

POPULAR MISCONCEPTIONS OF ORGANIZED SOCIAL WORK

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The average person is still skeptical in regard to organized charity. He regards it with distrust, and characterizes all its workings which he does not understand as red tape. Even though he contributes to the local organization, he feels more or less uncertain as to the wisdom of it and continues to hold firm to the belief that individual almsgiving is the only way to dispense charity.

Herein lies the first misconception for him; almsgiving is the only form of relief, according to him, the only thing the very poor need and want is money. And so, when a poor man comes with a hard-luck story, he hands him a few dollars, feels a momentary glow of satisfaction for having done his duty to his unfortunate brother, and then immediately forgets the incident.

Suppose this same poor man came to the charity organization society and told the same hard-luck story—no work, sick wife, a large family—in outline, the same story as has been told hundreds of times before, but when analyzed how totally different each one is from the other. The man's story is heard, and the same day, or at the latest the following day, an experienced organization worker is sent to the man's home. If the worker finds there is urgent need of money for food or rent, temporary financial relief is given at once, which refutes the average man's belief that a family is allowed to starve while the organization is carrying on its investigation. The man, as he has said, has no work. If his idleness is due to slack industrial conditions, and there are no other wage-earners in the family who can add enough to the family income to keep it up to its usual standard of living, the society tides it over with weekly allowances until the man's work starts up again. If his idleness is due to the loss of his job, and he is a reliable man, every effort is made to find him work. If the wife is found to be ill, the worker from the society summons the doctor, who advises hospital treatment; the woman is taken to the hospital, and because her children cannot be

left alone, a competent woman is engaged by the society at its expense to take care of the home and children until the wife is discharged from the hospital and able to take up her household duties again. The investigator inquires about the children; the school teachers are interviewed regarding their progress. One of the little girls is backward and must have special coaching if she is to keep up with the class, and the society procures some interested, capable volunteer to help the child in her school work. One of the boys has reached working age and desires to learn some trade, but has not been able to find an opening. A desirable place is procured for him, the manager is interested in his case, and his progress is watched.

Thus the organization interests itself in the whole family and aims to better conditions permanently. The individual giver thinks of nothing but the very present need and considers his duty done, and well done, when he has contributed a few dollars, which, when spent, will leave the family not a whit better off than before. But the charity organization society aims not only to alleviate its physical needs by material relief, but seeks to rehabilitate the entire family and place it on a firmer basis than ever. For the aim and goal of the charity organization society is "not to help the poor in their poverty, but to help them out of it." A few dollars given now and then may help them in their poverty, but it is only the other work—the adequate care of the sick, the attention to the child's mental development, the securing of permanent jobs for the family bread-winners—it is only these things and many unmentioned ones besides that the organization does for its poor that will help them out of it.

But these results cannot be accomplished merely by admitting the poor to the organization's office, listening to the stories in the office, and assisting from that office. There must be investigation of facts and conditions, and it is this part of the charity organization's work which is so misunderstood. Investigation is not primarily to detect fraud and to single out the unworthy

cases from the worthy ones. As a prominent social worker has said, "There is no such thing as an unworthy case; if a case is worthy of nothing else, it is worthy of advice." When a patient visits a doctor and describes his ailments, does the doctor accept the patient's diagnosis of his own disease, prescribe medicine accordingly, and dismiss him? No, he listens only to the patient's symptoms, makes his own careful examination, diagnoses the case, then prescribes treatment and keeps a watchful eye on that patient until a complete cure is effected. The analogy is clear. Poverty may indeed be called a disease and an investigation must precede intelligent treatment of the case. Home condition must be studied, the individuals comprising the family must be known, resources within the family itself must be developed, if constructive, upbuilding work is to be done. And that is what investigation is, learning to know the family on the family's ground in order to work intelligently and in co-operation with it for its own good. There is no mystery or red tape to it. It is not a needless prying into the private family affairs of the poor; the investigator is not a cold-hearted, curious individual who forces unwilling confidences, she is an intelligent, sympathetic human being, to whom more often than not, the poor are glad to tell their sad stories, assured, as they are, of the all-too-infrequent sympa-

thetic listener. The result of the investigation is put on the organization's record and is confidential—the record is used only for future reference in dealing with that particular family. Investigation is the vital part of the work of a charity organization society, and it is that which makes it essentially different from unorganized, indiscriminate charity. The individual, dispensing his charity, gives the exact same treatment to every case; that is, money, the amount varying in proportion as the story appeals to him in greater or less degree. To the investigator, however, each family presents a totally different problem, and it is only through her work that these problems are discovered and solved.

Since the charity organization is able to carry on its work so comprehensively and secure more permanent results than the individual with his indiscriminating giving is able to accomplish, the average person may well ask the question "What is to become of that type of kind-hearted individual, with benevolent intentions, who does so much good in his own way? Is he to pass out of existence and give the charity organization a clear field?" By no means. Without him, the charity organization is powerless; without the organization, all the good intentions of the individual are inadequate. Let them work together and the interests of the poor will be looked after better than ever before.

SOCIAL SERVICE IN HOSPITALS

Mary H. Kraus

When a man, woman or little child walks timidly into the free dispensary of a hospital for the first time, he is immediately asked what ails him; does his head ache, or do his eyes bother him, is he nervous or is it because of the pain in his foot that he has come to see the doctor? And accordingly, as he answers, is he given a slip of paper directing him to the department dealing with his particular ailment. He is, speaking in hospital vernacular, assigned to the general medical "clinic," or neurological "clinic," or orthopedic "clinic," as the case may be. Then, his slip clutched tightly in his hand, he seeks out the doctor and the doctor does his best to relieve the

patient's troubles; if not at once, he must come again.

Each time he comes, the doctor sympathetically, no doubt, asks him how he feels, notes any improvement or the absence of it that may have resulted since the last visit, and speeds the visitor on his way. That is all he can do. He sees only the man or the woman or the child who comes to see him. Everything else in that patient's life is a blank page to him. The doctor may care about that ignorance, he may even worry about it, or he may not. But, lately, some doctors have cared. They have talked to their visitors, have listened not only to their various physician pains,