework-Groupwork Project of the Welfare Federation of Cleveland is briefly described as one of the earliest recorded attempts to meet this need. Certain trends are followed and evaluated. A decade later, a different program, sponsored by Bronx House, New York, was designed to meet roughly the same need. Functions of the caseworker, appropriate to his special skill and approach, are evaluated as they appeared in this experiment. No such experimental approach was found in Vancouver agencies and all information was found in the literature.

What cases, What Agencies were Utilized?

From 29 cases on which the study is based, 21 were selected for detailed description. Three of these illustrate groupwork process only; the rest display some facets of the referral process. Leisure-time agencies identified are Alexandra Neighbourhood House, Gordon House and the Young Women's Christian Association. The Y.W.C.A. of Winnipeg, Manitoba and Bronx House, New York were used. Casework service
was provided by the following Vancouver agencies: Child Guidance Clinic, City Social Service Department, Family Welfare Bureau, Social Service Departments of the Provincial Mental Hospital and of the Vancouver General Hospital and the Y.W.C.A. Personal Counselor. The Child Guidance Clinic of Winnipeg is also identified.

When case material had to be gathered from such a large group of agencies, to find a starting point offered some difficulty. It was therefore decided to review material prepared for the groupwork-casework Institute, held in Vancouver, November 8, 1948. Unfortunately, only one case presented for discussion at that time was available. The next avenue of approach was via the minutes of a staff committee of Gordon House which had met to study casework-groupwork referrals. This record provided a summary of names of persons referred to Gordon House.

To learn the process by which these people were referred made it necessary to perform three steps: (1) reading the group record or the group to which the person was referred, (2) reading the case record, and (3) consulting with workers regarding details not explicit in either record. Owing to lack of group records, consulting with workers often was the only way to clarify the groupworker's role in the process, since he would have first-hand knowledge of the situation. However, when this required a worker to recall details months or years old, the unreliability of the procedure is obvious.

Since a fair proportion of the referrals studied were
known to the Family Welfare Bureau, case records often gave the only written material on the referral. Sometimes reports of telephone conversations with a groupworker would be incorporated, but these gave little evidence of the type of cooperative thinking which went into the referral. Consequently, the aspect of referral pertaining to the groupworker was often obscure.

The workers at the Young Women's Christian Association in Vancouver had realized how a lack of casework-groupwork referral records prevented an evaluation of the process. They had thus made a start in recording their work. Frequently, however, cases showed only a brief period of co-operative casework-groupwork activity and they were inadequate for fair appraisal and were discarded. Some other cases represented referrals from other casework services and consequently did not fall within the scope of this study. Three cases only could be construed as being casework-groupwork referrals; two of these were received from the Winnipeg Y.W.C.A.

One case was a referral from the Provincial Mental Hospital but since all details of the co-operative activity of the two workers involved had been recorded in a file at the leisure-time agency, the hospital case record was not consulted.

Projected Questionnaire Abandoned

As the study progressed, it was found that the difficulties encountered in Type Y referral were greater than those in Type X referral. Reasons for this may have been the relatively greater difficulty in obtaining background information in Type Y referrals. This primary difficulty of discovering
whether or not there was a chronic home situation which adversely affected an individual's life and behaviour led to the question: "What background data do workers want to know about persons referred between casework and groupwork?" Aside from identifying information what should be known about the individual's history? A questionnaire designed to find answers to this question was formulated. It is reproduced in Appendix A.

In preliminary trial, the questionnaire evoked varying responses. The common element in all was the thought that to emphasize some facts as more important than others, was meaningless when they were unrelated to a case. Theoretically, all information would be of equal importance, no item of information would be more meaningful or useful. The questionnaire was therefore abandoned and is mentioned here only as a matter of record.

A schedule used for abstracting information from records which were read during the course of the research is reproduced in Appendix B.

Success of Referrals

Sometimes it was found that workers made referrals for reasons of their own anxieties about the individual's behaviour, rather than from the felt need of the person. Such referrals were not really helpful but it became necessary to formulate a definition of a successful referral. If a child, referred to a group, came only once or twice, but no more, obviously he was not helped. By the same token, a person urged to seek casework help who presented problems which could
not be reached through such treatment, or whose resistances caused him to terminate treatment after one or two appointments, was not helped. Such referrals were called unsuccessful. Often a period of thorough and painstaking co-operating work would be required before a successful referral process could be concluded.

For this study, Type X referral was "successful" when a child or adult had become an accepted and established member of a group. Type Y referral was "successful" when the group member alone, or with his parent, could see the value of casework skill in solving the presenting problems and sought such help at the appropriate agency.
Development of good referrals from agencies offering casework services to those offering leisure-time activities has been a slow process. There have been many reasons why, in the past, caseworkers did not realize the value of group experience. The caseworker was occupied in attending to fundamental needs - food, housing, employment - and in treating widespread social ills such as delinquency and family breakdown. Caseloads were heavy and often, though believing a client suffered because of the inadequacy of recreational facilities and poor leadership, a caseworker was powerless to alter the situation. Later, he was blind to the relationship between planned, informal leisure-time activities, under able leadership, and the long-term goals of emotional and physical well-being. Indeed, a full pantry is a more tangible necessity than improved recreational facilities. Nevertheless, as long as workers and agencies continue to deal with the "fractionalized" child they cannot implement their avowed concept of treating the whole person.

For an effective referral process in this Type X referral, workers need to consider two main areas: client readiness for group participation and the joint-staff conference as a method of optimum professional planning.

1. Client Readiness for Group Participation

Children were involved in the majority of referrals studied, yet it is never possible to consider the child alone. Relationship of the child to his home and the parent attitude to him are usually critical components of his readiness for group experience.
a) The Child's Readiness

Regarding the child's readiness for the group, the caseworker should be familiar with the purpose and function of the leisure-time agency to which referral is proposed. He should know about the types and sizes of the groups found there. He must always ask himself the question: "Readiness for what group?" The matter of how individuals affiliate with such groups is also important since, whereas a child might readily join an activity group, he might be unwelcome in a friendship group (wherein friendship, or membership in the "gang" is a condition of joining).

One writer speaking of the child's readiness for group experience, listed six theoretical stages, as follows:

1 Children who appear healthy emotionally but who crave more companionship and directed activity then the neighbourhood provides.

2 Children, too shy to take initiative in seeking out facilities who, if they were informed about them by a caseworker and given help in overcoming initial fears, would carry on.

3 Children who may be able to use existing facilities provided the group as well as the agency is carefully selected and the introduction carefully planned.

4 Children who require a "protected" group experience either because the nature of their difficulties makes it hard to deal with them in the usual community groups or because they have unsuccessfully tried such groups, without finding satisfaction through them.

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Children who require individual work preliminary to placement in even a protected group situation because they are struggling primarily for acceptance by an adult and have been unable to relate themselves positively to other children.

Children for whom no group connection can be thought of for a considerable time until their individual problems have received intensive treatment.

Ideally, to predict accurately a child's stage of readiness caseworkers might desire a complete social history. To obtain this is usually impossible. Furthermore, in thinking of those children who fall into stage one or two above, such a detailed report might prove interesting, but is completely superfluous from the point of view of an effective referral. For the referral needing careful planning, as in stage three above, thorough knowledge of the child's background is necessary to make a wise selection. In categories four and five, it is evident that skilled handling of the situation is necessary. In a "protected" group, the worker must be able to give individualized attention on the basis of his dynamic understanding. Such attention presupposes intimate knowledge of the child's background and skill on the part of the worker in using such knowledge. Much will be known about the problems facing children in stage five, and selected aspects of this should be disclosed to the groupworker.

With understanding of group dynamics in its present phase, it is usually impossible to state conclusively that a certain child will profit from group experience. There are still too many unknown factors. In a study of a therapeutic
groupwork project it was found that children dropped out of special protected groups for a variety of reasons. In further comment on such children, the authors state: "In most cases they were too hostile or too fearful. The fact that these children did not belong, had not been apparent until they were actually put in the group situation." Further analysis might have revealed that conditions in the home or in the parent attitude to the referral was a factor in the child's failure to become established in the group.

b) Parent and Family Attitudes

Parental attitudes to the child and to the proposal to refer him to a group are usually important in the final outcome of the referral process. Margolis states that in cases in which there was "...a rejecting or punitive parent" there was some response to activity group experience, in contrast to the high proportion of failures among cases where the "mother was inconsistent, vacillating between over-indulgence and punishment - the father a weak, submissive person or out of the home." It was also learned that the largest number of successes in group treatment were found among children who were too fearful to relate to their caseworkers, and that "...the children who are guilty, fearful and anxious are more amenable to activity group treatment than are those children who act without conflict or are seriously disturbed."

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8 Margaret Svendsen and Dorothy Spiker, et.al.: Integration of Casework and Groupwork Services for Children, State of Illinois.
9 Op. cit., p. 51
While the number of cases here cited is too few, and the variety of situations which they represent too diverse to permit any analogous deductions, it is possible to show a relationship between parental attitude to the referral, and its outcome.

In Schedule number One, the eighteen cases found to represent referral from casework to groupwork are classified according to the parent's attitude to the proposed referral.

<table>
<thead>
<tr>
<th>Class</th>
<th>Number of Cases Found</th>
<th>Description of Parent Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>Parent requested the referral to groupwork and co-operated whole-heartedly with workers to achieve this aim.</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>Parent agreed reluctantly for child to participate in a group. Casework help enabled parent to see the need for such participation.</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>Parent rejected caseworker's suggestion of referral and either forbade child to participate or discouraged him.</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>Parent's attitude was not specifically recorded or known.</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>Parents deceased or living elsewhere.</td>
</tr>
</tbody>
</table>

In class one, all five cases presented no special problem in selecting a suitable group for the children. In terms of Svendsen's readiness for group experience, these children would fall into stages one and two. Four out of five referrals were established, and the children continued to attend their groups. The fifth family moved out of the city. In this class, there was a high proportion of success in referrals.
In class two, the children presented some special problems - one was of borderline intelligence, the other had a physical deformity - and a careful selection of group was imperative. The parents showed a proneness to reject their children and casework with the parents was an integral factor in establishing the referrals successfully. Improvement in the child rested upon the continued parent treatment and this required a period of co-operation in which both agencies played complementary roles.

Two types of parent attitude are included in class three. 1) Some parents directly opposed groupwork. Their opposition may have arisen from their great hostilities or from the fact that preliminary planning with the parent had not been thoroughly carried through. Perhaps the worker hurriedly and anxiously "referred" the child as a last token effort. The referrals were unsuccessful, as would be expected. In one case an 11-year old girl did show up at the Neighbourhood House, but was only seen this once. In the other cases the groupworker saw no sign of the "referred" person and did not hear further from the caseworker.

2) Some parents did not openly oppose the referral and permitted their children to attend the groups of their choice. Nevertheless, their attitudes nullified any beneficial effect. In casework treatment they were defensive and irregular in their appointments. When it appeared the relationship had deteriorated the caseworker closed the case.

Class four and Class five cases cannot be used profitably for analysis since the parent's attitude was an unknown factor.
One of the individuals in class five was an orphan; the other two were adults whose parents were not in the vicinity.

In general it may be stated that for certain cases studied, the parental attitude to the proposed referral is a crucial factor in the child's ability to profit from and enjoy group experience.

The second major area for consideration by workers of both agencies which co-operate in a referral, is the joint-staff conference.

2. Need for Joint Staff Conference

When the caseworker believes that group experience would be valuable for his client or for a member of the client's family, the first step should be to discuss the matter in a joint casework-groupwork staff conference. Other workers who have had, or who expect to have, contact with the individual, may be summoned to this conference. Frequently, in the cases examined, there were only brief and inadequate plans for the referral. What purposes does such a conference serve? There are at least four.

a) to collect and exchange background information about the client.

b) to consider whether the needs of the client (or family member) can be met through one of the groups currently operating at the agency offering groupwork services.

c) to discuss the method of establishing the referral. This will include consideration of the best way to present the idea of group participation to the person, the method of introducing him to the group leader and
to the group itself, preparation (if any) of the
group members for the arrival of the newcomer.

d) to propose a division of responsibility between the
two workers who will now have contact with the client.
This would vary with the type of case: for instance,
the case wherein the caseworker continues to have an
active relationship with the parent while the group-
worker has the child in a group might call for the
major responsibility to be carried by the caseworker.
If, however, the caseworker wished to taper off treat-
ment and to gradually decrease the frequency of inter-
views, the groupworker might assume major responsibility
as the child became accepted in the group as a regular
member.

a) Collection and Exchange of relevant background information

Consideration of this question poses a number of
further questions. What identifying data is necessary in each
case? How is such data obtained? What other types of informa-
tion are needed and to what extent is a detailed case history
required?

During the years 1946 and 1947, the Gordon House
Casework-Groupwork Referral Committee discussed referrals with
a number of social agencies in Vancouver. In the findings,
the chairman states: 12

"When it was agreed that...a referral should be
made, that is, that the individual was ready to partici-
cipate in a group and would benefit from such a group

12 Casework-Groupwork Referral Committee Report, January 1948
experience, the caseworker agreed to present a written case summary to the groupworker. Such a summary would include identifying material such as name of client, address, birthdate, status, religion, nationality, when case opened, school, health, behaviour, case history as deemed necessary, interests, reason for referral, tentative social plan for client, preparation of client for referral, present or past club affiliations and finances; thus outlining pertinent data regarding the past and present situation."

This background data, obtained from the caseworker's record would be filed at Gordon House, where a senior worker would be responsible for it.

In the spring of 1948, Gordon House again sponsored a committee to study referral procedure in Vancouver agencies, with a view to establishing a procedure for itself.

Among other details to be learned, the workers wanted to know: "How is identifying material secured?" and "Is a form used?" Their findings are of interest:

At Alexandra House, the caseworker was requested to come in person to discuss a prospective referral situation. No referral was taken by telephone. The director or assistant director received all referrals and did not require any written forms. All records required by the agency were completed at the agency by the staff; indeed, in only very few instances was written material submitted by the caseworker.

The Young Women's Christian Association has a staff caseworker (Personal Counsellor) who in face-to-face conference with the client appraises her suitability for group experience, and obtains necessary information. The caseworker keeps written records of the interviews but does not utilize a form.

At the Vancouver Boys' Club Association referrals are handled over the phone by the superintendents. Occasionally, a caseworker may visit to discuss in person some situation. No form is used. Lack of staff limits the services offered.

13 For samples of such forms, see Appendix C.
On the basis of these findings and from their knowledge of good practice, the committee made a tentative plan for referral, as follows:

1 Both Junior House and Senior House are to have a trained worker, one of whose functions will be handling referrals.

2 Before referral is made, the groupworker is to receive from the caseworker referring the case, a typed summary of background information, following the lines suggested by the previous year's Committee.

