# COMMUNICATION WITH CHILDREN

An Aspect of Foster Home Placement
and Social Work with Children

by

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# ABSTRACT

This study is concerned with the social workers ways of communicating with children in foster placement and related situations. It examines what, exactly, is communicated to the child by the social worker, operating within Agency policy and structure; and the effect that this communication has on the child's ability to respond to placement as treatment. It is concerned, also, with the various methods by which the child's needs are communicated to the social worker; and the ways in which the worker responds to those needs, with special emphasis on when, how, and why the social worker communicates directly with the child.

The study proceeds from a review of some of the recent literature on semantics as well as recent child welfare literature. This is supplemented by material gathered from interviews with twelve professionally-trained social workers, currently employed in child welfare work in and near Vancouver, and illustrated with brief summaries of six cases from their practice. The workers were interviewed with the purpose of ascertaining from them: what they judged to be the more effective ways they had found of communicating with children; their definition of the use they make of direct communication with children, indirect communication through parents or foster parents, and of joint interviewing; what they see as their particular contribution to the child in the placement situation; and some of the difficulties they encounter in performing their work.

The results point up the differences between children and adults, and the effects of these differences on methods of communication. They emphasize the treatment aspect of placement, and the importance of structure, plan, and clear definition of treatment goals in order to enable the worker to channel her communications, both to the child and on behalf of the child, toward establishing hope and confidence in the possible achievement of those goals. It indicates a need for further study of communication and casework, with some implications for further refining the definition of the scope and limits of the casework method.

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TABLE OF CONTENTS

Chapter I. Communication and its Significance for Children.

Page

Communication and its role in Social work. Basic social work philosophy and principles. Relevant social work and child welfare background. Effects of early experience on development of ability to communicate. Methods of communicating with children. Differences between communicating with children and communicating with adults..... 1.

Chapter II. Communication and Placement as an Aspect of Treatment.

Placement as an aspect of treatment. Communication and the needs of children in the placement situation. Importance of structure and plan in communicating with children in the placement situation..... 40.

Chapter III. Casework and Communication in the Placement Situation.

Ways Social workers have found to Communicate. Uses made of direct communication. Uses made of indirect communication. Joint interviews..... 56.

Chapter IV. Placement Situations: Illustrations.

(1). Simple transfer, non-ward care for specified time and purpose (2). Non-ward care for treatment purposes, time limit not adhered to. (3). Ward care, parents not on scene at time of apprehension. (4). Ward care, parents unable to cope but not able to give children up. (5). Ward care, parents unable to cope, finally relinquishing children for adoption. (6). Transfer and follow up of emotionally disturbed child..... 68.

Chapter V. Communication and Casework with Children.

Responsibilities delegated by the community. Special implications of communication with children. Special contributions of the social worker. Some of the difficulties. Need for clarification of responsibilities and limitations. Communication with related professions. Communication with the community. Communication within the profession..... 94.

# COMMUNICATION WITH CHILDREN

## CHAPTER I.

## COMMUNICATION AND ITS SIGNIFICANCE FOR CHILDREN

What is the importance of communication in good placement practice? In order to approach this question it is necessary to look at some of the aspects of communication, its meaning, its role in everyday living, its significance for social work, and then to look at present-day social work theory in regard to child welfare.

Communication is a large and important subject. The dictionary definition includes: "the act of imparting, conveying, making known, conversing; interchange of thoughts or opinions".[1] It will be used here in a somewhat broader sense to include all the procedures by which one mind may affect another. One authoritative writer on the subject includes in the scope of communication "any perceivable change of behavior, be it intentional or not, directed or not, with the help of which one or several persons can influence the perception, the feelings, the emotions, the thoughts or the actions of one or several persons, be that influence intended or not".[2]

Man has been referred to by a prominent biologist as "primarily a communicating animal".[3] People communicate with each other by a great variety of signs, the most obvious of which are the signs systematized in language whether spoken or

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1. Webster's Collegiate Dictionary, Fifth Edition.
2. SPITZ, R., No and Yes, International Universities Press, New York, 1957. p. 3.
3. YOUNG, J., Doubt and Certainty in Science, Clarendon Press, Oxford, 1951. p. 58.

written. However, they also communicate by gesture, including the subtle expressive movements of face, eyes, and all the body muscles; and they communicate by sounds that are not linguistic, such as music, and by visual images.

