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GOING AMONG THEM:
THE EVOLUTION OF THE HOME VISIT

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ABSTRACT

The methods, motives and objectives of home visiting have been ignored by most social work historians, while the profession of social work has become almost universally associated with this practice by the public. This paper examines the historical, social, and political implications of home visiting from the founders of the profession to the present day, suggesting a revitalization of this taken for granted practice for the purpose of collecting "social evidence" to be used for social reform.

Much attention has been paid to the philosophical, scientific, moral and institutional roots of the profession of social work. Mencher has traced the profession's ideologies on the nature of man and society from their origins in British Poor Law to their transplantation in the American colonies and beyond.1 Klein has reviewed the 'what' and 'why' of American social work from the history of casework technique to the major social services offered by social workers today.2 Zimbalist has followed the major trends of social work research from their early 19th century moralistic beginnings to their present state of statistical sophistication.3 Platt has untangled the complex moral, cultural and economic conditions that led to the turn of the century "child-saving movement" and provided the profession with its major evolutionary impetus.4 Finally, Lubove has given the profession
a brilliant historical analysis of the emergence of social work as an organizational career.  

The Early Practice of Home Visits

Despite this extensive historical study, one of the earliest and most distinctive of this profession's practices has been ignored by most social work historians. Home visiting has been a part of professional practice since the early days of charity organizations and today its use is almost universally identified with the practice of social work by the public. Home visits have been made at the discretion of the social worker or they have been made a requirement by law. They have put a client at ease in a familiar environment or have become the necessary part of an investigation process. Home conditions, artifacts and belongings have provided the social worker with a unique perspective into the client's inner world or they have formed the basis of a judgment regarding the income, resources and quality of family life in relation to community standards. They have been viewed by clients as a genuine attempt and willingness to understand, or as a gross invasion of privacy. The purpose of this paper is to examine some of the original assumptions, motives, methods and objectives offered by the founders of the social work profession regarding the seemingly taken for granted practice of the home visit.

Max Siporin, in his introduction to Mary Richmond's early handbook for charity workers, dates friendly visiting to antiquity. He also gives credit to Charles Lock in 1880 for developing home visiting into a method of study to help the poor
and to Mary Richmond for maintaining the distinction between relief giving and friendly visiting. According to her, friendly visiting was meant only in a spirit of "trust and friendliness" within a "mutual relationship" of "tact and good will" for the purpose of "personal influence" in the lives of the poor. In her handbook, she states:

Some... question our right to go among them with the object of doing them good, regarding it as an impertinent interference with the rights of the individual... We must interfere when confronted with human suffering and need. Why not interfere effectively?  

Indeed, why not? Mary Richmond viewed such interference as a moral obligation and friendly visiting as the means to combat suffering. Material relief was seen as somehow compromising the moral imperative - "The truth is that charitable cash and commodities have no moral qualities in themselves; not even the good intentions of the giver can endow them with particular virtues."

The primary goal of friendly visiting was the inculcation of virtue and since hard cash was morally neutral and could be used for good or evil, it was up to the friendly visitor to see that it was spent "effectively." Hard cash or commodities, however, was the leverage the charity worker applied, in gaining entrance to the home. Although friendly visiting and the language of the period produced an air of moral superiority, it must be remembered that, in part, the social work movement developed in
reaction against the Social Darwinist moralism of the late 1880's. In 1912, just a few years before the publication of Mary Richmond's classic text, *Social Diagnosis*, a volume entitled *The Religion Worth Having* appeared. It was very popular and found many adherents. The author expounded a peculiar mix of science, mostly Social Darwinistic notions regarding the survival of the fittest, the social evolution of mankind, and religion.

The religion which best fits men for the struggle to survive will be left in possession of the world, just as the 'workbench' philosophy... The laws of natural selection are merely God's regular methods of expressing his choice and approval. The naturally selected are the chosen of God.\(^9\)

In opposition, the "social gospel" ministers preached the message of social reform. Washington Gladden urged an "industrial partnership" between employers and employees as the only alternative to disaster and tied the notion directly to salvation.\(^10\) The author meant to jolt the self-righteous middle class out of their complacency by making human life, good will and mutual help more important than the struggle for profit and advantage. To the inevitability of class warfare and the immutable laws of natural selection, was offered the hope of a just social order bound by a faith in the equally immutable laws of progress and science. The new profession of social work emerged straddling the best of both positions, by creating a method for treating
individuals and reforming society's institutions.