3 A joint caseworker-groupworker conference is to be called, to discuss the referral and plan steps. The leader of the proposed club could be called in at this point, or;

4 The groupworker and club leader would discuss referral and placement of the client in the group; this would include consideration of the optimum time to introduce the client to the group, and preparation of members to receive him.

5 The caseworker should prepare the client for the group, and continue follow-up treatment as long as both workers agree it is useful and necessary. The closing of the caseworker's contact should be jointly determined.

6 Periodic caseworker-groupworker contacts, by telephone or in face-to-face situations should be continued to discuss the individual's progress in the group and the evolution of the social plan. As determined by the leisure-time agency, these discussions may be carried out between either the groupworker or the leader of the group and the caseworker.

This plan covers more than background information about the client and indicates how such data should form a basis for determining whether the client's needs can be met and, if so, how co-operation can effectively proceed.

The type of background information submitted would depend on the individual case "...with full consideration of the functions of each agency concerned, the extent of previous
contacts with the client, the attitude of the client and his wishes, the complexity of the problem, the extent of the treatment and the emergency of the need." Thus it will vary from a complete social history to a bare minimum of information.

b) Can the client's needs be met in an established group?

The background information will enable the workers to determine what are the major needs of the client. In some cases these can be easily and simply met. Case Two depicts a man with no complicating personal difficulties which would interfere with his enjoyment of activities in a social setting.

Case 2  A caseworker in a public agency phoned to the groupworker to request information about groups suitable for Mr. Davidson, an Old Age Pensioner. He enjoys checkers and is musical. The groupworker indicated a time when a group met which might meet his needs.

On the specified day the caseworker accompanied her client to the Neighbourhood House. When introduced to some members in the games room, Mr. D. found an opponent in checkers, enjoyed himself and later took out his membership in the House.

The worker sensed Mr. D.'s initial reluctance to come to the agency, and as a result decided to accompany him. In many instances this would be a questionable procedure, since the client might feel pushed into a situation for which he was not ready. Case Three illustrates this.

Case 3  A caseworker in a medical setting phoned the groupworker to request a schedule of activities for Mrs. Hurd, an older client of hers who was

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then in her office. The groupworker gave the information. Next day the caseworker again phoned to explain more about the situation. Mrs. Hurd is nearly 70 years old, is in poor health and is lonely. She has two daughters in a distant Province. Until recently she supported herself in an office job, but now has to seek financial aid which has upset her. The caseworker said she was interested in leathercraft as a hobby, and would perhaps enjoy voluntary jobs in the office as she was a good typist. The groupworker co-operated by writing a personal note to Mrs. Hurd inviting her to certain groups and explaining a little about the Neighbourhood House.

For six weeks no word was heard from the client; then she appeared at an evening meeting. She was introduced to the group's President and other members, she expressed a liking for the group and promised to return but failed to do so. Invitations to meetings and to a Christmas Dinner were sent but there was no response.

Then two months later, she again attended and seemed more relaxed. She became a member of the club and payed her dues. She continues in the group, quiet and retiring but much happier.

This client, used to "independence", required considerable time to prepare herself for regular attendance. Had the casework contact continued, it is possible that she could have been helped to overcome her reluctance sooner, though any attempt to push or urge the client into the groupwork situation probably would have marked the failure of the referral. In addition to meeting her group needs, the groupworker had to see her as an individual. The background data contributed towards an understanding of her.

In another type of situation, nothing more than the briefest mention of the family picture was necessary in order for the groupworker to indicate suitable groups for the children.
Case 4  Mrs. Bryant spoke to her caseworker regarding her children's needs for recreation. She and her family are living in the center of town in a hotel, awaiting the completion of their own house which Mr. Bryant is working on.

The caseworker made an appointment for her with the groupworker at a Neighbourhood House and at this time she discussed the needs of the children, giving their ages, names, sexes and interests. The groupworker satisfied himself that there were no other problems outstanding, and said he would welcome the children on the stated days. The children came as planned and enjoyed their activities. There was no necessity for an elaborate social histories, or for background data.

More complete planning and careful selection of a group will be necessary when the case offers other complexities.

Yvonne Rougier was referred from the Child Guidance Clinic to the Y.W.C.A. and a very complete social history was available and necessary.

Case 5  Yvonne is a girl of 19, second child of the family. She received birth injuries resulting in her lack of finer muscle co-ordination. Other stigmata observed were irregular teeth, rather flattened features, some slurring of speech and a rather spastic gait. Her siblings are of normal development.

She is neat and accomplished in social amenities of meeting people, but since she was unable to adjust to school routines she had private tuition and reached grade 9 level. In addition she enjoys reading, is interested in music and has developed into a strong swimmer at the family's lake camp.

The caseworker thought that Yvonne could be helped to a more mature level of development through group activity; hence the referral was made. She said that the family attitude to Yvonne showed an over-protective, controlling mother, while the father was more accepting and had a good relationship with her. Both the siblings, particularly the older son, had a good understanding of her condition. The family attempted to include her in planning around the home.
Here the clinic caseworker made the initial request to the Personal Counsellor at the Y.W.C.A. Information was recorded on the Referral Form and submitted at the time the referral was accepted. Later the caseworker (Counsellor) at the Y.W.C.A. supplemented this information through conference and also through separate interviews with Mr. and Mrs. Rougier. The groupworker of the Program Department and the Counsellor drew up a tentative social plan and shared some of the information regarding background with the group leader, who would have Yvonne in a group.

Clearly, the range of background information available varies from case to case. The information needed depends on the particular needs of the individual. Caseworkers have often been protective of the information they present to groupworkers, and rightly so, since in the past, and to a less degree in the present, a groupworker was often a person who would be unprepared to use such case history material. As they deal with professionally qualified and experienced groupworkers their fears regarding misuse of confidential material would be unfounded. However, it must be stressed that often detailed case history material is not required in order to develop a good referral. The fact that a caseworker may feel he will violate the confidential nature of some of the information he possesses by submitting it to an untrained group leader is no excuse for not offering as much help, support and background information as he can to assure a successful referral. Caseworkers themselves have often been guilty of drawing from
the client much information which is really irrelevant to the client's problem. There has been no focusing. The epoch is over in which the caseworker sat back and permitted the client to ramble on about his life history. Indeed, it is known that a client may very well use interesting historical material in the service of resistance. It would be a mistake to believe that the more background data which could be collected, the better the referral could be made.

Knowing this, some caseworkers have eschewed the use of forms on which to record certain background data, believing they would lead to stereotyped, mechanical referrals. Yet it is not the presence or absence of the form which would determine the quality of the referral. True, some caseworkers or groupworkers might fill in a form and believe they had therein fulfilled their function. This would be unfortunate. The use made of the form, and the desire by both workers to use information contained on it to full advantage for the client are more significant determinants of the quality of referrals.

**Use of the Activity Group to Meet Client's Needs**

In any group, the need for approval and the consequent fear of failure or rejection come prominently into play. For those individuals whose social relationships have been unsuccessful, or whose group participation has been minimal, the activity group offers a form of group participation not too threatening. The group member may work in almost complete "isolation" or may attach himself to another (perhaps the leader) or may become, himself, the objective of another
member's friendly overtures - all this, in accordance with his own readiness to enter such relationships. Some "interest" groups have as their sole aim, the perfection of a particular skill - leathercraft, whittling, puppetry - "...in which case it is a matter of chance whether membership in the group will be helpful..." to the socially retarded or withdrawn person. The skilled groupworker should be able to arrange activities and situations so that not only is the activity, per se, furthered, but also the social skills of the members.

Case 6 Olive's childhood has been extremely deprived. Much of the time she was left alone, to provide for herself. At the insistence of a missionary she was placed in a home, but made a poor adjustment. Little more of her childhood was known.

Now, being picked up on a charge of vagrancy, she came to the attention of the Y.W.C.A. Personal Counsellor, since she was referred to the Agency Residence.

It was suggested that she join some group activity. The Counsellor agreed but in view of her probable lack of group experience, and her poor personal adjustment an interest group was considered appropriate. The Counsellor took advantage of the girl's birthday to purchase some art supplies for Olive, and following this the girl came daily to the club room to work. The recreation leader became acquainted with Olive and some time later observed that she was experimenting with poster paints.

Until this time, her only relationships were with the Counsellor and with the recreation worker. Later in the spring, she made her first expression of affect, in that she wanted to join a leathercraft club which was forming.

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During the summer and fall, she continued to see the Counselor on a friendly basis and it was noticed that she made several attempts to form friendships, in residence, the first being with a lame girl, the next with an even more severely handicapped girl and the latest with a Negro girl.

The groupworker believed that Olive's needs could be met within the group setting but doubted her readiness to progress from an Activity group to a friendship group. Such a group demands a great deal from its members. A person with character disorders, such as Olive, would be unable to break through the strong inter-personal ties, or co-operate in group plans and decisions which would be required of her by the members. Meanwhile she remained in the leathercraft group.

During all this time the Counsellor "maintained friendly relationship with Olive", and Olive called in occasionally "to chat" with the Counsellor. There was little recorded evidence to suggest that the Counsellor was able to form an intensive relationship with Olive. The record continues:

Then it was learned that all girls in residence had been invited to a club party. Olive was the only one who responded. She thoroughly enjoyed herself in some of the games and spontaneously joined in the dancing. The President of the club took an interest in her and planned to encourage her to join.

This case is primarily of interest as an example of Olive's growth within the framework of an activity group
and how her changing needs were met. However, some general observations are pertinent. Since little of Olive's background is known it is necessary to accept at face value the criterion of "improvement" as it was defined in a statement in the record which says Olive learned to "lose herself in pre-occupation with social activity". Some changes were also brought about in the girl's character; in her personal appearance, her social relationships, and in the fact that she applied for, and kept a job. It is pertinent to ask "how basic were these changes?" and was there "...a real change or a pseudo-improvement in the service of resistance..."\(^1\) which may have only group-limited significance. Further differentiation must be made to distinguish "...changes in attitudes toward the group as compared to changes in attitudes through the group..."\(^2\). It seems that the Counsellor bent her efforts to consider the present situation, electing to leave undisturbed the roots of the problem. It is not intimated that a very necessary function was not served in this course of action, since the actual problems of the moment were indeed real. In some cases the necessary corrective emotional experience can be given almost exclusively in the group setting, or with a minimum of support in face-to-face relationship. Alexander states: "This new corrective experience may be supplied by


\(^2\) loc. cit.
the transference relationship, by new experiences in life, or by both."18 "By both" is the critical phrase as applicable to the case of Olive, since it is doubtful that change could be expected from the use of group experience alone. However, in the Y.W.C.A. setting, the casework relationship is subject to fewer of the necessary controls, since the caseworker is located in the informal framework of a leisure-time agency. In this case, it is probable that referral of the girl to another casework resource would be the plan of choice.

However, definite answers to these unknowns lie in further study. To what degree can intensive casework treatment be carried by the Counsellor in the Y.W.C.A. setting? How do fundamental personality changes occur, to what depths do they extend and under what conditions are they facilitated when treatment is limited to the group setting? It is likely that through the experience of group participation alone, some improvement in social adjustment would be seen, but the crystallized symptoms would remain. Further investigation is needed on this point.

Client's previous Group Experience — a Factor in Meeting His Needs

In meeting a client's needs the groupworker will want to know about previous attempts and failures to adjust through group activity. He will ask: How is the client likely to express himself in the group? How secure has he been in his

relationships otherwise? Is he likely to be aggressive or retiring in his behaviour in the group? What would the caseworker suggest as a means of helping him to use his capabilities? If he is at home, what has been the parents' attitude to his group participation?

The case of Yvonne Rougier is again interesting here since she was a girl with a physical deformity, who had failed to adjust to both public and private school situations, despite demonstrated academic ability and whose mother was controlling and over-protective.

Case 5 During the first weeks Yvonne attended all meetings of the club where she was well accepted by the members, yet she has not made an adjustment to the group as a whole. She has, however, developed a very close friendship with another club member, Constance. The admiration and dependence is reciprocal.

This is the first indication that this girl can relate meaningfully to another girl. The social plan for Yvonne indicated that although she had had a deprived life socially, she was to be in this Teen-Age Supper Club on a trial basis, and if this proved successful she was to be helped to move on to more adult levels. She engaged in other activities during the winter such as a swimming class and a dancing class.

Yvonne took an increasingly active part in group activities to the point where it was necessary for the group-leader to exercise some control. Gradually she became more assured of herself in the group, and though the others, while accepting her, realized her to be different and indulged in some kidding, Yvonne did not take this as a threat and joined in the laugh.
This period was characterized by the "crush" with Constance and by a type of hero-worship of the gym instructress who taught the dancing class. However, one day Yvonne revealed to the Counsellor that she did not see as much of Constance, since "she had three or four other friends now". Later still, she was able to screw up her courage to ask another girl if she could eat lunch with her, following the swim class.

Yvonne is now better prepared for constructive and easy relationships in a more mature group - the swimming class. She shows a development from the earlier, close relationship with Constance when she was fearful of being hurt, rejected or discovered for what she believed she was.

The groupworker believes Yvonne has the potentialities to develop further but thinks this cannot be achieved in a group setting. In her report she stated:

I do believe it can be done through individual contact coupled with other outside satisfactions such as recognition achieved through some activity or employment.

She thus indicates the need for further casework-groupwork cooperative work with an intensification of the casework treatment. Achievement of the tentative goals of the social plan was through closely co-ordinated team work in which the Child Guidance Clinic caseworker continuously contacted the parents and interpreted to them the girl's need for greater independence. Liaison was maintained between the Clinic caseworker and the Counsellor, and, of course, between Counsellor and groupworker. Through carefully graded steps this girl, who had had little group experience of a successful nature and through maternal
over-protection "has been under-functioning, even for her limited abilities", was helped to accept her limitations, to participate in group activities, indeed to make a notable adjustment to life, through the group process. If a group is carefully selected for the client to meet his characteristic type of group-behaviour, much can be accomplished. Close cooperation with the caseworker is necessary. If the caseworker merely absorbs some of the parental hostility, which would otherwise be vented on the child, he is performing a very worthwhile job.

c) Method of Establishing the Referral

How is the process of referral to a groupwork agency commenced? It is not possible to generalize, since in some cases the worker may make the suggestion and in others the client requests information. Many other variables must also be heeded. A number of situations will be described.

Case 2 Mr. McPherson, a client at the Family Agency, sought housekeeper service for his five children. The caseworker's role was largely one of working with the father and helping him to use resources to manage his home since his wife had died. The father was now looking toward the summer holidays when the children would be unsupervised much of the day. The worker suggested that the children who ranged in age between seven and twelve years might enjoy a Day Camp at one of the Neighbourhood Houses. He gave a brief explanation of the service and the regulations. Mr. McPherson said he was interested.