In one systematic account, the functions of communication have been outlined as follows:[1]

1. Perception, the receiving of incoming signals.
2. Evaluation, involving decision making and interpretation of signals received on the basis of memory and retention of past experiences.
3. Transmission and expression of information.

Communication usually takes place within the following systems:[2]

1. Intrapersonal or intrapsychic system. Self contained within one person. The origin and destination of messages are within the same person and the principal functions are referred to as "thinking" and "feeling".
2. Interpersonal system. Communication between two persons.
3. Group system. Embraces several or many persons known to one another all of whom occupy specialized positions within the network of the group.

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1. RUESCH, J. and KEES, W., Nonverbal Communication, Univ. of Calif. Press, Berkeley and Los Angeles 1956. P.6.

2. IBID. P.5.

4. Societal system. Includes so many persons that individuals can be considered only statistically, the individual's identity is lost and communication is considered an interaction of groups.

The study of semantics in recent years has also enlarged on the interpretation as well as the limitations of words. Communication can be verbal or non-verbal. Much meaningful communication is non-verbal. Enormously valuable as speech has been to the human race, words are limited, because, analytically regarded, they are only a series of identifying or typifying symbols. They fail in the reporting of situations such as the conveying of emotional experiences to those who have not participated in them or in a closely similar experience. Obviously there are implications for the social worker here. Verbal language is perceived by the ear and appeals to the other senses only through imagery. Non-verbal language is perceived chiefly by the eye but also by the ear and through the senses of touch, (temperature, pain, vibration), smell, and taste. Non-verbal communication has been divided by semanticists into sign language, object language, and action language.

In his early years the child learns to use non-verbal language before he is able to use verbal. Speech is one of the last of the functions to develop and mature. As a baby, before he has mastered speech, and before he has reached the stage of being able to formulate a verbal request, the child uses non-verbal language; and he uses it primarily for the purpose of getting help. It is not surprising, then, that in times of

emotional stress, when he again feels helpless, he often returns to this mode of expression.

Accordingly communication is - or can be - and important tool in social work. It is essential in promoting closer relationships between people and increasing understanding. But in many instances one of the most vital mediums of communication, words, seem to have lent themselves more readily to use as a defence, or as a vehicle for "acting out", than as a means toward closer understanding and appreciation of one person for another. In recent times other influences have been added. The commercialization of mass communication has led to a depersonalization of human relations in many areas. Standardized responses are being substituted more and more for deeply felt personalized expression. "Present day thinking", says Ruesch, has created a verbal unreality. Primarily in middle-class circles - particularly among many administrators, executives, almost all politicians, and even doctors and lawyers - words tend to be treated as absolutes. The fact that words are sounds referring to ideas or events is frequently overlooked altogether; in the act of speaking or writing, words are invested, in their minds, with substance and body, so that words become things in themselves... These new techniques not only employ deception about products - a device merchants have always worked - but have introduced a radically new idea: to delude the individual about his own personal attitudes toward other people and things. This approach in effect undermines his ethical and moral sense, and destroys

his trust in his fellow men."[1] The line between fantasy and reality becomes increasingly blurred in this world of verbal confusion and man gropes for new ways of signifying meanings and of defining his perceptions.

There is clearly room for study of the part which communication plays in a number of typical areas of social work-family relations, parental-child relations, public welfare, medical settings and many others. There are some special professional implications also.