It was in this atmosphere of moral combat during the Progressive Era that "The Child-Saving Movement" was born. These child savers, including reform minded social workers like Sophonisba Breckinridge, Christian Carstens and Edward Devine, sought to save the children of the working and dependent classes from the numbing effects of poverty, urban industrialization and the debilitating features of slum life. According to Platt, these early pioneers possessed a curious amalgam of thought borrowed from the medical profession, Social Darwinism, criminology and the Protestant ethic. Armed with this mixture of science, philosophy, religious belief and common sense, they pursued institutional reform, sought changes in laws and formed child protective societies, established training schools and mobilized public opinion. Although they held a somewhat conflicted view of the causes of poverty, they tended to stress the negative effects of the environment over the moral defects of the individual. They brought to the attention of the American public the tragic consequences of child labor, excessively long work hours, deplorable housing conditions and institutional abuses in mental hospitals, reformatories and prisons. But it was the firsthand observations of social workers in their daily contacts with the poor in their homes, work places, and schools that proved to be one of the most effective weapons in social reform. In a historic case involving women's work hours, Muller vs. Oregon, the Supreme Court ruled in 1908 that:
Social observation was as pertinent as previous legal ruling in determining constitutionality... after which social case material was frequently accepted as pertinent evidence, and the social worker's special knowledge, the burdens of the people, became recognized as one type of expert testimony.¹²

Early social workers, like Mary Richmond, recognized the tremendous economic and cultural disparity between the classes and sought to mitigate the classbound misconceptions by improving the flow of information upward. Friendly visiting was an important contact point between the early 'have and have nots' and gave workers the opportunity to record their observations for purposes of social reform.

"In their investigations into the 'worthiness' of a 'case', they uncovered information about unemployment, industrial accidents, sickness, wages and family expenditures. In nearly every city of any size, these trained or partially trained observers compiled a fund of more reliable and comprehensive data on the economic and social problems of the very poor than had been available since the days of the close-knit village economy."¹³
In fact, the development of the case record was initially intended by the aforementioned social workers to serve the dual purpose of reform and treatment. The case method was also perfected as a technique of social research by stressing the objective and factual over the judgmental and subjective in the recorded impressions of the visitor. By combining the weight of professional experience and scientific, objective reporting, friendly visitors convinced many organized charities of the significance of industrial, environmental causes of poverty over the individual causes.

Home Visit, Social Evidence and Medicine

Although this sets the historical context of home visiting, it does not explain its subsequent institutionalization in present day practice. Again, Mary Richmond provides an early clue. She complained, in Social Diagnosis, that many social workers were seen as "adjuncts" to court and clinic, and living in the shadow of the legal and medical professions without any tradition, procedures, terminology or "sense of professional solidarity" of their own. She lamented that doctors were using social workers as clerks and many judges used them as detectives. She believed that social work's proper expertise was in the collection and testing of "social evidence." In fact, the first four chapters of Social Diagnosis deals with the reasoning process, nature and testing of social evidence using the long established legal profession as a model. Investigation, however, was not a new concept to social work or charitable organizations as it had its origin in English poor law, and even the medieval Catholic Church required that its parish priests know the recipients of charitable donations in order to prevent misrepresentation of need or
malingering. Partly as a result of the lack of a historical tradition of its own, early social workers felt compelled to emulate the established legal profession and since social worker duties entailed visiting the poor for the purposes of court and charity investigation, Mary Richmond believed that social workers should practice their profession in a thoroughly legalistic semi-judicial manner.