Ten days later, Mr. McPherson stated that the children had made their own application to camp, and were enjoying it. It was not necessary for the caseworker to discuss the situation in detail with the groupworker since all camp groupings were made at time of intake.

The caseworker continued to see the father, and at times discussed with him ways of handling the children in relation to the camp situation.
This case illustrates good client capacity for initiating the referral. Often the caseworker may underestimate this ability in the client and may venture to control the situation too rigidly, as is seen in the next case.

**Case 8** The caseworker spoke to Mr. and Mrs. Blackston about the facilities of the Neighbourhood House in their district. Although Mrs. B had heard of the agency, Mr. B was amazed that such a place existed and said he was interested.

The worker promised to obtain a schedule of activities for them.

Here the worker, despite the marked interest shown, wishes to guide this situation herself and later, when in discussion with the groupworker, the latter suggested that a volunteer be sent to the Blackston family to tell them of the groupwork agency, the caseworker acquiesced.

The caseworker made no other follow-up at this time, but a month later, received a call from the groupworker to report that the volunteer had visited Mrs. B, had been appalled at their living conditions, much concerned at Mrs. B's story of misery and had offered to help her with her medical expenses.

Use of volunteers by the groupwork agency to introduce to a prospective member the types of activities at the agency, should be attempted with discrimination. In this case the relationship was not disturbed, but an unexpected response by the volunteer may unfavourably dispose the client towards the agency, or may in some way arouse anxiety.

When a parent is in casework treatment, and the caseworker wished to refer the child, he must be guided in timing the suggestion by considerations of the phase of
treatment. If the parent is needing to control and punish the child and the caseworker suggests referral to groupwork, success is improbable, whereas if the parent has shown some improvement in her attitude to the child (a later phase in treatment) the referral will not be so difficult. On the other hand a worker should not make the mistake to see in a parent's sudden willingness for the child to be referred to a group, a wholly praiseworthy attitude. Even a genuine request for help may not mean that the parent is ready to accept it. A parent may be "willing to do anything" - except participate in treatment himself. Further, for many parents the very need to resort to help in bringing up one's child carries with it a burden of guilt, and fear that the "cost" (in emotional investment) may be too high.

Case 2 Mrs. Stevens indicated to the school nurse that she required help in rearing Roberta, aged eight. She admitted that perhaps she had "brought her up all wrong". The nurse told her of casework help and the mother expressed willingness to apply at the designated agency.

In the first appointment with the caseworker, Mrs. S. said she did not know where to start and requested the worker to ask her questions. Later, the mother said that Roberta was "backward, unhappy, hard to discipline and friendless", although at times she showed surprising insight into the child's behaviour. The mother stated she "was glad there was someone to help" and remarked that she would bring Roberta to the office. The worker permitted this.

This was probably a shift from the proper focus in treatment since it permitted the mother to project her guilt to the child, and implied that the caseworker agreed that the child was the one needing treatment. The mother's resistance to
treatment and rejection of, (but need to control) the child was graphically demonstrated in the next interview.

The appointment was for 10:30 a.m. At eleven o'clock, Mrs. S. phoned asking what time her appointment was for. She was told, expressed deepest regret for the mistake and said she would come at once, bringing Roberta.

The caseworker talked briefly with the mother, then saw Roberta, who expressed an interest in art. Roberta also remarked that she had many friends (whose names and birthdates she enumerated) but that she never played with them.

The worker saw that this child could profit from a group experience and asked her if she would like to go to an art group at a Neighbourhood House in her district. Roberta was immediately interested and said some of her friends from school went.

At the conclusion of the interview the worker again saw Mrs. S, who anxiously asked if the child's visit did not "bear out" what she had said about her.

A number of interviews with the mother followed.
Once the mother offered "to take Roberta to the group the first time". She then brought up the matter of the family's moving to another district and spoke of terminating treatment. She later said that she had decided not to permit Roberta to attend the group, "since it would be for only a short while before we move". The worker urged her to let the child go, even if it was only for a month. Mrs. S. did not return.

Six months later, the caseworker learned that the family did not move, and he therefore made a home visit. At this time, Mrs. Stevens claimed Roberta "had marvellously improved" and offered to fetch her so the worker could "see". She added furthermore that "she still goes to the group occasionally and now finds it much easier to make friends". On the contrary, the school reported she was continuously late, performance
unimproved and she was unable to join in group activities. The groupworker reported that on the few occasions when Roberta had attended she had always been on the fringe of the group. Sometimes her behaviour had been close to hysterical: on one occasion she had locked herself in the washroom and had had a screaming tantrum.

Here was an attempt at co-operative casework-groupwork treatment, with wrong emphasis. Apparently, the worker failed to see the resistances to Roberta's referral as evidences of the mother's own rejection of treatment and the consequent need to work with the mother herself.

In another case (Case 10), a neurotic father, who returned frequently to a Veteran's hospital for medical treatment, applied to a Family Agency for "legal aid". Since his problem could not be solved at a social agency, the father then said that he wanted his daughter to have a "little social life". The father was told about the Neighbourhood House. The caseworker made a phone call to the groupworker saying he had "referred" the adolescent girl to a group. He then closed the case. Needless to say, the child did not follow through.

It could well be on the basis of such scantily planned "referrals" that groupwork agencies come under fire from caseworkers with such criticisms as "a child referred to groupwork, becomes lost in the agency". It is not always a matter of the child becoming lost; it may be a question of the child's never arriving at the agency, since there is a none too clear division of responsibility between workers.
d) **Division of Responsibility between co-operating workers**

The precise factors which ensure success in referrals are not known. Sometimes the parent is "untreatable" from the standpoint of casework and failure arises at this point. In an experimental program, some referrals failed despite carefully laid co-operative procedures. "The number of children who are referred and never appear, or who drop out after a few meetings, would suggest the need for some improvement of practice at this point."\(^{19}\)

An extreme case will illustrate the point. It is possible that Fred, aged 21, diagnosed schizophrenic, would never be able to be at ease in a social setting unless it was through steps carefully graded in complexity. He was on probation from the Provincial Mental Hospital, and was referred to a Neighbourhood House.

**Case 11**

The caseworker felt Fred should participate in activities with young people. Since he had shown interest in music and dancing, it was suggested that a casework-groupwork conference be arranged to plan the referral to a suitable group.

At this conference, the groupworker spoke of a dance group in which a number of members of the planning committee could be relied upon to accept him as "a lonely young man". If, after voluntarily coming to the dance Fred enjoyed it, he could continue. The caseworker would prepare him for the type of group it was and would tell him his visit was to see if he liked it. The groupworker was to prepare certain members for Fred's arrival.

Fred arrived, enjoyed himself, helped around the dance floor a little, and continued to attend the group. He seemed to attach himself closely to the groupworker and to need her support. She, of course, was unable to give him such attention as he demanded.

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19 Margaret Svendsen and Dorothy Spiker: *Integration of Casework and Groupwork Services for Children*, State of Illinois, p. 19
Contacts between caseworker and groupworker during the first two months were numerous and fruitful for both workers. The caseworker continued to work with Fred and his family.

Then, for no apparent reason, he stopped coming to the group. It was subsequently learned that he severed his connection with the group coincidentally with the time the caseworker dropped his case "due to pressure of other cases" and because the family situation was "untreatable".

With full recognition of the pressures of the caseworker, failure of this referral was a function of discontinuing casework treatment. Even if the caseworker decided the family was not amenable to casework and the boy, Fred, occupied too much time, her withdrawal from the situation should have been a joint casework-groupwork decision. In co-operative cases it is the responsibility of each worker to notify the other if any change or modification in approach is contemplated.

Preparation of a child for a group is the responsibility of the caseworker. In one program, participation in a group was presented as a "privilege rather than as treatment for their problems". In another instance the group was "...an opportunity for following their interests and having fun," and this interpretation stemmed from the girl's expression of a desire for, but inability to have normal social contacts. In a third program, motivations for joining a group were "social hunger" and the group was presented as an opportunity to make friends and establish social relationships.

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Once the client is established at the groupwork agency, the task of continuing the joint-agency relationship does not cease. At this point, division of responsibility for service to the client is of paramount importance. Confusion arises "...because workers lack clarity regarding their own responsibility and that of other workers..." In case 7, Mr. McPherson understood both the reason for referral and that his casework relationship was a continuing one. It was very clear in this case since the agency provided the housekeeper. The caseworker on the other hand understood her responsibility for continuing treatment, and added to the problems of treatment was the one of the children's adjustment in the camp. The groupworker's report to the caseworker at the end of the camp period was used to interpret to the father some of the children's needs.

In case 11 (Fred), the plan worked while the caseworker continued treatment. Following his withdrawal, the groupworker and other members attempted to contact Fred, without his being able to return. The supportive casework treatment was essential to the working of the social plan.

In the case of Mrs. Blackston (case 8), casework and groupwork have continued their respective functions over a two-year period. Mrs. B. and her younger son continued at the Agency, enjoying their respective groups. When it became evident that Mrs. B. would withdraw from her group because her marginal income did not permit payment of fees, the caseworker and the groupworker again co-operated to obtain payment. Despite the

initial setback due to the involvement with the volunteer, this case illustrated the value of continued long-term co-operative planning. Maintaining the mother's interest had meant a more wholesome home.

In another case a mother wished help with her young son who, upon examination, proved to be of borderline intelligence.

Case 12 Following the psychiatrist's suggestion, Bobby was referred to the Nursery School of the Neighbourhood House. Although he did not fit into the group too well, he liked it and seemed to improve. His speech habits were better, his former fussiness over food diminished.

For a two-year period the caseworker continued to see the mother, who became more able to accept B's limitations. At the close of Nursery School at the end of the second year, she herself applied to enter him in the Day Camp of the Neighbourhood House, and appeared less tense and anxious. She showed considerable ability to plan.

Careful co-operation produced marked improvement in this difficult case.

Summary

Type X referral was approached from two directions: client readiness for group activity and worker's joint functions in the process.

Regarding the first, six theoretical stages of a child's readiness were named and applied to the case material. In addition, a worker must view parental attitude to the referral as a factor, crucial to the outcome. The parent has his own needs (often opposed to the child's), and the caseworker must treat him separately, in his own rights with his own individual problems.
The second focus was the joint-staff conference - a means of effecting initial planning and periodical review and re-evaluation of the process. Four areas which were considered were:

1) Collection of background data: the type of case must dictate what data was collected. It was stressed that a complete social history is not essential for a successful referral.

2) The needs of the individual: These will be disclosed in the background data. When needs were complex, more information, planning and skill were required; minimal planning was sufficient for an uninvolved case.

3) Establishing the referral: The function of workers co-operating in the process was to discover and reduce any forces threatening the referral. The caseworker must work with the parent to ensure his willingness and continuing support.

4) Division of Responsibility: The team of workers in a referral process must combine their activities within the framework of a single service. If one worker modifies or stops an activity without alerting the other, he has failed to function co-operatively in the process.
Chapter Four

REFERRAL FROM A SOCIAL GROUP TO CASEWORK TREATMENT

Referrals of an individual from his group to the resource of casework have been few. Indeed, it is a curious phenomenon that "...caseworkers use the facilities and services of groupwork to a far greater extent than groupworkers ask for aid from casework agencies."23 Aside from the greater complexities in Type Y referral process another historical factor is important in explaining this condition. In the past, social agencies offering leisure-time activities have been largely concerned with program, and their staffs (among whom there are still many partially trained workers) were often unprepared to recognize problems of individuals.

Type Y referral process is discussed here from the viewpoint of the functions of the groupworker and how they limit the development of intensive relationships in the groupwork process; the use of collateral agencies as resources; and the types of problems needing casework treatment. The necessity for joint casework-groupwork staff conferences is then set forth. Enlisting the parent's co-operation and meeting his own needs is discussed as it relates to this kind of referral.

1 Function of the Groupworker

The groupworker today, on the basis of his knowledge of social conditions and community relations, "...contributes

23 Gertrude Wilson: Groupwork and Casework, op.cit., p. 84
to the group with which he works a skill in leadership which enables the members to use their capacities to the full and to create socially constructive group activities."\(^{24}\) His function is thus clearly defined as helping people towards personal development, by enabling them to experience satisfying group relationships. Such relationships exist differentially in the groupwork process and may be found within the group, between groups in the same agency and leading out into society.

2 Limits to Forming Intensive Relationships in the Social Group

The groupworker must face the problem of the nature of his role with the group, especially as it limits the formation of intensive relationships with members individually. In casework treatment, the worker accepts an individual for treatment on the basis of a stated problem, helps him, through casework process and the resources of the agency, to meet the situation in a realistic manner. When some of the conflict of the situation is reduced, if and when specific goals in treatment have been attained, he terminates the process. Though in the groupwork process relationships between groupworker and individual member do develop, and in some instances the groupworker will "...find himself engaged in a treatment relationship with members,"\(^{25}\) he should remember that he is giving help to a person as a member of a group. The groupworker's major function, and the purpose of the group should not be lost sight of. Showing an individual interest in group members is "...separate and

\(^{24}\) "Definition of Function of the Groupworker", a Statement of the American Association of Groupworkers, November 30, 1948

\(^{25}\) Gertrude Wilson: Groupwork and Casework, op.cit., p. 54
distinct from dealing with individual problems of therapy" as in casework treatment.

In the following situation the groupworker is able to meet the request for help as it relates to a member's group functioning.

**Case 13** Maryanne, President of her club, made didactic and patronizing suggestions which were all rejected by the members. Following the meeting she and the groupworker were putting the room in order when suddenly Maryanne exclaimed with obvious anxiety, "Miss Olsen, what's wrong with me? I can't seem to get anywhere with the girls in this club."

The groupworker recognized M's needs to dominate and control, but realized her intense desire to "make good" as President of the club and to have her suggestions accepted. She discussed these needs, relating them always to the situation in the group.

In such discussions, a groupworker would not uncover deeper problems since if he showed permissiveness in allowing the child to talk of these matters the relationship might later grow to proportions which could not be handled in the group process. When the group member shows need to discuss details of a problem which relate to his personal or family relationships, for instance, he should be told of the resources where to obtain help. An intense groupworker-member relationship may encourage the member to become over-dependent on the worker, to be defiant towards him or unable to share him with other group members. Thus a situation of intense rivalry could be created wherein both the leader's and the member's status would be uncertain. The difficulties are not insurmountable, however,

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and the groupworker needs to be aware of the forces with which he is dealing. Case 14 illustrates some of the pitfalls to be avoided.

Case 14  The leader of older girls' club was called late one Sunday night by a member who anxiously said that Joyce, a fellow member, "is upset and has been locked in her room all day, crying". The purported reason was that Joyce's landlady had forbade her to play her violin. Joyce was almost blind and this her only recreation; thus a serious limitation was imposed. When the groupworker was also informed that Joyce had threatened suicide, she offered to come to talk with her. The other member said this was unnecessary, and the telephone conversation ended.