Social work is a profession that must deal in words as an important part of human relations, and as such it must be vitally concerned with accuracy and effectiveness of communication. Have social workers guarded zealously enough the meaningfulness of this tool or have they too become enthralled with their own jargon, vesting it with meaning it may in reality not possess?

The present study relates to only one, but a very significant section of the possible area of concern, namely, work with children, and particularly children who, for various reasons, are transferred to and from new and old home situations.

How effectively do social workers communicate to children in such placement situations the perceptions that will reassure or inform them, give them a sense of strength, bring out or undergird their ability to meet a tough or frightening situation? How effectively do Social workers communicate to children those perceptions that foster hope and faith in their ability to grow, to develop their creative potential,

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1. RUESCH, J. and KEES, W. Nonverbal Communication, Univ. of Calif. Press, Los Angeles and Berkely, 1956. p. 4.

to reach out to others with confidence? Equally how effectively do social workers communicate those perceptions that give hope or redirection to failing or confused parents?

There are other important implications. What perceptions about the Agency do social workers communicate to the child? What image of the Agency does the foster child carry with him and what are some of the less obvious means of communication that contribute to the forming of this image? Exactly what does the social worker "get over" to the child about the Agency? Does the worker make conscious use of all the modes of communication possible? Are there other ways the worker could be getting through to the child? Do social workers give sufficient thought to the ultimate values they wish to communicate to children? How firmly and consciously do they keep the ultimate goal in mind, and how successfully do they keep their words and actions in harmony and directed toward those ultimate goals? In short, what are the ways in which social workers can work together to bring about a closer integration of their philosophy, knowledge and faith in order to insure the maximum spontaneous communication of goal-oriented perceptions to those they serve?

## BASIC SOCIAL WORK PHILOSOPHY AND PRINCIPLES.

In order to keep the goals of social work communication in the placement situation clearly in focus, it is necessary to review the basic philosophy and concepts of social work.

"The basic philosophy of Social Work is belief in the worth of every individual, in his potential for growth and change, and in his right to find his most satisfying social adjustment for himself and the community. We also believe that the community has responsibility toward the individual in assisting him in making his optimum adjustment."

The concepts on which social work is based are as follows:[1]

"1. All people have universal, basic human characteristics, needs and ways of reacting; withing these universal traits individuals differ in endowment, cultural orientation and experience so that each person is unique.

2. All human situations are dynamic with forces present stimulating and inhibiting change. The direction of the change can be influenced by human relationships as well as other social factors.

3. Individuals are inter-related and inter-dependent within society, and the family is the primary and basic unit in our society, usually offering the first experience of interaction with other people.

4. Within the flow of the individual's reactions and experience some responses form a pattern the sources of which have been forgotten. Some experiences develop conflicting ideas, feelings and responses.

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1. Taken from a mimiographed paper, distributed as class notes, U.B.C. 1957, prepared by M. Cunliffe, H. Exner, A.Furness, H.McCrae.

Many reactions are the results of earlier experiences and are not necessarily rational.

5. Essentials needed by every human: physical welfare, affectional give and take, achievement and recognition, freedom for expression and growth, a reasonable framework for rules and order, and a feeling of a social purpose and goal in life.
6. Behavior is caused and all behavior has meaning. People change and grow through accumulating response to inner and outer pressures, needs and interaction with their material environment and with other people.
7. All human beings, out of their needs and associations with each other, create cultural patterns which in turn influence the nature, direction and degree of the changes in people within the cultures."

Each of these could be explored as separate topics with children and the tasks of communication particularly in mind. They are the basic assumptions and beliefs out of which the practice of social work has developed, and by which the goals of communication within the social work discipline are defined. With these as a background, it might now be helpful to briefly trace the trends in the growth of child welfare practice in North America.

