

Results of Discussion Regarding Mutual Problems Of Medical  
Social Worker and Public Welfare Section

On July 2, Miss Teresa Pirrone, Medical Social Worker; Mrs. Hudson, Public Health Nurse; Miss Sara A. Brown, Associate Counselor; and Mr. John Moore, Counselor met to discuss procedures relating to the cooperation between the Medical Social Worker and Public Welfare Section.

The following is an outline of the questions discussed and conclusions reached:

I. Review of Washington Instruction (#54):

A. Question: In what ways can Section B, 2, (cooperation in basic training of social work personnel) be implemented?

Conclusion: It was agreed that Miss Pirrone and Mrs. Hudson would cooperate in a Thursday morning discussion with members of the Public Welfare staff on "Medical Information for Case Workers."

B. Question: What procedures are necessary for clearance and determination of responsibility in cases mentioned in D. 1, 2, 3, and 4?

Conclusion:

1. In cases now a part of the Public Welfare load, and in which the problem is primarily medical;
  - a. Case seminars will be sent the Medical Social Workers.
  - b. Public Welfare will close the case.
  - c. Miss Pirrone will give Public Welfare a written report.
2. Cases coming to Medical Social Worker's attention in which the problem is primarily a social one,
  - a. will be referred to Public Welfare.
  - b. On cases referred by the Medical Social Worker, the case worker of the Public Welfare staff will report to her in writing once each week.
  - c. Miss Pirrone is to prepare a form which will be used in making such referrals; also a form for referral of cases from Public Welfare to Medical Social Worker.

## I. B. Conclusions (cont'd)

3. Cases coming to the attention of Public Welfare Section, in which the problem is primarily medical, will be referred to the Medical Social Worker as in (Bl.) above.
4. Clearance between the Medical social worker and Public Welfare Section should be routine on all cases.

C. Questions: Case consultations indicated in D, 5 -- frequency and time?

Consultations: A weekly case conference between the medical social worker and/or the public health nurse, the Case Supervisor of Public Welfare and case workers involved will be held immediately following the Thursday morning class discussion, and whenever indicated otherwise.

In all case conferences, clearance, primary responsibility, and planning will be concretely outlined.

## II. Problems of Immediate Mutual Concern:

### A. Plans for crippled children:

Question: Who shall carry the primary responsibility?

Conclusion: Medical Social Worker. Public Welfare shall send case seminars on cases now in their load.

Question: What further planning needs to be done in these cases?

Conclusion: The cases involving spastic paralysis should be institutionalized.

The cases involving blindness should be followed up. The state department for the blind is to be contacted by Public Welfare Section.

### B. Cases Involving mental deficiency and emotional disturbance:

Question: 1. Who shall carry primary responsibility?

2. What steps shall be taken in detection and referral of such cases?

3. Review of known cases. What procedures shall be followed in disposing of these cases?

II. B.

- Conclusions:
1. Cases now known should be attacked as a group.  
Public Welfare is to prepare a list and summaries of cases for the medical social worker. Miss Pirrone is to bring the persons involved into the clinic on Thursday morning.
  2. The medical social worker is to assume responsibility for arrangements in cases to be institutionalized; that is, arranging sanity hearings, etc.
  3. The Public Welfare is to be responsible for follow-up with families of institutionalized cases.
  4. The general procedure indicated in I. B. 1 is to be followed.

C. Cases involving special diets and geriatrics:

Question: What procedure shall be followed in referring such cases from the Public Welfare Department.

Conclusion: Same procedure as in I. B. 1.

Question: What arrangements can be made to care for the known cases?

- Conclusion:
1. This problem involves the Public Health Nurse, hospital dietician, hospital administration, and housing department of Public Welfare.
  2. The proper way to handle diet cases is in individual mess halls.

Since there has been some resistance to this idea, the Public Welfare is to present the problem and recommend this arrangement to the Community Council, asking them to work out the problem with the hospital and Mess Division.

3. Public Welfare is to recommend to the above group the securing of a barrack building for the care of geriatrics. Upon securing a building for the care of geriatrics, further plans for the necessary clinic and preparation of the building, etc. will be taken up with the hospital administration.

### III. Matters of Concern to the Welfare Department:

#### A. Arrested T. B. Cases:

Question: 1. Cases now known to the Welfare Section.  
What steps can be taken to change community attitudes toward these specific individuals?

Conclusion: 1. Public health nurse is to notify Public Welfare in advance of the release of such persons.

2. Public health nurse is to interest herself in these cases.

3. Public Welfare is to work intensively with each individual on habits, etc., in a cooperation with the public health nurse.

4. Possible conferences with block leaders.

Question: 2. What broader program is possible to develop better attitudes in the community as a whole on this problem?

Conclusion: Suggestions:

1. Wider use of T. B. films and educational material provided by Public Health nurse.

2. Possible talk to Council and block managers by a doctor or public health nurse.

#### B. Babies born out of wedlock?

Question: Can such cases known to the hospital be referred to the Welfare Section for social study and investigation of parents, and consequent appropriate action?

Conclusion: The medical social worker is to ask that such cases be reported to her; and she will refer them to the Public Welfare Section.