Five minutes later, Joyce herself called and seemed in a rather indignant mood, but in the course of conversation again threatened suicide to the groupworker "if things didn't improve". She requested the groupworker to phone her again the next day. The worker agreed to do this.

During the phone conversation on Monday, Joyce said she would like to talk to the leader "in private" before the group met on Tuesday night. The worker agreed to be at the Neighbourhood House one hour earlier.

On this occasion, Joyce poured out many details of her life - her difficulties with her eyes and with her ears, details of a money-raising drive for her benefit to send her to a specialist in Philadelphia, and how she had turned this money "over to charity", the type of job she had, her family history. As it was then approaching the time for the commencement of the meeting, the leader terminated the discussion, saying she would help Joyce to obtain a new room where she could practise. It was perhaps unfortunate that the worker offered to do this, for thereafter Joyce put all her contacts with the leader on the basis of, "Did you find an apartment for me?" That week Joyce called the leader in the evening on three
occasions. Once the leader encouraged her to enquire at a Rental Agency, but Joyce replied that she was afraid to go alone (she is a woman of thirty). In many other ways she indicated her extreme dependence, hidden hostility and inability to carry through plans. The leader checked with the Social Service Exchange, and found no registrations. The record continued:

The groupworker phoned Joyce telling her she might use a room in the Neighbourhood House to practise in. Any day but Sunday she might have this privilege; however, Joyce said that Sunday was the very day she liked to play. She thanked the worker for the offer, but declined to make use of it. She asked if she might again talk to the leader before this week's meeting.

During this conversation Joyce talked for about forty-five minutes about her rooming arrangements. Then the other girls started to arrive around eight o'clock and the discussion terminated. During the meeting following:

Joyce shaded her eyes and put her hand to her forehead. The leader asked if the lights were bothering her eyes to which Joyce replied: "Don't bother about me, I'm alright." Later in the evening some of the other girls were planning to attend a concert together. Usually Joyce enjoyed going to such events with the others. Tonight she declined, making her eyes the excuse.

On a number of occasions, the leader saw Joyce before the meeting and allowed her to talk in an uncontrolled, general fashion, about anything. On one of these talks Joyce mentioned the fact of her being "mentally tired" and the leader picked this out and said there were some people who made it their business to understand such things. Joyce said she would like
to go to such a person, "just once". Arrangements were made for her to visit a psychiatrist.

Following this visit, Joyce indignantly reported she "could not understand why he had asked her all about her family and whether she went on dates, since she wouldn't look at a broom if it had pants on - all they liked to do was paw and mull around." She said she was perfectly happy as she was, if only she could find a place to stay. She then commented she had bumped into a man on the way to meeting that night, because she could not see him. This had startled both of them; it had also made her nervous.

The leader meanwhile contacted a casework agency and started making plans for a referral.

This case illustrated the method by which the group-worker formed a relationship with a member who was in need of casework or psychiatric help. On the basis of this relationship, the worker attempted to refer the woman to the appropriate agency. The difficulties inherent in the process are clear. In this case, Joyce endeavoured to involve the worker in her affairs; she threatened the worker by hints of suicide and tried to get a sympathetic listener. The worker may have been a little anxious at the suicide threat (understandably so, since such threats should not be taken lightly) and offered to perform certain tasks for her. During the first few days, Joyce phoned the worker almost every day, and had two lengthy discussions with her. During this period she developed a proprietary attitude towards the worker, expressed as she declines the members' invitation to the concert. Rising hostility to the worker is implicit in the reply to the worker's friendly enquiry about Joyce's eyes.
It is probable that the worker, not being sure how to control Joyce's free discussion of her personal affairs, permitted too much release of material. Joyce could thus obtain some gratification through talks with the worker, her dependency needs were satisfied partially and certain anxieties were drained away. It is improbable that any damage was done, but it is also unlikely that the talks were of much value. That Joyce is "perfectly happy the way she is" was a statement of her reality; she obtained many neurotic satisfactions and saw no need for change. It might have been more profitable for the worker to spend her time channeling Joyce's anxieties into a need for casework help. It is obvious much skill and experience are required here.

3 Use of Collateral Agencies as Resources for Information and Help

In a worker's eagerness to help a disturbed child or adult through the group method, he may be imposing or asking for an impossible task. If, for instance, a child has extreme fears (of children or adults) or if he is very insecure in making relationships (despite how he reacts to his insecurity, whether by dependency or defiance) he is unlikely to profit from group experience. Sufficient control of impulses will be lacking, and rather than integrate those inner impulses with reality demands he will suffer greater hardships. Group-workers, often baffled by a child's erratic and uninhibited behaviour, nevertheless try to tolerate him in a group, but to no avail. Since they have taken to the practice of using the Social Service Exchange, they have been aware of other services which may already be helping the family, or with advantage might
be called in. When a child or parent may, at least, be offered some alternative service, the groupworker is not faced with the intolerable task of having to prohibit a child's attendance in a group. If through registration at the Exchange, the leader can find another agency previously or currently active with the family, there is a bridge to valuable cooperation.

A study in Hartford, Connecticut, found that 52 percent of the members of two leisure-time agencies came from families registered at the Social Service Exchange; 38 percent of the Boy Scouts came from families so registered. Here was a tremendous unrealized opportunity for co-operation and for economy in the use of resources and skills. It is not suggested that all members of a Neighbourhood House be registered indiscriminately at the Social Service Exchange, but when an individual problem does arise, this resource should be utilized. It is further suggested that one worker at the agency be made responsible for making all Exchange clearings.

4. Types of Problems Needing Casework Treatment

The varieties of behaviour responses which may require help from the groupworker with a view towards referral to another resource are great. Although at certain times groupworkers have been called upon to work with individuals showing insatiable drives for dominance, extreme passivity,

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27 From a lecture delivered at the Y.W.C.A., Vancouver, B.C. by R. Osbourne, Social Service Secretary, 1941
marked dependency, negativism, excessive rigidity, and other characterics, there are instances wherein such behaviour cannot be absorbed in the group or tolerated by the members. Behaviour symptoms exhibited by individuals in groups must not be considered in isolation, but as they effect the group - as they call forth group and individual responses. In one group, certain deviating behaviour may be tolerated, while in a second it leads to group tensions which tend to be destructive of the group. Within this rapidly moving picture of group dynamics the groupworker's feelings also play a part. An insecure worker may become startled and defensive in his counter-reaction to the deviant behaviour or to the individual. He may see removal of the individual as the only solution to the mounting tensions and be blind to ways in which he can assist the group to set controls or ways in which he can aid the member to redirect his energy, and subject himself to group controls.

Often the child who actively disturbs the group is seen as the one who needs referral to a resource where his individual needs may be more adequately met. There are others who exhibit behaviour which, while not acutely disturbing to a group, nevertheless indicates the existence of a problem which is not met or solved through the group. Neither can certain problems of this type be attacked by the groupworker without jeopardizing his position in the group. Such a child may remain isolated and will affect the group only insofar as

the members notice him and think he is funny, queer, curious or "never joins in". He operates on the fringe of the group, and his needs are unmet. The worker must have, or establish, a friendly relationship with such a child in order that he can draw his attention to the fact that his needs are not met within the group. Opportunities will arise in which the worker can suggest alternative resources and help the individual to withdraw from the group (if this is necessary) and arrange an appointment with the caseworker in the new agency.

In Schedule 2, which follows, the kind of behaviour which led the groupworker to seek casework skill is listed in order of decreasing need to refer from the standpoint of group pressures. Thus Gerald virtually halved his group through his terrifying behaviour, whereas Helen occasionally aroused members to make unkind remarks to her. In the first three cases, reports from the school indicate the child's behaviour in this setting and the method of handling it there.

5 Need for Joint Casework-Groupwork Staff Conference

As in Type X referral, the joint-staff conference serves a number of purposes; but there would be a shift in emphasis. Workers should direct their thinking to at least three areas:

a) Collection and comparison of relevant background information.

b) Discussion of the child's group behaviour in relation to the collected background data. Will it be necessary to initiate the difficult referral process or can group process meet the child's needs?
## Schedule 2  Children's Group Behaviour which Led to Referral

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerald</td>
<td>7</td>
<td>Abnormally aggressive and mean; terrorizes other children. Has caused membership in group to drop from 30 to 15. Claims he fights in &quot;self defence&quot;. At school is &quot;no trouble&quot; since he receives &quot;firm discipline&quot;.</td>
</tr>
<tr>
<td>Alice</td>
<td>10</td>
<td>Noisy and aggressive. Cheats at games and does not react to group pressures. Other children are antagonistic but sometimes amused and claim &quot;Alice always spoils the fun&quot;. Demanding towards the leader; makes belittling remarks of her such as &quot;We have a stupid leader&quot;. School &quot;handles her&quot; with &quot;strict discipline&quot;.</td>
</tr>
<tr>
<td>Jocelyn</td>
<td>9</td>
<td>Untidy and unclean personally leading to other girls' rejection of her; cheats and lies at games; repeats fantastic tales about parents; lives in fantasy world; was found wandering on streets late at night. School reports she is &quot;below average in work performance and behaviour&quot; and &quot;troublesome on the playground&quot;.</td>
</tr>
<tr>
<td>Oliver</td>
<td>15</td>
<td>Formerly stole from agency; shows other unspecified &quot;attention getting&quot; devices; lies and is ringleader in group &quot;pranks&quot;. Looks nervous, pale and ill-cared for.</td>
</tr>
<tr>
<td>Helen</td>
<td>29</td>
<td>Difficulty in making decisions, unhappy and antagonistic in the group; sometimes she is rude to members.</td>
</tr>
</tbody>
</table>

c) Evaluation of the home environment as a factor contributing to the child's behaviour. Here the workers need to consider whether the parent, or parents, can be approached and how this is to be done. This is a phase of the process requiring much skill and sensitivity in handling and is discussed more fully in the succeeding major section - enlisting parent co-operation.
a) Collection and Comparison of Relevant Background Information

Before any decision is reached to refer an individual to casework treatment, it is necessary to confer with the caseworker. It may seem banal to emphasize the obvious, yet it was found that this vital point was often overlooked. When it was observed, workers did not seem to be aware of the value that the conference could be. As much as is known about the individual should be brought up for discussion at this time. Identifying material will of course be in the hands of the groupworker. Impressions of other workers in the agency and of workers in other agencies who may have had contact with the person or family are also valuable.

Some agencies are not able to reveal any information from a case record without previously obtaining the client's consent to share the facts. However, from his knowledge of a case, the caseworker might be able to give his opinion of the probability of success in casework treatment, should the group member be referred. Other information which the caseworker might be able to supply could become a framework into which the isolated instances of behaviour, observed by the groupworker, would fit and become understandable.

In many instances, however, neither the child nor his family is known to any other social agency and a report from the school teacher may then be the only other source of observation. In all cases the pooled thinking and skill of a group of workers can form a sounder basis for making a treatment plan than the decision of one worker, who later tries to press other workers to serve the person's needs. A rapid transfer
of a client or of a group member to another agency cannot properly be called a referral; it is when such difficult situations are hurriedly shifted to another agency that "referrals" fail.

b) **Discussion of the Member's Group Behaviour as an Indication of Need**

Acceptance or rejection of group associations, exhibition of aggressions or withdrawals under certain group pressures and the fantasies and verbalizations which the group may stimulate in a group member can be startling indications of personal conflicts. **Case 15, Jocelyn P., will illustrate:**

**Case 15** Aged nine, she comes daily and three nights a week to the neighbourhood house. She talks to many of the adults on the staff and one day spoke to the director about her "brother Donald" whom she says comes also to the house, yet no one seems to know him.

A remark to the school teacher to the effect that Mrs. P. was "so bad" to her that her father took her away to live in his apartment seemed to make sense because the staff at the Neighbourhood House also understood she had recently moved. Jocelyn also said that her father had "flown away to the East where he was in a bad accident" and was now "in a New York hospital".

She was overheard telling a member that she bought $5.00 for the library fund, whereas she brought 5¢. Other workers supplied additional information. She had asked the craft worker for additional materials to make gifts for her friends in the United States. The worker gave these to her and asked her to request help should she need it, but Jocelyn never did so. She told the groupworker her mother used to be a movie star. The games worker reported that Jocelyn cheats, and she believes it is because J. needs to excel. It was obvious that J. sought inordinately the approval of adults; she had been observed politely to ask adults if they wished to occupy a seat, before she herself rushed to it.

The school nurse believed Jocelyn had moved to another school district, but it was later learned that this was all part of Jocelyn's fantasy.
These observations were gathered over a number of months and it is obvious that they came from many sources - namely - the workers who pooled their impressions at the joint-staff conference.

Alice, aged 10, presents differing symptoms of unhappiness in the group. Physically unattractive, slovenly dressed and a continuous disruption to the group, she was observed by the personal counsellor, at the request of a group-worker in the Y.W.C.A.

Case 16 The first part of the club period, which was held at the school, was a play period during which Alice was noticeably noisy and attention-seeking, calling to the leader, bossing the others, etc. The members' reactions varied from quietly ignoring her to demanding her to "shut up".

The project for the afternoon was to make slippers. Again Alice demanded attention whenever her low threshold of frustration was reached. When her work went wrong she ripped the whole thing up in disgust, and required much encouragement if she were going to finish at all. Sometimes she would tease the other girls, and at one point grasped the scissors and banged them down on the table yelling, "How can I do anything when these kids are making so much noise?" Not two minutes later she was shrieking at the top of her voice. The Counsellor remarked on this and was met with a defiant, yet pleading glare.

Later Alice mentioned quitting the club, as she frequently does. The Counsellor remarked that she wondered if Alice liked the club very well, to which came the reply: "Oh, sometimes I do and sometimes I don't - the other kids don't like me and pick on me".

At one time when letter writing was mentioned, she complained that no one ever wrote her a letter and turning to the Counsellor said: "Will you write me a letter?"

The counselor had observed a typical session. She had taken an interest in Alice, forming a relationship with her should she later need to have a friendly basis upon which to refer her to casework treatment.
The counsellor thought that:

...to ask her to withdraw from the club without offering her alternative help at another agency... would be very threatening... as it would represent one further rejection to a child whose only way to gain attention at home, at school and in the community was by unacceptable behaviour.

In another case a boy was considered in need of casework help:

**Case 17**  He is always on the defensive when playing, terrorizes the other boys, twisting their arms and tripping them while they are running. He fights to settle arguments, yet despite this apparent boldness, cries bitterly when reprimanded or ordered home.