## RELEVANT SOCIAL WORK AND CHILD WELFARE BACKGROUND

Interest in the study and use of direct communication in the treatment of the family and in the placement situation, would seem to be a natural outcome of the present point in the

development of social work philosophy, and of child welfare philosphy, in our culture. A brief review of the main trends may serve to highlight where this study fits in the general picture.

In its early beginnings in the nineteenth century in England and the United States, social work practice was motivated by philanthropy, and was concerned with the well-being of the family as a basic unit of society.[1] The chief attention was on economic and material deprivation; and the focus was on the "worthiness" of the individual. There was a hope that science would find the answer to deprivation in environmental factors and eliminate it through manipulation of these factors. In the last years of the nineteenth and the early years of the twentieth century, a new interest in the individual was awakened by the workd of Freud, James, Adler, and others. There was the beginning of a shift in philosophy from moralism to the idea of the "understood" and the "un-understood". Along with this there was and initial recognition of the importance of relationship and of psychological factors. There was a broadening of the concept of deprivation to mean much more than economic deprivation. Later in the twentieth century there has been a greater concentration on the individual. This has been accompanied by a considerable sharpening of techniques, enabled by the contributions of dynamic psychology and by the increasing body of knowledge of actual casework practice available for study and research. Recently, since about the middle of the twentieth century, the emphases

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1. The following comments are based on an article by Siegel, Sheldon, "Friendly Visiting and Social Casework, a Comparison", Social Casework, Jan. 1956 pp.20-29

has again swung from preoccupation with the individual to a considering of the individual as an interacting member of the family and as a unit in an interdependent society. Social workers are again looking to the Social Sciences and endeavoring to become more alert to the inter-relationships between biological, psychological, and sociological factors.

Within this general development, specific concern with child welfare has become more and more pronounced. A special emphasis was placed on the welfare of the child in the founding of the "new world" in North America. The scarcity of population enhanced the value of life, and the extreme hazards of pioneering made provision for the care of dependent children essential. Although the Poor Law tradition was carried over, there was some attempt to prevent what the pioneers considered to be the pauperism of the Old World. Almshouses were established in the larger settlements, but in smaller places there were provisions made for relief for children in families. This practice of placing children in families was actually indenture and placed as much emphasis on the services that the child was to perform as on his care. It was not until toward the end of the nineteenth century that modern Child Welfare programs were really initiated. These started as protection programs to meet the needs of children who were abused or neglected. Society in the New World was by this time becoming quite stabilized and most of the dependent children were taken care of in their larger family groups. However, with the onslaught of industrialization

and with the increased mobility of population, pressures on the family became greater. Society became more complex. Family groups became less stable. Care of children from broken homes, outside of their own family group, became more necessary. Later, the emphasis gradually began to swing to measures for the prevention of family breakdown.

In the first decade of the twentieth century the traditional White House Conferences were inaugurated. These are conferences of personnel from all over the United States who are qualified to study child welfare needs and resources, called by the President at the end of each decade. Out of the first such conference came the recognition of the importance to the child of having a home of his own, and realization of the necessity for providing public funds for financial help to parents so that no child would have to be removed from his home for purely economic reasons. Within two years the first mother's pension was made available on the basis of state legislation and a few years later similar legislation was initiated at a provincial level in Canada.

In writing the history of the Vancouver Children's Aid Society for its fiftieth anniversary in 1951, Anne M. Angus has brought out several trends in the changing and developing of Child Welfare practice throughout the years of the Society's functioning.[1] These would seem to be fairly representative of the general strands of change in Child Welfare practice.

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1. ANGUS, A.M., Children's Aid Society of Vancouver, B.C.1901-1951 prepared and published for the fiftieth anniversary of the Society in 1951.

The main trends that appear in this history are:

1. A changing and developing concept of what protection of the child means.
2. The development of a body of knowledge about children and their behavior, and enabled by this an awareness that children are basically different from adults and have unique needs.
3. Growing recognition of the child as a part of a family rather than an isolated unit.
4. The development of family and preventive work.
5. The increased development of the theory and practice of adoption and linked with this the growth of services to unmarried mothers.
6. The gradual working out of fields of responsibility of government and private agencies.