The other long established profession that had profound influence on the development of social work was medicine. Here the relationship between home visiting, social workers and the medical model is more clearly recognized. In a book entitled Social Work - The Doctor and Social Worker, published in 1919 two years after Mary Richmond's text appeared, Richard Cabot, M. D., wrote:

Home visiting may easily and properly spring up in connection with schools, courts, or factories of the city as well as with the dispensaries. But it is essential in home visiting no matter what institution it is connected with, that the social assistant should be distinctly recognized as part of the machinery of that institution, or, in other words, as one of the means by which that institution does its work.16
Cabot saw social workers as part of the medical organization and essential to the physician's ability to diagnose and treat. The role of early social workers, as defined by Cabot, was to discover "nests, foci, or hotbeds of disease" in the homes of the poor. Again, it must be remembered that the major scourges of disease, smallpox, diphtheria and tuberculosis, were still taking tens of thousands of lives at the turn of the century and medical science was only beginning to understand the relationship between bacteria, contagion, and the treatment of these deadly diseases. The medical home visitor was "part of plan of antisepsis" and American social workers became part of a medical vanguard determined to rid the country of infectious diseases through prevention. Thus, American social workers were concerned with "the positive measures of hygiene, such as the better housing of the patient, better nutrition, better provision for sunlight and fresh air, and above all, instructions of the patient as to the nature of his disease and the methods to be pursued in combating it." Public health and public good were to become synonymous with social workers possessing the public knowledge of both. Social workers, too, became quickly aware of the advantages of the medical model of practice. "When the social worker begins the difficult task of acquiring her influence in a family, she starts with a great deal in her favor if she appears in the home as the agent of the physician." As official agents of the medical, legal and charitable institutions, social workers by the dint of control over hard cash, fear of infectious diseases, and expert witness status, made their way into the homes of poor. Their objectives, however altruistic and noble, began to stress needs over rights, social casework over social reform, and eventually the medical procedures of study,
diagnosis and treatment over the collecting of social evidence, although the legal investigatory process and reasoning fit well within the search for antecedent causes contained in the medical history. In addition, social workers had the weight of medical science on their side. The social history, then, became a means of making sense out of the patient's symptoms, determining the cause of social problems and as a way of legitimizing needs or establishing moral responsibility. Social workers' early fascination with scientific method and the relationship to professional respectability has been previously documented. Social work's early association with the medical science of the day allowed not only the mixing of metaphors, but also the mixing of prestige and power as illustrated by this quote:

Giving creates dependence because it atrophies industrial and moral initiative, just as a crutch or a splint causes muscle to waste. Powers unused atrophy. If we support a person, except temporarily, he will soon lose the power of self-support.

Many would argue that such an analogy is relevant today. For a profession struggling to attain respectability, the tradition of medicine provided fledgling social workers an intelligible frame of reference for the reading public to understand the causes of poverty and the profession's role in the solutions. Just as medicine needed to enlist social workers to visit the homes of the poor to combat disease, social workers needed medicine's scientific status in order to combat the ills of poverty.
In all areas making something 'scientific' became synonymous with reform. Between 1880 and 1920, progressive Americans campaigned not only for scientific medicine but for scientific management, scientific public administration, scientific housekeeping, scientific child-raising, scientific social work.\(^{21}\)

This period marked the beginning of the age of the expert, which not only offered prestigious employment for America's growing middle class, but promised the solution to society's problems.

Experts could solve society's problems because they were as scientific men, by definition, totally objective and above special interests of any kind. In the process, the problems of the new middle class itself could be solved, too. Specialized expert occupations, accessible only after lengthy training, would provide them a secure occupational niche and a share of the power far out of proportion to their numbers.\(^{22}\)
Bledstein labeled this unique period in American history between the 1870's and 1880's as The Culture of Professionalism where undertakers, traditionally simple cabinet makers, insisted on calling themselves funeral directors, embalming surgeons and mortuary scientists. Professional societies and associations with distinguished titles grew at an unprecedented pace, nearly two hundred in less than 10 years, with the American Social Work Association being among them.  

Professionals of all kinds expanded their bounds of authority by establishing esoteric bodies of knowledge with highly technical languages totally indecipherable to the common man. They surrounded themselves with rituals, ceremonies and symbols. They claimed the magic of scientific knowledge and dictated their prescriptions to others on the basis of their advanced training and expertise.

It was within the power of the professional person to define issues of crises - threats to life and security - perhaps real and perhaps unreal. And it was within the power of the professional to justify his actions; including the use of socially sanctioned violence, by appealing to a special knowledge called scientific fact. No metaphysical authority more effectively humbled the average person.  