A study of referrals at one leisure-time agency indicated that "...groupworkers were more apt to recognize as behaviour problems those children who interfered with group programs."29 The more pressing problems of the "acting out" variety attract attention and sometimes overshadow less dramatic cases, such as Oliver and Helen, which follow:

**Case 18**  Oliver had once stolen from the agency, but was now well-behaved, yet his mother visited the agency occasionally to say that he continued to make "mistakes" at home. She complained of his "glib tongue", that "things pass in one ear and out the other". He roams the streets late, and worships an older "undesirable" lad. Both he and his brother (who also attends the agency) look nervous and not well-cared-for.

**Case 19**  Helen, an older girl of twenty-nine, is epileptic; she is handicapped by poor speech and movement co-ordination. In the group she is "unhappy, antagonistic and compulsive", yet sought the companionship of

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29 Saul Scheidlinger: "Patterns of Casework Services in Groupwork Agencies", *The Group*, vol. 8, November 1945, p. 3
the girls. She has been rude to them at times. Casual conferences with the groupworker led to the formation of quite a friendship. Helen brought samples of her handiwork for the leader to see.

At the end of the year the club sponsored a Bazaar and Helen assumed responsibility for a sales booth. She was proud and happy at the close of the evening and in a burst of confidence in the leader said she supposed she ought to tell the other girls of her fits. That the club was satisfying to her was demonstrated, but it was felt that she required help in making her personal adjustments regarding her medical program and in her relation to her over-protective mother. The groupworker watched for an opportunity to refer her to the Counsellor.

The isolated, fearful child who has been selected for casework study and treatment is exemplified in the following record:

Case 20

He is "...an 11-year-old boy, frail, underweight and nervous, with unkempt black hair and vague eyes. His father has been in the hospital and his mother had also been ill and was unusually unhappy. She had suffered a series of heart attacks which, according to...reports, were emotional. Both the mother and child had been seen by a psychiatrist and our caseworker was asked to help the mother with her difficulties, particularly to aid her in planning for her children. The psychiatrist found this small boy well started in copying the patterns of unhappiness his mother was showing. He was moody and aloof and did not seem to get any fun out of life. It was recommended that he see as little of his mother as possible, that he should have group play and outside contacts, especially those of a non-competitive kind, and that he be encouraged in all successes. Any failures were to be minimized."30

Hostility and aggression, rebellion against authority of the leader and against that of the agency, inappropriate and exaggerated responses, fearfulness or extreme isolation all come within the range of problems requiring casework referral and treatment.

c) Evaluation of Home Environment

That children will show such symptoms of maladjustment is often not surprising when the home background is revealed. Learning details of broken homes among group members may often lead the alert groupworker to recognize other symptoms and to commence thinking in terms of a possible referral should the need arise.

Schedule 3  Home Environment of Children Referred to Casework

<table>
<thead>
<tr>
<th>Name</th>
<th>Siblings</th>
<th>Marital problem and parent attitude to the child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerald</td>
<td>none</td>
<td>Parents on verge of separation</td>
</tr>
<tr>
<td>(Case 17)</td>
<td></td>
<td>Both mother and grandmother (who is in home) indulge Gerald; father is &quot;concerned about problem&quot;</td>
</tr>
<tr>
<td>Alice</td>
<td>older</td>
<td>Parents separated</td>
</tr>
<tr>
<td>(Case 16)</td>
<td>brother</td>
<td>Mother works out and favours the son, rejects Alice. Grandmother lives in same house, also rejects Alice.</td>
</tr>
<tr>
<td>Jocelyn</td>
<td>two older</td>
<td>Parents live separately, father with two older sons who are openly hostile to the stepmother. Father chronically ill, does not support family. Mother alternately hostile and over-protective to J.</td>
</tr>
<tr>
<td>(Case 15)</td>
<td>step-brothers</td>
<td></td>
</tr>
<tr>
<td>Oliver</td>
<td>younger</td>
<td>Father deserted some years previously.</td>
</tr>
<tr>
<td>(Case 18)</td>
<td>brother</td>
<td>Mother favours younger brother, is antagonistic to Oliver and rejects him, believing he is &quot;mentally ill&quot;</td>
</tr>
<tr>
<td>Helen</td>
<td>none</td>
<td>Marital situation not known</td>
</tr>
<tr>
<td>(Case 19)</td>
<td></td>
<td>Mother extremely over-protective of daughter</td>
</tr>
</tbody>
</table>

Using the five cases which are closely examined in this chapter, it was found that parental strife, or accomplished separation, occurred in four, while indulgence and over-protection or outright rejection occurred in all cases. These findings are summarized in Schedule 3.
6 Enlisting Parent Co-operation and Meeting the Parent's Need

Where the parent's attitude to the child and his treatment of him are punitive and rejecting, the outlook for casework treatment of the parent is poor. In the case of a young child, it is probable that casework treatment is impossible. Where an adolescent is concerned, casework can be at least supportive. In any situation, the way in which the facts of the child's disturbing influence in the group are presented to the parent is all-important. No matter how carefully the approach is made, nor by whom - caseworker or group-worker - it can be stated generally that the parent will react with some degree of guilt or hostility. Since this is a prime factor throughout the duration of treatment, it must be stressed that in offering treatment for a child alone, a worker is not meeting the needs of the parent.

Through the worker's visit or phone call, the parent is, in effect, dislodged somewhat from his position of authority in the family. The visit subtly points to his inadequacy in rearing his child. Yet to balance these forces militating against acceptance of the worker, in his favour are the parent's anxieties about the child and his undoubted need to justify himself before the worker.

During the home contact, the parent may bring up for discussion certain areas having little relation to the child's need, or his behaviour in the group. The worker must be able to judge whether this is a defense or a request for help in other areas. Yet the groupworker must also see that such problems require a different type of help than his function
permits him to give, and he must refrain from entering these.

Depending upon the agency concerned and the requirements of the case, an approach to the parent may be made by one of three workers: (1) the caseworker from the agency which will give the casework service, (2) the groupworker from the leisure-time agency where the child is a member, or (3) the Personal Counselor (in the Y.W.C.A. setting). These three approaches are discussed below.

a) **Approach to the Parent by the Caseworker**

The case of Mrs. P (Case 15) illustrates how the caseworker made an initial approach to the parent, who subsequently nullified any gains which the child might have made through the efforts of either caseworker or groupworker.

Mrs. P. had experienced very little constructive help from social workers. She was the kind of person who rushed to an agency requesting, almost demanding, "something be done". She had little ability to profit from casework since she was incapable of carrying through any decisions or plans. On December 23, she had appeared at the Family Agency asking them to do something for Jocelyn's Christmas - to send her to a party. At this time she had talked volubly about her marital problem which was beset with difficulties. The interview was short, with minimal emotional investment on the part of Mrs. P.
In December also, the groupworker, learning through the Social Service Exchange of the Family agency contact, requested to talk to the caseworker. Certain information was exchanged and an early joint-conference was planned. It was decided then that the caseworker would visit the father and the groupworker would continue with J. in the group.

In the group Jocelyn was referred to as "Poor Jocelyn, she is so unhappy, we should be kind to her" and although the young club president had shown some friendship towards her, she announced that she had "taken her in, because we ought to".

The caseworker also visited Mrs. P. and established a relationship. Subsequently, Mrs. P. phoned, however, saying she did not see how the Family agency could help unless they put Jocelyn in a home or a school of some sort.

This would indicate that Mrs. P. felt the caseworker was not helping in the way she wished. The worker nevertheless continued her visits, since Mrs. P. did not consider coming to the agency. Later, the worker suggested that Jocelyn have an appointment with the school psychiatrist. Resisting at first, Mrs. P. finally made and kept the appointment, only to refuse to allow the psychiatrist to see Jocelyn privately.

The psychiatrist's report indicated Jocelyn showed "marked signs of emotional deprivation", an "extreme sense of rejection" which was compensated for through the creation of a "happier dream world for herself"; that the mother showed inconsistency, poor judgment and an unwillingness to have the child's difficulties analyzed. Since these findings were insufficient evidence upon which to lay a neglect charge, the school and groupwork agency were urged to continue to provide all the support they could.

Subsequently, Mrs. P. expressed bitterness over the report as she had heard it and referred to J. as "subnormal" and "abnormal" and "very difficult". She saw all her difficulties as lying beyond herself. The Family agency decided to withdraw but expressed willingness to re-enter as opportunity presented. Jocelyn was now seen less at the Neighbourhood House; when she came she behaved coolly towards the group-workers.
Mrs. P. did enrol Jocelyn at a summer camp which later reported much the same difficulties which had been seen in agency groups. Jocelyn kept close to the camp leaders as though yearning for their affection and approval. She made no friends. The following fall the groupwork record indicated that:

Jocelyn continues in regular attendance. She seems much happier in her relationships with other children and her appearance is improved. She has less need to seek response from the staff; with them she remains on a superficial level not discussing anything which savours of home. The worker wondered if she had been told "not to tell".

It is difficult to assess the meaning of her changed attitude towards adults at the Neighbourhood House. The groupworker suggested a possible explanation. What damage may have been done will not be known; but it seemed that indeed she retained her need to seek attention from adults (as at camp) but now distrusted adults at the agency.

It is probable that where the parent's rejection of the child is intense and very near the surface, the casework relationship should provide the mother chiefly with an outlet for hostilities which would otherwise be directed to the child. Casework should not be used as a means of levering the mother into a more accepting attitude of the child. The parent senses that the caseworker is trying to get "a better deal" for the child and retaliates by punishing the child in subtle ways, thus "hurting" the caseworker. In such a plan, the groupworker should co-operate by giving the child as much love and affection as is possible in the groupwork setting.

The entire groupwork staff could co-operate in this emphasis,
every adult showing acceptance and attention, thus constituting a type of "milieu treatment".

Velma Grove found that many unsuccessfully treated mothers were characterized by:

"...aggression, domination and hostility cloaked in anxiety, ...diversified, superficial social interests or none at all. (They were) dissatisfied restless women, showed capacity to make plans but failed to carry them out...(They built)...strong defenses by projecting blame for failure on the environment..."31

Mrs. P. showed many of the traits enumerated above - an attempt to dominate the situation in relation to the casework interview regarding J's Christmas and again with the psychiatrist; she projected her difficulties beyond herself; her attitude to J. vacillated between open hostility and over-protection. Thus, on the basis of formulated knowledge, the outcome of treatment could have been predicted fairly accurately.

b) Approach to the Parent by the Groupworker

The decision regarding who shall seek out the parent is a major one. Where the groupworker is known to the parent, and a positive, though slight, relationship exists, the method of choice would be for the groupworker to strengthen his relationship. This will then form a sound basis upon which groupworker and supervisor can co-operate with the caseworker to plan technical details of the referral.

How parents will view this request will of course depend, in part, upon their previous experiences with social workers. If in the past they have been helped through the efforts

of workers, this will colour their present reactions:

Case 18 Oliver's mother had, at times, come to discuss her troubles with the groupworker who knew her boys. The groupworker had often taken the lads on weekend camping trips. Now the groupworker found it quite natural to suggest to the mother that a caseworker could, perhaps, help in the matter. The mother accepted the referral.

When the parent has not resorted to the groupwork staff person for guidance (as in the majority of cases), the parent may be at a loss as to how to interpret the groupworker's visit. In any event, intense, though perhaps unverbalized, feelings will well up in the parent. It will be difficult for the groupworker, unaccustomed to interviewing, to so control the situation, and at the same time be aware of his own feelings, that a flood of material is not released. Should this occur, the tone of the interview alters from that of "telling of a resource" to that of a highly charged "intake process". The groupworker may indeed overstep his function. In some instances merely telling the parent of the resource of casework will stimulate him to reveal many problem areas and sometimes this cannot be prevented. The problem lies in the client's discharge of feelings in a setting where the worker cannot control them. Following such a discharge the client may feel he has abused a privilege, has been misunderstood, or is not assured of the confidentiality he would desire. His mounting indecision as to the appropriate way to act may create a barrier both to his continued relationship with the groupworker and to the child's continuance at the group.
In some cases studied, groupworkers (and caseworkers, for that matter) felt easier in suggesting to parents that the Family agency might help them, and their "problem child" with his vocational plans, or would test him through the facilities of the Child Guidance Clinic. This approach may initiate the casework relationship on a false basis, since it does not recognize the child's real difficulty, neither does it attempt to meet the parent's problems. Both caseworkers and group-workers need to realize that the parent's own personal problems must be met if the casework relationship is to be sustained subsequently. Only then will it be possible for the child's problems to be met. Many parents avow their interest in the child's problems, and claim to want nothing for themselves. However, this is a form of resistance to treatment of their own problems and to uncovering deeper problem areas.

To focus on the real problem at the risk of the parent's disfavour will prove to be a sounder and more direct approach than the most adroit manoeuvre, or artifice. In the case of Oliver:

**Case 18**  The groupworker made an appointment for the caseworker, who arrived as arranged. The mother, Mrs. Z., hotly denounced him since she understood her affairs had been discussed at meetings and "it was nobody's affair, since it was a problem she needed no help with and was capable of handling." The caseworker recognized her feelings. Mrs. Z. then chastized her husband who had deserted, and complained that she alone had been blamed for Oliver's troubles. She then did admit her son was a problem - but beyond help.

The caseworker then offered an appointment at the Child Guidance Clinic to establish "what kind of vocation Oliver would be suited for". Mrs. Z. liked this idea, and brightened at the prospect, but thought that in addition the Clinic could "diagnose Oliver and give him treatment" since he was "mentally ill".
The groupworker, having made a direct approach to the problem of Oliver who needed help and Mrs. Z's need for guidance, left considerable resistance unresolved. This is natural as it is the province of the caseworker to deal with it. The caseworker, however, though recognizing it to some degree, attempted immediately to offer consultation. In an intake interview of this type it is not enough for the caseworker to promise that casework treatment can be helpful in the future; he must demonstrate the help in the first interview. The sequel to the case of Oliver follows:

Case 18 A number of interviews with the caseworker followed. Then during the summer the groupworker arranged for Oliver to work on a farm, and in September the caseworker telephoned Mrs. Z. to say that the Clinic appointment was arranged. During the summer months there had been no continuous casework contact. Mrs. Z. replied that Oliver was so much improved since his summer work on the farm that she was now asking to cancel the appointment. She thanked the worker and promised to phone if the problem recurred. The Family agency closed its case.

Flexibility in the caseworker's approach might have permitted him to see other areas for profitable treatment than the one he concentrated upon, namely, the Clinic appointment.

In the case of Gerald, the groupworker phoned the Family agency to enquire about referral procedures to the Child Guidance Clinic, since she believed this was the appropriate agency to use as a resource for Gerald. She outlined the case to the worker, who thereupon recommended direct referral to the Family agency. If, following the groupworker's offer, the parent wished to co-operate in casework treatment, the caseworker
would accept the case. Since case loads, professional skill available, needs of the client, and agency intake policy, all influence the framework within which the referral will take place, the groupworker appropriately contacted the caseworker before making any approach to the mother.