It is beyond the scope of this thesis to discuss these trends in detail. However, a few of the main implications regarding direct work with children are relevant because they help to place this aspect of child care in its proper perspective.

With the increasing complexity of social life the basis for removing children fromtheir homes has shifted from economic reasons to emotional reasons.[1] The breakdown in family relationships is today the greatest cause for removal of the child from his family. The late nineteenth-century emphasis was on economic and moralistic needs. This provided a fairly exact

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1. MUSELS, J., and LOEB, M., "Unanswered Questions about Foster Care", Social Service Review, Sept. 1956 p. 239.

criterion for determining who was an inadequate parent. Treatment of the problem was also clear cut. The child was placed in a home where he could "learn" the proper attitudes and become self-reliant. However, with the development of a body of knowledge about children, their needs and the motivation of behavior, it has become apparent that the remedy for neglect is not as simple as it appeared. Furthermore, the traumatic effects of separation of a child from his parents has been brought to attention by the scientific studies of child psychiatrists, analysts, and psychologists. The effects of ineptly planned separations and foster placements have been demonstrated to child placement workers by the unhappy children themselves, and by the records of those who have become increasingly upset and have required treatment for emotional disturbances.[1]

Out of this background of study and experience in work with children has arisen the realization on the part of social workers of the necessity to formulate a clearer definition of what constitutes adequate parental care, and to formulate clearer criteria upon which to determine the type of substitute care most suitable for a specific child when removal from his own home has been deemed necessary. Social workers are also emphasising the necessity of preserving the child's own home by helping parents to develop and use their strengths for the benefit of the child, and by giving increased attention to the providing of services such as homemakers and day care facilities.

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1. ARNOLD, M., "Redirections in Child Welfare", Children, Nov. - Dec. 1957. pp. 208-212.

Another realization that has grown out of study and experience in work with children is the appreciation of the part the child himself plays in the placement process, and an understanding that children, as well as adults, must be participants in their social planning if it is to be effective. As stated by Lucille Austin, "children's problems result from their own success or failure in mastering inner conflicts and integrating environmental situations as these are combined in different constellations throughout the stages of growth and maturation".[1] This realization puts on child-placement workers a responsibility to understand the nature of children in all their formative stages and to use this understanding to help them to gain a realistic perception of what is happening to them. It is this aspect that is perhaps the most relevant to the present study, since helping the child to know what is happening to him does involve communicating with him both directly and through the adults who are responsible for his care.

Before going on to discuss communication in placement practice specifically, it might be illuminating to take a closer look at some of the elements involved in communicating with children in general.

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1. AUSTIN, L., "Some Psychoanalytic Principles Underlying Casework with Children" in Clifton E. and Hollis F. ed. Child Therapy F.S.A.A. New York. 1948 p. 5.

## EFFECTS OF EARLY EXPERIENCE ON THE DEVELOPMENT OF ABILITY TO COMMUNICATE

The ability of the human being to communicate evolves gradually, and depends upon biological development as well as upon social surroundings that provide opportunity and encouragement for the exercise of this skill.

It is now a well-established proposition that prolonged deprivation of maternal care is seriously detrimental to the child's emotional and psychological development and consequently to his ability to communicate.[1]

> "Evidence that the deprivation of mother love in early childhood can have a far-reaching effect on the mental health and personality development of human beings comes from many sources. It falls into three main classes:
>
> (a) Studies, by direct observation, of the mental health and development of children in institutions, hospitals, and foster homes - direct studies.
>
> (b) Studies which investigate the early histories of adolescents or adults who have developed psychological illnesses - retrospective studies.
>
> (c) Studies which follow up groups of children who have suffered deprivation in their early years with a view to determining their state of mental health - follow-up studies.
>
> The extent to which these studies, undertaken by people of many nations, varied training and, as often as not, ignorant of each others' conclusions, conform and support each other is impressive...
>
> "The direct studies are most numerous. They

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1. BOWLBEY, J. Maternal Care and Mental Health, World Health Organization, Geneva 1952 p. 55

> make it plain that, when deprived of maternal care, the child's development is almost always retarded - physically, intellectually, and socially - and that symptons of physical and mental illness may appear." [1]

The attitude of the mother during pregnancy is also important to the well-being of the child.