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Degrees, diplomas, honorary awards, codes of ethics, comprehensive examinations, internships, Ph.D. dissertations, evidence of still higher levels of rationality, served to indoctrinate not only the participants but the public at large. Physicians were given the power to quarantine the poor to control the spread of diseases, while social workers were given the authority to perform systematic investigations of their infectious status. Isolation and control were the methods used by the newly emerging middle class, aspiring to professional status to contain the grumbling and dangerous lower classes. Ehrenreich and English believed that at no time in American history was the contradiction between wealth and poverty as great nor the possibility of social revolution as real as in the second half of the 19th century.

Home Visiting and Social Control

Despite all the high sounding altruistic rhetoric, the profession of social work grew, in part, because it was providing not only a platform for reform through social observation, but an important social control function for the middle class. By diagnosing and treating individuals in the privacy of their homes, social work's developing scientific expertise was used both as a call to reform and as a way of isolating individual problems. From a simple method of friendly visiting to the methodology of social casework, the inherent focus on individual prescriptions for treatment served to validate individual rather than collective failures in American society and sought to adjust individuals to a realistic acceptance of their condition. For a newly emerging profession, the path of least resistance was most often the use of professional influence in the homes of the poor to change their
immoral, unhygienic and ignorant housekeeping and child-rearing practices. Of course, there were notable exceptions, but for the majority of early social workers, the search for a cause in the home was more acceptable than to champion a cause in the street or the court.

Lubove recognized the social control function of friendly visiting but he also noted the profession's early movement away from an attitude of moral superiority. He also understood it as the profession's solution to a growing dilemma.

A new relationship had to justify interference in their lives; the visitor had to demonstrate a greater claim to authority than class affiliation. The answer seemed to lie in the establishment of a professional relationship in which the social worker's authority rested upon superior expertise.

Expertise in social casework method was to become the substance of that authority. By 1929, the taken for granted nature of the home visit was clearly apparent. The job of the visitor was seen as synonymous with the performance of social casework. Louise Odencrantz, in her classic job analysis text of family, medical and psychiatric social work, wrote: "The job of the visitor is to do family casework." She also noted the important function of psychiatric social workers to provide supervision of those discharged on parole from mental hospitals and for trial visits.
into the community. In fact, "community supervision" requiring periodic home visits had become no longer a professional prerogative but an institutionalized mandate, especially after World War I, when the newly developed intelligence tests revealed a scourge of "moronity" among the general population.

The moron was an alarming discovery. Surveys indicated that thousands of his kind were to be found among the general population and with practically no facilities for their social control.\(^3\)

As a result, large institutions had to be built to house them, psychologists employed to identify them, medical doctors to treat them and social workers to follow them. More importantly, however, was the gradual assumption of the increased financial burdens of these institutions directly by government. Lubove chronicles the vain attempts of individual private charity organizations and eventually federations of charity organizations (Community Chests) to meet the needs of hospitals, orphanages and fresh air camps, notwithstanding the demands for hard cash. Regrettably, Lobove leaves off at the Great Depression when social legislation put the finishing touches to voluntarism and marked the beginnings of the huge public welfare bureaucracies of today.

The transition, however, involved more than just a shift in financial responsibility. It also involved a subtle but equally powerful, shift toward governmental regulation. Home visits by
social workers were mandated by law as in the case of public welfare, and rules and regulations were promulgated by agency officials, i.e., once every month, three months or six months. Although social work's founders had intended the home visit to be used in a spirit of mutual trust and relationship, home visits seem to have gained increasing bureaucratic utility after 1930.

Out of the experience of the agencies' administering Mothers' Aid has come the universal acceptance of the fact that money unaccompanied by service will give no assurance that proper home life will be provided for all the children, whom it is designed to help...

The lawmakers themselves recognized, in many instances, the need of this oversight by writing into the law the minimum number of visits required by the administrative officer... In most of the statutes, this routine is left to the discretion of the workers, the law providing generally for supervision of families receiving aid. 31

In place of Mary Richmond's moral force, home visits were given the force of law while service and money were also inextricably linked.
Donzelot, in his *The Policing of Families*, has recorded a similar process in France, beginning after the French revolution with the rise of the bourgeoisie and propelled by their government's alarm with the educative, hygienic and moral practices of the lower class families in French society. He traces the evolving role of Social Assistants (workers) in gathering information on the poor, using investigative techniques, not unlike those described in *Social Diagnosis*. This information, in turn, was used by officials to insert a governmental agent of authority into the home "under the guise of a campaign against moral laxity" which, in effect, meant economic laxity. According to Donzelot, this allowed for a more economic method of administrating individuals.