A further point wherein the groupworker demonstrated her sensitivity was in phoning Mrs. Gordon, the mother, thus respecting her right to privacy. Where it is thought necessary to make a home visit, a worker should at least precede his visit with a letter or phone call.

Case 17  In course of conversation, the groupworker mentioned some of the problems which Gerald presented, and offered to discuss these with the mother. She suggested the mother come down to the groupwork agency. The mother admitted her son was "a problem" and accepted the invitation.

A loud, uncontrolled voice and unmanageableness were the mother's chief complaints against Gerald. She revealed that when he learned she was coming to the agency he said: "I'll bet that's about me fighting!"

The groupworker stressed the kind of help which was available at the Family agency, but in addition, talked at some length of the resource of the Child Guidance Clinic, since she felt this was easier to accept.

The mother seemed willing to obtain help with her child, and suggested that the caseworker call at a time when her husband would be home, since "he was also concerned about it".

In the interview with the caseworker which ensued, both parents seemed anxious to talk and discuss Gerald's childhood. The mother said that he attended movies which were not selected by her, but could not control this "since all the neighbourhood children went". The caseworker remarked that she might explain to G. why he could not go, but that she was not responsible for all the other children. Later, she conceded that probably Gerald's behaviour arose from her way of handling him. It appeared that she was unable to set any prohibitions for him and was extremely indulgent of him. She then commenced to talk of herself, disclosing that as a child she was nervous, "but kept it bottled up".
It can be seen from the above how close to the surface were the mother's anxieties about herself; had the worker disregarded her to discuss only Gerald, he would not have met the mother's needs. Now, feeling accepted as she was, the mother was encouraged to enter into a weekly appointment schedule.

Mrs. Gordon had also mentioned that Gerald was a fussy eater. On her next appointment she exclaimed that she had wrapped his lunches in wax paper so that he could sit out on the front porch to eat "like workmen do". Gerald was quite taken with this idea and no longer fussed over his food.

The caseworker wanted Mrs. G. to see the reason why she was unable to set limits on Gerald's freedom and thus to become more firm in the way she handled him.

In the interviewing week, Gerald had become violently angry, and had threatened the members of the group with knives. There was an immediate community response to this incident, and the mother wished to discuss it. The caseworker had already been told of the affair by the groupworker, and was now able to turn Mrs. Gordon's attention to specific phases of the trouble, helping her to see how she might deal with them.

That the mother felt some support in the casework relationship was evident in that she brought further material to the interview and wished to discuss her part in handling the knife incident of the previous week. She also shows certain strength in her resourcefulness in handling Gerald's eating habits. Another noteworthy feature is that the groupworker, although not playing an active role in the treatment, per se, nevertheless maintains contact with the caseworker. Since many workers believe that once the referral is accomplished, they may quietly withdraw, it is significant that this groupworker saw his role as important and an integral part
in the attainment of the treatment goal of which the referral is but one part. Subsequently these two workers were able to redefine their responsibilities in a joint-staff conference.

Case 17 At this meeting each worker explained his anticipated goal. The groupworker presented further evidence of Gerald's continued hostility, and intimated that the boy was allowed pretty free reign at home. The caseworker substantiated this but explained how he was working with the mother.

The groupworker disclosed that Mrs. Gordon had visited the agency, and had been concerned about G's habit of fighting to settle all arguments. It was suggested in conference that the groupworker request G. to leave the group the moment he became annoying. The caseworker, in his treatment periods, would interpret to the mother how she might handle Gerald upon his return home following such incidents.

Regular interviews continued, each worker carrying out his segment of the plan. At one point, the caseworker brought up the matter of referral to Child Guidance Clinic, since this had been mentioned in the beginning. Interpretation to Mrs. Gordon of agency function indicated that this resource need not be used at this time.

Opportunity to enroll Gerald in an agency Day Camp during the summer was however offered. Mrs. Gordon expressed interest and later enrolled her son. As an indication of the success of casework treatment, an incident which occurred at the camp is cited:

Some of the older boys at the camp were preparing an overnight trip. Gerald coaxed for permission to accompany them but his mother, feeling he was too young, was able to remain firm in her denial. The caseworker praised this stand.
In the fall Gerald returned to his group at the agency where the worker maintained his friendly but firm attitude of the preceding spring. He reported that Gerald was no trouble in the group or to the staff. This indicated the lessening of conflict between the mother's and the child's needs.

c) Approach to the Parent by the Personal Counsellor

The Y.W.C.A. Personal Counsellor is in a singular position in that she may become a familiar person to members meeting in the agency, yet her role does not prohibit her from forming close relationships with individuals. What limitations to the formation of an intensive therapeutic relationship this type of agency setting may impose, is not precisely known. This is an area of needed research. How the Personal Counsellor approached Alice is discussed here.

Case 16 Following the Counsellor's observation of Alice in her group, a staff conference was convened and it was decided to refer her to the Child Guidance Clinic for treatment. The Counsellor contacted Alice at the next club meeting and took her back to an informal setting to discuss the problem.

As Alice went with the Counsellor she asked: "Am I in trouble?", to which the Counsellor replied "No, but you seemed to be having an unhappy time at the club and perhaps we could talk about this".

Basing the discussion on Alice's unhappiness in the group, the Counsellor said she thought it better that Alice not go to the group any more. Alice responded that she was so "cross inside" at the group and elaborated, saying that her mother wondered why she went to the group when she always came home feeling so unhappy. Alice said that at school she could not act like this, or she got the strap.
The Counsellor then said that she would need to let Alice's family know about the club and wondered if she should see the grandmother. Alice asked: "Do you have to see grandmother?" The counsellor questioned further and found that it would be preferable to see the mother. Alice was happy at this prospect.

Alice's statements about her "horrible grandmother" was accepted without attempt to clarify since the Clinic would be entering this phase in a more intensive treatment relationship.

In this contact the Counsellor learned more about the home situation and obtained permission to contact the mother regarding Alice's withdrawal from the group. The Counsellor then telephoned the Clinic, telling of her actions, and indicating she would be visiting the mother shortly. It would have been preferable to contact the Clinic before making other plans with Alice. The record continues:

The Counsellor introduced herself to the mother, and explained the reason for Alice's withdrawal from the group. The mother was at first defensive, later becoming freer and admitting the problem. She remarked then how different her two children were - the boy, older, so pleasant, industrious and helpful with work after school; the girl so intractable.

Using the mother's remark that she wished she knew what to do with Alice, the Counsellor broached the subject of the Clinic. The mother was immediately interested, but raised the problem of her working hours. The Counsellor said that perhaps the caseworker at the Clinic would work this out with her and promised to have the caseworker call in a few days.

In a few days the clinic caseworker telephoned the Counsellor saying he had contacted the mother by phone, and she had been quite evasive, remarking she did not know when she could come since she was working. The caseworker considered the mother needed more interpretation of the Clinic function and doubted if she was ready to accept treatment.
It is a possibility that the Counsellor stressed only the help available for Alice, if the mother went to the Clinic, to the exclusion of the mother's needs. Frequent abortive attempts to rapidly refer clients to other agencies point to the fact that great skill is required if the process is to be completed. The fewer transfers from worker to worker, the more likelihood of success, is another axiomatic statement. Had the Counsellor been prepared to offer treatment to the mother and had she commenced with recognition of the mother's problem in this case, something more positive would have resulted. If this was impossible owing to agency policy, it might have been advisable for the Clinic worker to make the initial interpretation of the Clinic function to the mother. In either case, the resistances developing in referrals must in every instance be understood and treated. Frequently, a person will accept referral (as occurs in this case), only later to unfold his resistances in such profusion that he withdraws not only himself from treatment, but the child also.

It is difficult for a parent to see the child's need for help, when often the unconscious needs of the parent running counter to the child's needs are an important element in the child's difficulty. It would be irrational to expect the parent to accept help for the child while her own needs remain ignored or unmet.
Summary

The referral process cannot be accomplished on the basis of routine technique. A relationship with the group member or with his parent is the foundation upon which sound referral can be built. However, limitations inherent in the groupwork process prevent the groupworker from developing too intensive a relationship with a member. Consequences of this practice are the member's increasing inability to share the leader with the other group members and his mounting hostility.

Through the use of the Social Service Exchange a groupworker may discover untapped resources and collateral agencies which can help him understand a group member who presents intolerable group behaviour or exhibits marked withdrawal tendencies.

Recognition of problems requiring individual attention sets as imperative upon the groupworker not to overlook the timid child in favour of the aggressive one who attracts the worker's attention more readily. Sometimes such problems can be treated through the group, but all decisions relating to choice of treatment and division of responsibility between workers in the co-operating agencies, initially must be brought to a joint-staff conference, and redefined from time to time.

The problems of enlisting parent co-operation for the referral and the parents' accepting casework treatment for themselves are often those of recognizing and treating resistances. Failure in referral resulted when parents' needs remain unrecognized and ignored.
Chapter Five

THE CASEWORKER AS CONSULTANT TO THE GROUPWORK STAFF

There are good reasons for the general principle that one person cannot be a groupworker and a caseworker with the same individual. This is based, in part, on a difference in skills required for these two disciplines, but also it resides in the different type of relationships which must develop if these two processes - casework and groupwork - are to be fruitful. In some of the earlier experiments in casework-groupwork co-operation, described in this chapter, awareness of this principle is not too evident. Later it was seen that a caseworker could be more helpful to a groupwork staff when he devoted his time largely to consultation with other staff members. To avoid confusion, the title "consultation worker" was chosen to describe this person. This definition is closely in line with that used to describe the activity of the consultant in a Family Agency\(^{32}\) who is differentiated from those staff members who directly treat clients. Moreover, this title differentiates this person from both the groupworker and the groupwork supervisor.

It is profitable to examine how the fusion of casework and groupwork practices occurred in order to see how the functions of the consultation worker have emerged from an attempt to provide casework services in an agency organized to offer

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leisure-time and informal educational activities.

Initially, both caseworkers and groupworkers have observed the similarity of problems found in their respective work loads. It was perhaps natural for each group of the social work field to ask the other: "Can the alternative form of working with people be of help to me?" In consequence, caseworkers have formed groups, and groupworkers have tried experimental use of casework methods. To still other workers, a joint approach seemed wiser, and the next logical step. It was undoubtedly true, as Mary Hester observed, 33 that "the way we began these projects...set the stage for thinking in terms of treatment prematurely." Though the individual goals of such experimentation have been varied, a general aim of all is well expressed in the St. Paul Experiment: "To study ways of discovering and getting treatment to children who were showing behaviour difficulties." 34 The ferment of psychiatric knowledge and the new understanding of the dynamics of behaviour which pervaded the groupwork discipline were both partly responsible for the emphasis on the individual group member.

Throughout all these experimental attempts the dominant theme has been the intensification of the groupwork process, with increasing attention being paid to group inter-


34 A.S. Stone, et.al.: Children in the Community, Children's Bureau Publication No. 317, foreword, p. 111
relationships in distinction to content of program. Since the program now grew out of the needs and planning abilities of the group members, flexibility of program and understanding of individual's needs was required of the groupworker. To practise adequately called for an understanding of the meaning of behaviour. From such developments has come much activity geared to the needs of individuals and small groups. Yet sometimes groups have tried to assimilate problem behaviour with which they were unable to cope and this has led to failure and disappointment. The need to understand, identify and treat those children showing behaviour difficulties in groups, has lead to the development of many projects. This feature distinguished the function of caseworkers working in a groupwork setting from the earlier historic functions of caseworkers on Settlement House staffs. These latter persons interviewed clients, gave family service, helped individuals obtain medical and other services, determined eligibility for camp scholarships and similar activities. Rarely did such a worker deal exclusively and consciously with behaviour difficulties as such.

**Joint Casework-Groupwork Experiment of Welfare Federation of Cleveland**

In the year 1937 a joint casework-groupwork project was commenced by the Welfare Federation of Cleveland. The project was designed to operate for a two-year period. During the first year four caseworkers were released one-half day a week from their agency responsibilities in order to work with four groupworkers, each pair working with a club. The purpose
was "...to discover how needs of the individual can be met in the groupwork process, what limitations it presents, and how these limitations may be overcome through supplementary services of the casework process." In each situation the groupworker was requested to work as was his custom, and as much as possible as if the caseworker were not there. The caseworker was asked to observe and record the behaviour of the individuals in the group in accordance with his usual manner of recording and to have individual contacts with any members of the group who offered the opportunity. It is interesting to note that although it was known that the caseworker was available for personal interviews at the agency on club meeting day, no one took advantage of this opportunity. The caseworker was a new person in each group and, as far as the membership could comprehend, one without a role.

In each group the caseworker found it necessary to make a place for himself, and his experience in doing this and the problems he encountered were unique. In group "A", children came from an institution and all had pronounced behaviour problems. Both the caseworker and the groupworker were staff members and as such were known to all the children. The children, unaccustomed to having the caseworker attend their meetings, looked upon her as "an assistant leader". Her presence was a disrupting influence in the group since she reminded them of their own problems. From her point of

view, however, observation was a great advantage for "characteristics were revealed in the informal group situation which she had only suspected through her face-to-face relationships." 36

In group "B", (girls aged nineteen to twenty-nine years), the caseworker was forced to undergo the long process of moving from the position of being an unknown girl struggling for status amid a friendship group to that of being an accepted member.

In group "C" (a young boys' group) the caseworker, a woman, never really felt accepted. There was much aggressive behaviour and it was really difficult to determine how much of it was related to her presence.

In group "D", the caseworker and the groupworker early in the project established a relationship which seemed more successful. Neither worker was previously known to the membership. The groupworker explained that the former leader could not come and from now on she would be the leader. The caseworker was introduced as a person "who was going to be at Alta House for a while" and who "was interested in children and would like to visit the club." 37

The record of group "D" describes many situations in which the children used the caseworker as freely as they did the groupworker, though it is difficult to discriminate between the uses they made of each. However, since the caseworker was not in any sense a group leader, any questions or

36 Gertrude Wilson: Groupwork and Casework, New York, Family Welfare Association of America, 1941, p. 90

37 Ibid.
activities related to this function were turned back to the groupworker in order to keep the role clear. Miss Hester states\textsuperscript{38} that the children did appeal to the caseworker to complain about things which occurred, and they were allowed to discharge their feelings and ideas of what would improve the situation. It would then be suggested that these ideas be taken back to the groupworker. In that sense, also, the caseworker supported the groupworker and did not enter into competition with her or side with the children in their complaints against her for whatever was going on. The children also "used" the groupworker to complain about the caseworker, questioning why she was there, and indicating their suspicion about her presence. The groupworker of course permitted this discharge.