> "If the pregnancy period is one of frustration, deprivation, and unpleasant demands, the woman may resent this period - a feeling that will lessen her capacity for spontaneous acceptance of her child at a level of increasingly developed maturity.
>
> That newborn infants wholly dependent as they are upon the mother, need for their safe, harmonious full development mothers who are psychologically mature, non-hostile, and warmly, happily, and richly receptive to their arrival, is beyond question." [2]

Ego and super-ego development are bound up inextricably with the child's early human relationships, and only when these are continuous and satisfactory can his ego and super-ego develop. It is the ego that enables a person to harmonize his different and often conflicting needs, and to seek their satisfaction in a world realistically apprehended.

It could be argued that communication begins at conception.[3] Although the processes of maturation in the fetus are largely controlled by the genes they are also in some ways influenced by the stimuli received from the maternal organism. In utero, the media of communication are mainly mechanical, thermal, and chemical. At birth the whole range of stimuli

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1. BOWLBEY, J. Maternal Care and Mental Health, World Health Organization, Geneva 1952. p. 15.

2. JOSSELYN, I. Psychosocial Development of Children F.S.A.A. New York 1948. p. 31.

3. The following comments are based on Ruesch, J. and Kees, W. Nonverbal Communication, University of Calif. Press Birkely and Los Angeles. pp. 16 - 21.

change to auditory, visual, and tactile. Also, before birth, the child and mother are in a state of permanent contact and what affects one directly affects the other. After birth, mother and child are separated and either one may receive stimuli that do not reach the other. The stimuli are not only different for the new-born infant but they are intense, and in the first three months of post natal life negative expressional movements are predominant. The baby responds negatively particularly to auditory stimuli. Positive expressional movements increase markedly in the third month, The child begins to become a social organism as distinguished from a purely sensory reactor. He begins to respond, to imitate, to identify with mother, who in turn responds to him, often imitating and temporarily identifying with him - thus bridging the gap between them.

In the first instance, of course, the expression of emotions or the ability to make statements, or to transmit any kind of signals, is dependent on implementation by the muscles. Therefore these abilities are directly dependent upon the developmental condition of the neuromuscular system. In early life the motor functions of the body develop in a cranial-caudal progression - first the lips, then in succession tongue, eyes, neck, shoulders, arms, hands, fingers, trunk, legs and feet. Hand-mouth and hand-eye coordination are not achieved until about five years of age, and it is not until between the ages of eight and ten that movements become smooth and poised, and the balance of the body and rhythm is finally mastered.

The progression of motor development, the initial learning of gross movement, the later mastering of fine movements, and the final integration of movements involving the sensory system determine the ability of the child to express himself at various age levels.

The development of interpersonal communication is closely related to these changes. Early expression is necessarily non-verbal, and even the movements of which an infant is capable are very limited. The child "talks" with his whole body. Spitz likens the psychic development of the child to the addition of concentric rings to a rather small initial care.[1] The care at birth is the congenital equipment. The first ring is the maturation of the perceptive system and the development of the emotional and mental energy connected with this maturation. In this ring the child perceives "self". He initiates relations with his surroundings, and differentiates the "I" from the "non-I". In the second ring he acheives the differentiation of the animate from the inanimate, and perceives the mother, and begins the development of emotional and mental energy connected with this perception. The child responds to the mother in action, turning away or turning toward. The third ring consists of the establishment of relations with objects other than, and distinguished from, the parent. In this ring the child develops

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1. SPITZ, R., No and Yes, International Universities Press, New York, 1957. P. 144.

the ability to articulate the negative, and acheives the awareness of self and of ability to control the self. In the first two rings, drive discharge is effected through action, and in the third, communication becomes separated from action and begins to displace action. At birth, and for some time afterwards, action and communication are one. Communication becomes segregated from action through repetitive experiences of delay in need-gratification and thus becomes an enabling agent in the toleration of frustration.