This is the technique of removing individuals, especially children from a family when the cost of its social maintenance becomes too high. Juridical authority has a decisive part in this forced assimilation of morality to economics.32

Like Platt, he demonstrates historically how the noble intent of child protective laws in France and the juvenile justice system joined hands to form a new social philosophy of "protected liberty" and "supervised freedom" for families.33

Granted, the deplorable living and working conditions of the poor, both French and American, during the 19th century, demanded reform and part of the solution necessarily involved retraining,
education and the use of personal influence and control over the daily practices of the poor. But as Ira Glasser argues, that control was often purchased at the expense of the rights of the poor. He sees benevolence as seldom outwitting the "mischievousness of power" and points to the Bill of Rights as proof our forefathers recognized the insidious nature of governmental power. He discussed, in detail, the Supreme Court case of Barbara James, who in 1970, after applying for welfare, challenged the Welfare Department's right to send a caseworker to her home on the grounds that it violated her right to illegal search or seizure under the Fourth Amendment. More than a century after the organized efforts of friendly visitors, it occurred to someone that perhaps the practice of home visits was unconstitutional. Mrs. James' challenge was short-lived. In a 5 - 4 decision, the Supreme Court ruled against her petition. Justice Blackmun's legal opinion contrasted the role of the caseworker and the policeman in society and ruled that "the primary objective of the caseworker is, or should be, the welfare, not the prosecution, of the aid recipient for whom the worker has profound responsibility."

Home visits and visitors were declared safe for democracy. The "doing good" that Mary Richmond's critics characterized as "an impertinent interference" passed away with the legal fiction created by Justice Blackmun that the caseworker and welfare recipients both wanted the same thing. As anyone who has made home visits knows, that is often not the case. But recipients can only refuse entry into their homes if they are also willing to give up their benefits. The needs of society and the rights of individuals are often in conflict, especially with regard to the poor.
Piven and Cloward exposed the real as opposed to ideal functions of public welfare, when they argued convincingly that public relief arrangements had historically been initiated or expanded during threats to civil disorder by masses of unemployed. During periods of political stability, welfare regulations were used to enforce very low wage work.\textsuperscript{35}

For the years 1940 to 1960, suitable home rules, man-in-the-house rules, income rules, asset rules, work rules, required the collection of social evidence by home visitors. Although today social evidence is gathered not so much to discover moral defects, it is used to establish psycho-social diagnoses for planned treatment interventions. Piven and Cloward, however, fail to see the difference.

The older philanthropic treatment consisted of a strict regimen of individual surveillance and discipline, the contention being that poverty proved the existence of moral weakness. Casework prescribed 'individualization' and counseling, as if by being poor the client proves his personality weaknesses and the need for professional treatment.\textsuperscript{36}

**Conclusion**

Historically, the profession, the public and the courts have legitimated the role of the social worker as home visitor.
Given this long tradition, it is difficult to imagine a system of human services that does not rely on some measure of personal influence and control over the poorer, dependent segments of society, but is would seem important for the profession to acknowledge the double-edged nature of this "profound responsibility." Whichever view is held, control or treatment, it seems likely that social workers will continue to visit the homes of the poor and that governmental regulation of families will continue. Perhaps one way of mitigating the adverse effects of regulation would be for social workers to begin again collecting data, i.e., social observations, much as was done at the turn of the century for the purpose of social reform.

With the recent massive cuts in social programs, new social evidence will be needed as to the impact of these cuts upon the poor. Who is in a better position than social workers to provide this educative function to the whole community? Since the profession has the legal mandate, why not train social workers to observe with the detached, systematic objectivity of the qualitative researcher. The potential for abuse and exploitation is omnipresent in such a suggestion. However, with proper professional safeguards and the informed consent of the participants, home visits might again serve the purpose which Mary Richmond and others intended. Objective reporting worked once to mobilize agency officials and the public toward social reform. Perhaps it can again.

Footnotes and References

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20 Cabot, Social Work, p. 49.


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25. Ibid., p. 105.


33. Ibid., xxi.

35 Piven and Cloward, Regulating the Poor, p. 123.

36 Ibid., p. 177.