In all groups it was found that the caseworkers were unable to use their skills to full advantage, although some of the casual contacts were helpful.

Group "D" was of special interest because two children who displayed marked behaviour difficulties and the caseworker was able to work with them, on the fringe of the group, while the groupworker looked to the functioning of the group as a whole.

Case 21 One of these children, Frances, was evidently in conflict with regard to her interest in boys, desiring contact with them and yet feeling that it was bad. The caseworker saw Frances as "a child in conflict in her relationship to her mother, attempting to resolve her discomfort by conforming

\textsuperscript{38} Letter to the writer, October 18, 1948
to the pattern of the good girl. She was unusually fearful in relation to boys, but was ambivalent in her feeling as she showed interest in them, too. The end result was a paralysis of action.\textsuperscript{39} The groupworker knew the clientele of the Settlement and had a knowledge of the cultural and nationality background of this girl. This indicated Frances was less free than others, in her social adjustment, to break away from the old norms. To counteract this the groupworker was able to provide the kind of setting which gave the girl opportunity to live through an experience which helped to allay her fears, by actually having some acquaintance with a young man and at the same time receiving adult approval. In attempted individual contacts, the worker found Frances fearful, unwilling to talk and eager to get away from a discussion of her feelings in relation to these fears. The caseworker also called on the girl's mother in an attempt to evaluate the home situation and the mother's attitude to her children.

It was learned that the mother was interested in having the girl make casual friendships with boys but not steady ones. She also spoke with more noticeable fondness of younger siblings.

It was indicated that the caseworker should continue to work with the mother in order that she might modify her demands on the girl. This would in turn free the latter for such activities as the groupworker might arrange. When indicated, the caseworker or the groupworker would talk to Frances.

Here is a case then in which both workers contributed to the therapeutic value of the group experience while, in addition, the caseworker discussed the situation with the parent.

During the first year, the caseworker's roles were summarized as follows:\textsuperscript{40}

1 Casual contacts with members leading to help;

2 Informal intake with members referred from agencies offering casework services;

\textsuperscript{39} Mary C. Hester and Dorothy G. Thomas: "Casework and Groupwork Co-operation", \textit{Proceedings of the National Conference of Social Work}, 1939, p. 337

\textsuperscript{40} Gertrude Wilson: \textit{Groupwork and Casework}, op.cit., p. 89
3 Consultation with groupworkers over needs of particular individuals observed in groups;
4 Casework service with members outside the groupwork situation and outside the agency.

This year provided all workers concerned with an understanding of the functions and limitations of another area of practice. It was also found that it was well-nigh impossible, within the rapid movement of the group process, to establish any sustained type of relationship wherein the casework process might develop.

Accordingly, in the second year of the study the project was set up so that a larger number of groups were observed and so that there was more scope for experimenting with newer forms of co-operative service. The caseworker now assumed the role of "consultant" to the groupworker; he explained the meaning of behaviour of the group members, discussed ways of treatment within the group and, in general, helped the groupworker understand his members. That is, function number three of the first year was expanded, though other methods of helping were not entirely dropped. This was perhaps a natural outcome since it had been found that the caseworker's services, as counsellor or caseworker, were not used by members. In the group setting, the members had a prior relationship with the groupworker, and would look to him, if to anyone, for help. For the same reason, it was more natural for the groupworker to intervene when inter-relationships of the members required it. To have the caseworker assume this function, despite his skill in such matters and the sensitive
handling he might bring to such as task, would be an artificial and clumsy method.

It is evident that the caseworker had now become largely an "educational supervisor"\(^{41}\), and insofar as he duplicated the functions of the groupwork supervisor, an area of possible friction was created. Were he to confine his consultation to the meaning of behaviour, benefit to the membership would result; when he was drawn into direct planning for groups confusion would result. Were the group-workers and group leaders responsible to the groupwork supervisor or to the consultation worker? What is the distinction between the areas of function of these two workers? Does the groupwork supervisor never give supervision to a groupworker when it relates to the behaviour of a member? Is this area reserved for the consultation worker to supervise? If this is so, does the groupwork supervisor concentrate only on administrative details? How are group members selected for study by the consultation worker?

**Program at Bronx House**

In a different project, sponsored at Bronx House, somewhat more extensive critical evaluation was carried on. Among other things, the roles of some of the workers were more clearly defined.

For a number of years in New York City, Jewish agencies giving both casework and groupwork services have had close working relationships. At the start of the war period, agencies were alerted due to the increase in delinquency, and

\(^{41}\) Gertrude Wilson: *Groupwork and Casework*, op. cit., p. 95
there was a pressing need for a place for children to congregate. Many children came to the agencies, and it was observed that some were unable to adjust to groups, and became disrupting influences. Six agencies requested the Jewish Board of Guardians to "help them study and understand the needs of such children." Caseworkers were assigned on a purely experimental basis in response to this request. There was constant analysis of their roles, conferences were held regarding their increasing understanding, and efforts were made to determine the contribution of the group to healthy adjustment. Certain general conclusions were drawn. It was decided that the role of the caseworker was "to observe and study individual children who presented either personality problems or who were problems to groups, either at the caseworker's own initiative, or at the staff's suggestion." Though this worker has some tasks which were performed individually, gradually more of her emphasis was given to conferring, and her function approached that of the "consultation worker" described above.

To describe it briefly, the procedure of arriving at a sound formulation of an individual's difficulty required that a social history be obtained. This included interviewing parents, school principals and other interested persons whose organizations had some relationship to the child. The consultation worker then arrived at a diagnosis and interpreted the behaviour to the groupwork supervisor and the groupworker.

43 ibid., p. 5
A plan to help the child would then be formulated. Referral to another agency for assistance might be indicated, in which event the consultation worker might aid in this process. In some instances the consultation worker was available for individual consultation with membership. The experience showed that this was not as satisfactory as working in consultation with the groupwork staff. This tended to support the conclusions reached in the Cleveland experiment.

Although both caseworkers and groupworkers attempt to help people to the most satisfactory personal and social adjustment, the limits within which each discipline operates impose certain distinctions. Casework has the goal that the client shall be able to live adequately and independently after the particular conflict for which he sought help is resolved and the contact is terminated. In short, the caseworker aims to work himself out of a job. He offers service over a limited time and within specified limits which the

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44 It is interesting to note that Samuel Levine and Mayer Schwarz, reporting on the Irene Kaufmann Settlement (Pittsburgh), state that this agency had a caseworker, who as well as doing co-operative work with the groupwork staff, performs casework in the groupwork setting. The most important fact is that the referral process was facilitated and the caseworker was able to decide whether or not the individual could be aided by casework.

Most of their fears regarding stigma, and consequent reluctance to keep appointments with the caseworker located in the agency did not materialize. "What factors are operating and what their effects are in the casework process" when the worker works in this setting "is an area to which we have not addressed ourselves as yet", Groupwork-Casework Cooperation, Editor: Charles S. Bernheimer.
relationship demands. In groupwork, there is a continuing service over a number of years, the controls are of a different type, and the relationship, though it may be intense, is of a different quality than what one expects in a casework relationship. The danger of mobilizing anxiety in the mind of an individual in the group, through confusing the roles and functions of the group leader and the caseworker who offers casework services within the groupwork setting, should never be minimized. In addition, the confidential nature of the casework relationship must be preserved. This is more readily disturbed in a leisure-time agency where friends and acquaintances of the potential client are constantly coming and going in the hallways of the agency. Thus in Bronx House it was not the role of the consultation worker to offer casework services within the groupwork setting.

In summary form, the procedure for the study of a group was developed as follows:  

1) The groupwork supervisor and the groupworker presented to the consultation worker a brief picture of the group to be discussed.

2) A description of the personality difficulties of the child or children under consideration was given.

3) Social Service Exchange clearance was made.

4) Any collateral reports thus obtained were used to highlight the child and his family in situations other than that presented at the Community House.

45 M. Cohen, op.cit., p. 9
5) The child's schoolteacher was consulted to learn how he had adjusted in the school setting.

6) Any material on the child, his parents or his siblings, which was already available at Bronx House was incorporated.

7) The groupwork supervisor arranged a parent conference to serve a dual purpose: (a) to discuss the child's difficulties at Bronx House, and (b) to record the mother's attitude to the child, as she talked about him in giving any history leading up to the present behaviour.

8) The group in which the child, or children, were members was observed by the consultation worker, if possible, several times.

9) Frequent conferences were arranged between the groupwork supervisor, the consultation worker and, if possible, the group leader.

10) When the total picture was assembled, a conference was called of all those directly concerned with the handling of the child, or children, and treatment plans were evolved.

As a result it was possible to see whether the appropriate action was to continue to handle the child's behaviour in the group, to deal with it in the group but with a modified approach, to change the child to another group, or to refer him to casework services in another agency.

As an indication of the type of changes which might occur within the group setting when the groupworker used his knowledge of the children for therapeutic goals, the following is an example: 46

46 M. Cohen, op. cit., pp 6-14
Case 22  Junior, a Negro and small for his age, was attractive looking and always clean and neatly dressed. Much of his difficulty centered around rivalry with his older sister who had considerable responsibility for him since the parents both worked. In Bronx House, Junior seemed to take advantage of the permissive atmosphere and dominated most of the meetings. When he was able to do this he became a "sorehead" and projected his difficulties on to other boys. The group leader tried various methods of diluting the pressures of his stronger personality; however, she observed that Junior invariably gained control.

It was felt that his small stature and need to compensate through physical prowess, his rivalry and conflict with his sister were influencing factors. It was also evident that he reacted to the woman leader much as he would have liked to treat his sister.

At about this juncture a man leader took the woman's place. He attempted to reinforce the new growing relationship with the boy by informal talks with him. Junior would not listen to the previous worker but would always accept the man, who became a father-person to him. Gradually, Junior no longer needed to assert his superiority in athletics, was able to participate in other activities and to gain more from his group experiences.

With the change in leadership a new problem arose with Don, another member of the group, who was Junior's follower. Don was now unable to establish any relationship in the group except on a fighting basis. In Don's family, it was learned, the mother is protective and rigid and Don has a dependent relationship with her; whereas the father is passive and retiring and seems greatly disinterested in his son. This fact Don seems to resent. Thus the male worker was unacceptable to Don. The groupworker attempted to see Don informally from time to time, in order to gain his confidence and strengthen his relationship to an accepting man.

Other details of the procedure at Bronx House relate to recording and the keeping of statistics. At the outset, two types of records were kept: process records and memos of all conferences. The groupworker had responsibility for
the former while the consultation worker kept records of all areas in which she participated, such as supervisory conferences, collateral visits and phone calls, parent conferences - if these were held through her facilitation - and reports of her observations of the groups. Such recording became voluminous and difficult to do in the short time limit permitted for the project, although it could be valuable as teaching material.

In discussing "Diagnostic Recording" one author makes the suggestion that "the record be done at the end of an exploratory period, at which time the worker would take responsibility for sifting the material and presenting it with a diagnostic focus, eliminating trivia, process and repetition."\(^47\) By this method it is not proposed that the record should be stripped of all feeling tone and substantiating detail, but that it be organized to bring into relief the central and crucial material. If thought necessary, a statement of attitude expressed by the client could be included by the consultation worker.

In the Bronx House experiment some actual paring down and reorganizing of the record did occur, in so far as a summary schedule for organizing the record was drawn up. This suggested that the final record as written by the consultation worker should contain the following elements: \(^48\)

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47 Ruby Little: *Journal of Social Casework*, vol. 30, January 1949, p. 18

1) plans for the individuals in the group, and for the group.

2) the participation and attitude of members of the group towards the program or the materials used in the program.

3) the interpersonal relationships of the members of the group.

4) the relationships of the members of the group to the leader.

5) the activities of the members outside of agency activities.

6) the records of individual members of the group. These records were used at conferences to assist the consultation worker to further understand his function at the agency. During these conferences the groupwork supervisor made no attempt to supervise the consultation worker in the casework aspects of his function. This was the job of the casework supervisor who supervised the consultation worker.

Problems raised in relation to the groupwork aspect of supervision were administrative procedures to be followed: nature of the groups to be visited; frequency of visits; termination of group visits; methods of referral; intake policy of agencies; problems of recording; development of reports for meetings. In the casework aspect of the supervision such matters as the following were considered: Was enough known about the child or children to enable the consultation worker to understand the behaviour? Was the child's reaction a normal one to a situation created for him? If it was abnormal, did it indicate
an already forming personality disturbance? How should the child be handled in either case? If additional help were needed, by what method should the child be referred to the appropriate source? If there was reluctance to accept help, what were the reasons for it, and how could they be overcome?

Evaluation

Several other studies might be considered besides the two discussed in detail here. The aims of each, though differing from agency to agency according to needs, might well be subsumed under the agreement of co-operation of the Joint Consultation Project of the Jewish Board of Guardians and the National Jewish Welfare Board, namely: to utilize a caseworker "...to assist the groupworker to effect a better adjustment for individual children with special problems."^49

In writing of another project in California, Wanda Linderman states that the groupworkers "felt that their work had been vitally enriched by this project and that a more factual approach has been achieved by the diagnostic information from the case records."^50

From these brief statements it is evident that interest and enthusiasm for such experimentation are spreading over a wide area. It is not to be denied that sound co-operative efforts between any two or more agencies to meet needs is admirable; nevertheless, in this particular type of cross-

49 M. Elson: "New York Metropolitan Area"; in Ch. S. Bernheimer, op.cit., p. 22

fertilization it is necessary to enquire whether or not the fusion serves as an expedient or as a pattern for long-term development. If the former is true, it would indicate that groupwork is seeking additional avenues to educate its staffs in order that groupworkers may do a more sensitive job. In the face of difficulties with which they are not prepared to cope, they are turning to casework for assistance and all participants in such enterprises testify to the benefits. If the latter alternative is true, it is pertinent to question whether the consultation worker was performing the function for which he was best fitted by training and experience.

Functions appropriate to the groupworker

Some of the tasks performed by the consultation worker could be done less artificially by an experienced groupworker - such tasks might be the following four: interviews with parents, intake, observation of the group, and study of cases.

1 Parent interview

What situation is more likely to arouse latent hostilities in the parent than a visit from the consultation worker? Often the visiting worker has little knowledge of the client being interviewed, yet must plunge into a difficult area. Of course, an experienced worker is required to deal in a constructive manner with feelings which may be aroused. Yet there may be an easier way out of this impasse. Bronx House evolved a plan whereby the groupworker requested the parent periodically to visit the House. At this time the nature of the child's adjustment was explained. Should the child's behaviour become severe, there existed already a relationship from which the
groupworker could launch his discussion of the child's need for casework.

It is nevertheless necessary to be aware of situations in which a direct approach to the parent by the consultation worker may be the only way of contacting the parent. There are some instances, also, in which the parents consciously search for help and where the referral is welcomed.