In early infancy the child depends on the adult for muscular assistance. His actions are interpreted by his parents and fulfilled by them. In the first stages the mother interprets silence, sleep, smiles, as affirmative responses and crying as a negative response. As long as the child needs the physical assistance of the adult, he continues to communicate through action to quite an extent. An important stage is arrived at around the age of ten, for here the physical assistance of the adult gradually gives way to assistance through the transfer of information. The child largely relinquishes the old action codifications and instead uses the verbal, gestural, and symbolic means of communication. There is evidence that neither verbal nor non-verbal communication is sufficient by itself for mature personality development. As stated by Ruesch:

> "Difficulties arise when parents are not flexible in communicating non-verbally and fail to respond at each age level with appropriate motions. An impoverishment of communication and character development can be observed in those children who grew up in surroundings where the verbal was emphasized

too early and where messages expressed in non-verbal terms were left unanswered." [1]

It is highly important to remember that speech, which is commonly thought of as the principal mode of communication, is actually one of the last of the human functions to develop and mature. By age eighteen most of the other anatomical structures of the body are almost fully developed, but the larynx continues to develop even during maturity. Physical changes which are responsible for changes in the voice continue well into adult years. Before speech and language functions develop, a number of other functions must mature. First, the child has to develop ability to discriminate among sounds of high pitch, as it is these sounds that invest speech tones with particular characteristics. Second, he must acquire a memory span long enough to encompass individual speech sounds. Third, he must acquire motor ability. The muscular involvement in articulation is extremely intricate, and accurate and rapid muscle coordination is demanded. There is also a relationship between the use of speech as a method of implementing future action and the acquisition of frustration tolerance. As long as this tolerance is low, communication between child and adult is carried on through perception and expression of simple movements and simple sounds. As the childs frustration tolerance increases, the use of speech becomes more prominent.

By the end of his first year, if development is normal, personalized interaction between child and mother has been firmly established. By the time he is five he has become capable of communicating successfully with one person

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1. RUESCH, J. and KEES, W., Nonverbal Communication, University of Calif., Berekely and Los Angeles, 1956. p. 17.

at a time. He is then faced with school and the job of establishing communication in the group. This is considerably different from person to person conversation where one message follows another, reception alternates with transmission and correction or reply are more or less immediate. Communication in a group is more involved and more rigidly organized. More than one person must be dealt with at once, and the self must find some way of identifying with the goal of the group. Correction or acceptance of information may be delayed, or replies completely missing. At first the child will be able to keep his attention on group activities only for very breif periods. Ruesch states that children under five can associate in groups of three or four from ten to forty minutes. Between five and seven they can keep their attention on group matters from one to three hours. The peak of group development is not reached until adolescence. During adolescence there is emphasis on both interpersonal and group communication. In interpersonal relationships the emphasis is on learning to communicate with contemporaries of the opposite sex.

As the child becomes a young adult a new system of communication must be learned. He assumes the privileges and responsibilities of the community. This involves dealing with persons of all ages and widely differing interest and backgrounds. How well the child is able to master each step in this progression will determine his potential for handling the next one.

## METHODS OF COMMUNICATING WITH CHILDREN

The social worker employs three general methods of communicating with children. The first is indirect communication. By this method the worker learns about the child and responds to his needs by helping other adults who are important to him, such as parents, foster parents, or teachers, to understand and meet those needs. The second is direct communication. This is direct interchange between the social worker and the child. The third is joint communication - a combination of the first two. Here the social worker deals with both adult and child together, communicating directly with each, and in turn encouraging communication between them.