2 Intake

In some projects the caseworker or consultation worker handled all referrals. Although it should be emphasized that only a trained worker should perform this function, the question arises should this person be the consultation worker or a member of the groupwork staff? A further consideration arises when no groupworker on the staff is sufficiently trained or experienced to handle intake on a selective basis. In view of the fact that the consultation worker may be only a part-time worker, it would be sounder, in some instances, for him to devote time to the instruction of a regular staff person for this function than to do it himself. Moreover, had he assumed sole responsibility for this function, the agency would be left, at the conclusion of the consultation worker's services, without a staff person able to conduct selective intake. The trained groupworker who conducts intake has the additional advantage in that he is identified with the agency, knows the program intimately and understands the groupwork process from first-hand experience.
3 Observation of a group

Some question of the validity of this procedure is raised. At Bronx House observation by the consultation worker was stressed, but later abandoned, since time spent in observation might be used to greater advantage in other ways. Often an untrained volunteer may be trained through supervision to see implications of behaviour.

4 Case Study

One role of the consultation worker was to assemble all pertinent data about an individual or group under study. Often, he is not as familiar as is the groupworker with cultural factors in the life of the individuals. The central reason for assigning this role to him is because he has collected the various components of the case study.

Conclusion

The general pattern for the function of a consultation worker is that he acts as consultant on the meaning of behaviour. Doubtless, in specific settings, he will have other roles. Through his services, groupworkers may come to rely heavily on him to perform jobs which are really within their own function and capacity. There may even be tendencies to place responsibility on him for planning the groupwork process in certain cases.

On the basis of the present experimentation, it appears that whatever help was given by the consultation worker should be understood as contributing in an educational
way to the development of groupwork staffs. In this sense, use of the consultation worker is an expedient during the present lack of trained groupworkers. It is a poor substitute for guidance and leadership by experienced workers. No final answer can be given as to how the role of the consultation worker will develop. The lack of experienced groupworkers may continue and the consultation worker may find a permanent and valuable role to play in leisure-time agencies.
In the earliest stages of the study general questions were raised. What had been the current practice among social agencies in Vancouver? What were the workers' roles in the process; how did they complement each other? Under what conditions was referral most successful? What division of responsibility between the co-operating agencies was made?

Current Practice

Current practice varied in quality and, in the light of the definition, a large proportion of referrals were "unsuccessful", since workers did not seem to realize what was involved in the process. Even in Type X referrals, where few difficulties might hamper the process, it was important to give care to planning. In Type Y referral, no instance was found without numerous complicating factors.

In general the following constituents entered into any referral process: the individual to be referred; his family (if he was a minor) and the needs of his parents; the policy of the agency which referred him (and the skills of the worker); the policy of the agency to which he was referred (and the skills of the worker there); and finally, the group in which he would become a member or in which he was already a member. Thus the dynamics and nature of the referral were studied, not as an isolated entity, but as an integral part of groupwork or casework process, helping social workers to meet individuals' needs more completely.
Type X and type Y referrals were identified. Whether the initial referral request came from casework or groupwork, provided the critical difference between these two forms; other differences were secondary. A third kind of referral involved the use of the Y.W.C.A. personal counsellor who served as liaison person between the Program Department (groupwork) and another casework service. Special advantages or disadvantages deriving from the use of this person to facilitate referral were not immediately evident. However, insofar as the counsellor constituted another worker with whom the referred person had to become acquainted, and necessitated an additional step in the referral, it weakened the potential worker-client relationship and subjected it to another stress.

Parents Important When Child Referred

The worker must consider the parents of those children who display difficulties in their adjustment. In many cases, a groupworker or caseworker offered services related only to the child's apparent problems and failed to recognize, and work with, the needs and resistances of the parent. These cases were usually closed, neither the child nor the parent being helped.

Agency Responsibility

Agencies between which referrals take place must define their working relationships and agree on a division of responsibility. This relationship should be reviewed from time to time and a re-evaluation of the original social plan made. In some cases it was evident that workers did not see
the value of further contact after the first referral request, or after the original situation had been described. In selected cases, further contact would be superfluous, but both co-operating workers should agree on this in the initial joint casework-groupwork conference. The matter should not be left in doubt, one worker expecting further discussion subsequently. If one worker finds, for any reason, he must withdraw from the contract during the period agreed on for co-operative handling, he should notify the second worker.

**Joint Casework-Groupwork Conference**

Workers must be clear that the referral process is subject to individual variations as diverse as those found in either the groupwork or casework processes. A joint casework-groupwork conference was found to be the soundest basis for discussing these variations and for evolving a social plan. It is recommended that the conference should always precede mention of referral to the client or group member. Certain foci for most profitable discussion of a specific case include the following:

1. The individual and his personality trends and pattern of behaviour. Is he likely to be passive and retiring, or aggressive and hostile?

2. The individual's health; is it a critical factor? What is his general appearance? Has he any nervous mannerisms?

3. What is his school adjustment, both academic and social? What is his employment record, if any?

4. What group activities does he pursue? What skills and interests has he? How does he mix with children his own age - easily or tensely? How does he mix with adults?
How does the family situation relate to the above problems? What is the parent attitude to the child and to his siblings? Can the parent attitude to the agency and the worker be known?

Are there other pertinent factors entering the picture?

**Use of Referral Forms**

The use of a form on which to record information about an individual has been considered a way of expediting referral. However, the Welfare Federation of Cleveland sponsored a Joint Committee of the Casework and Groupwork Councils which found that "...forms did not necessarily speed the referral practices." Nevertheless, at the leisure-time agencies studied, recorded information about referred individuals was often non-existent. Sometimes it lay in the memories of groupworkers. In case records also, there was often only the briefest mention of referrals. If a serious approach to the improvement of the referral process in Vancouver agencies is to be made, a more detailed recording of that specific process must be made. A caseworker and a groupworker interested in groupwork-casework referrals might, for the purposes of understanding the process, agree to record selected cases in detail. The use of a form would supply a record of at least preliminary information.

Kurt Lewin emphasizes this need for experimentation:

"To gain the necessary insight one will have to carry out also some work planned for the express purpose of gaining these insights; in other words some groupwork will have to be group experiments."

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51 Letter to the writer, from Secretary of the Groupwork Council of the Welfare Federation, March 3, 1949

52 "The Challenge Should be Met", *The Group*, vol. 8, March 1946, p. 4
Groupwork Consultation

Groupworkers, who were by lack of training unequipped to understand and help children presenting specific difficulties in groups but who nevertheless desired help in this task, employed caseworkers to have certain functions in leisure-time agencies in these areas. Earlier experiments stressed the caseworker's attempt to do casework with members of the groups, but it was found he could not use his skills to full advantage. Later experiments stressed the caseworker's function as consultative person who helped the groupworker understand the behaviour of the group members. A summary of procedures showed the total process as an interaction of various workers co-operating to assemble data and to complete the study of a group or of an individual.

However, many functions delegated to the consultation worker were rightly those of an experienced groupworker or supervisor. During the shortage of trained groupworkers, the employment of a consultation worker may be regarded as an expedient. With further experimentation, it may be seen that a permanent place should be found for such workers on the staffs of leisure-time agencies.

Experimentation in the Referral Process

Lack of criteria for good referrals hindered evaluation in this study, but some suggestions for good practice will be given - (1) as a tentative outline for use by cooperating agencies, and (2) as a guide to evaluation of subsequent referral practice. Throughout this guide, the terms "first worker" and "first agency" will mean that worker and
that agency to which the client was first known; "second worker" and "second agency", the worker and the agency to which the individual was referred. The word "individual" will mean either "client" or "group member" for whom referral to the second agency is proposed.

Criteria for Casework-Groupwork Referral

1 The Joint Conference

Did the first worker request and arrange a conference before suggesting referral to the individual?
If not, when was the second agency notified?
If no notification was given, why was this?
What was the social plan evolved during the meeting?
What division of responsibility was agreed upon?
What agency was to assume major responsibility?
Was the individual told of this?
What provision was made for review of the social plan?
Was the Social Service Exchange utilized?
What reason for the referral was given by first worker?

2 Explanation to the Individual

What reason was given to the individual of the need to refer?
What evidence suggests he understood the reason?
If the individual himself requested referral, what were his reasons for doing this?
What explanation and interpretation of the agencies' functions were given to the individual?

3 Individual's Reactions

What were his reactions to the proposed referral?
Did he see the need for referral? Was he reluctant?
How did the worker help him accept the need?
How was a child told, if the worker contacted his parent?

4 Contact between Individual and Second Agency

How did the workers assure that the individual would come to the second agency?
Was the individual given an appointment time, an invitation to attend a club, or was another device used?
5 Reaction of the Parents

If the parent was to be contacted, which worker did this?
How was the need for referral interpreted to the parent?
Did he understand the interpretation? Was he confused?
What evidence suggests this?

6 Establishment of Individual in Casework

What evidence suggests individual's needs are being met?
Was the parent able to permit child to keep appointments?
Did the parent accept casework treatment for himself?

7 Establishment of Individual in the Social Group

Did the individual arrive as intended?
If not, what efforts were later made to contact him?
In the group, what behaviour did he show?
Was this expected or unexpected?
How did the groupworker handle the behaviour?
How did the individual accept agency and group limitations?
Did he continue to attend?
If not, why not?

8 Evidence that Social Plan was Working Satisfactorily

How was it known that the child or adult was helped?
Did the behaviour difficulties diminish?
Did the parent gain better understanding of the situation?
Did the individual become a liked and accepted member of the group?
Were there other evidences of growth?

9 Conclusion of Referral Process

Within what time period did the workers stop their co-operative activities?
Did both workers agree jointly to conclude activities?
If one withdrew, for any reason, before the process was successfully concluded, what reason did he give for this?
Appendix A

BACKGROUND DATA REQUIRED FOR EFFECTIVE CASEWORK - GROUPWORK REFERRALS

Name of Agency. . . . . . Are you a caseworker or groupworker?

Please state under the following sections what kind of background information seems most meaningful to you, or most useful, in the light of your referral experiences.

1) Individual personality trends, patterns of behaviour, general emotional tone of the individual to be referred. Is he likely to be passive or aggressive and acting out?

2) Health of referred person, any nervous mannerisms, general appearance, etc.

3) School adjustment, academic and social.

4) What group activities does he pursue? What skills and interests does he have? How does he get on with children his own age, with adults? How does he participate in games?

5) What is the individual's family situation as it relates to the above problems? What is the parent attitude to the child? to his siblings? to the agency, to the workers there?

6) What other pertinent related factors enter the situation? (if necessary, use reverse side for extra space)
## Appendix B

Sample of Schedule for Classifying Record Information

<table>
<thead>
<tr>
<th>Case work</th>
<th>Group work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there a record?</td>
<td>Was there a record?</td>
</tr>
<tr>
<td>Worker's name?</td>
<td>Worker's name?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual</th>
<th>sex</th>
<th>age</th>
<th>marital status</th>
<th>school</th>
<th>grade</th>
<th>emp'l t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates of - Contact between agencies and workers - means used</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
<tr>
<td>letter</td>
</tr>
<tr>
<td>phone calls</td>
</tr>
<tr>
<td>joint-staff conference</td>
</tr>
<tr>
<td>written material sent or only verbal?</td>
</tr>
</tbody>
</table>

Worker's statement of reason for referral request

<table>
<thead>
<tr>
<th>Classification of causes of the difficulty:—</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality difficulties</td>
</tr>
<tr>
<td>Health reasons</td>
</tr>
<tr>
<td>Family influences</td>
</tr>
<tr>
<td>Intelligence factor</td>
</tr>
<tr>
<td>Inadequacy in education or training; unsuitability of schooling</td>
</tr>
<tr>
<td>Economic influences - including housing</td>
</tr>
<tr>
<td>Community influences</td>
</tr>
</tbody>
</table>

What service was offered to improve this situation?

<table>
<thead>
<tr>
<th>Psych. treatment</th>
<th>friendship group</th>
</tr>
</thead>
<tbody>
<tr>
<td>casework</td>
<td>activity group</td>
</tr>
<tr>
<td>education</td>
<td>mass activity</td>
</tr>
<tr>
<td>environmental change</td>
<td>other</td>
</tr>
</tbody>
</table>

Was any improvement in behaviour noted?

In the child?

In factors affecting his behaviour?
Appendix C

Samples of Referral Forms

Referral to Special Play Group

Date . . . . . .
Name . . . . . . . . Birthdate . . . . . . . . . .
Intelligence (I.Q. if known, other, general statement) . . . . . .

School Grade Placement . . . .
Address . . . . . . . . . . . . . . . . . . Phone Number . . . .
Foster Parents . . . . . . . Agency . . . . . . . . . .
Caseworker . . . . . . . District . . . . . . . . .
Interests . . . . . . . . . . . . . . . . . .
Physical Condition . . . . . .

Referral to Recreational Agency . . . . . .
Attendance at any Recreational Agency . . . .
Is there a report from camp? . . . . . . . . . . . .
Has he been in a Special Play Group before? . . . . Specify . .

(use other side if necessary)

Problems:
1 Does this child show any specific symptoms (nervous mannerisms, enuresis, etc.)? Specify:

2 Does he tend to internalize or act out his emotional difficulties? Elaborate:

3 How does child relate himself to other children? Elaborate (as to age group and sex preference, etc.)

4 Special difficulties in his relationship to members of the family:

5 Why are you referring this child to a playgroup?

6 Other pertinent comments about his problems?

1 Margaret Svendsen and Dorothy Spiker, et.al., Integration of Casework and Groupwork Services for Children, State of Illinois, p. 86
Appendix C

YOUNG WOMEN'S CHRISTIAN ASSOCIATION®

REFERRAL FORM

1. Name__________________ Address__________________

2. Age__________________ Parents' name__________________ Ages of siblings__________________
   Is girl living with both Parents?___ if not, specify:__________________

3. School and Grade__________________

4. Employed?____ Type of Work______ Wage Received______
   Unemployed?_____ Reason?__________________
   If unemployable, state why__________________

5. Living arrangements (own home, foster home, alone in city, etc.)__________________

6. Financial circumstances__________________

7. State if family receiving casework service__________________
   Does girl's problem indicate need for family casework?__________________

8. Will referring agency continue casework service?__________________
   To family or to girl?__________________

9. Present supervision of girl. Staff____ Volunteer____
   Not at all__________________

10. Problem girl presents:__________________

11. Y.W.C.A. service required: Accommodation__________________
    casework__________________ group work__________________
    (mark X if unable to pay moderate sum for recreation)

12. Name of referring Agency__________________ Worker__________________

@ Counsellor's Office, Y.W.C.A., Winnipeg, Manitoba.
Appendix D

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