Direct communication, the method with which this study is primarily concerned, may be either verbal or non-verbal, or, as is usually the case, a combination of both. Non-verbal communication is carried on through touch, gesture, behavior, or any of the subtle signs and bodily movements that convey meaning between one person and another. The most common medium through which the child communicates is play. "Play", according to Jonquet, "is understood to be the child's natural and characteristic mode of expression, representing the major part of his mental activity, his means of solving problems of understanding and mastery."[1]

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1. JONQUET, E. "Family Casework Services for Young Children", in Techniques of Helping Children, pamphlet, Family Service Association 1947-1949 p. 10.

There has been hesitation on the part of some social workers about the use of play as a medium of communication, seemingly becuase of a confusion between play therapy and play interviewing. This study is not concerned with the use of play as psychotherapy; but, for the sake of clarity, a distinction between play therapy and play interviewing should be made. "Play therapy", as defined in a thesis by Finlayson, "is the use of play as a medium through which the child, in the process of playing, may convey to the therapist symbolically and in verbal form his conscious and unconscious feelings about his environment, himself, and the relationship he feels to those about him".[1] On the other hand, the play interview as distinguished by Mackenzie in a comparable thesis is "a social work technique when the play activity, including the child's verbalizations, is directed and interpretted according to the theoretical assumptions underlying social work techniques".[2] The difference in the two may be further clarified by Lucille Austin's statement that "play may be used by anyone working with children, but in therapy it is interpretted and directed according to the theoretical assumptions underlying the techniques of the educator or therapist."[3]

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1. FINLAYSON, H., Play Therapy Technique, Master of Social Work Thesis, University of British Columbia, 1951, p.3.

2. MCKENZIE, B.C., The Play Interview as a Social Work Technique in a Child Guidance Setting, Master of Social Work Thesis, University of British Columbia 1956. pp. 50-51.

3. AUSTIN, op. cit. p. 17.

Jonquet points out that: "Creating the opportunity for the child to play during the interview has no basic significance beyond "encouraging the client to express himself in his own way' and 'meeting the client where he is'. The impression that children's play is to be understood only as symbolical representations, and by analysis as dreams are treated in psychoanalysis, has had an unnecessary deterrent effect on some caseworkers. In actual practice it has been demonstrated that the caseworker is able to grasp the meaning of the child's behavior in the interview as easily as he understands the adult, and in the main with considerably less need to discover concealed or disguised meanings."[1]

Play is the child's natural way of expressing himself, and while ingaging in it, he is usually more relaxed and able to talk more freely than would otherwise be possible. He also uses play activity to represent things that are important to him and his symbolism is often quite transparent. His play activities, along with his comments, enable the social worker to understand a good deal about how the child sees his problems and how he has been meeting them.

The social worker's way of communicating with the child should be different from that usually used by other adults. It has been said that adults have "a sort of sameness" about the way they talk to children.[2] They tend to be either condescending or bossy with children, and to lecture to them

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1. JONQUET, loc cit.

2. CHARNLEY, J., The Art of Child Placement, Univ. of Minnesota Press, Minnesota 1955 p.45.

rather than to listen to them. One of the things the social worker must learn, therefore, is to listen. She must have respect for the child as a person, as one whose problems are serious, important, and sometimes painful to him; and she must have respect for him as one who can do something about his difficulties.

It is also necessary for the social worker to be discerning, and alert to the child's way of communicating his needs. Children are very chary of confessing their true feelings and soon become adept at camouflage. This may go so far that the sentiments they verbalize are just the opposite to what they feel. Children usually find it hard to respond to a direct question, or to give a direct answer. Often the social worker has to judge the effectiveness of her explanations by nothing more than the way in which the child listens. Children often use fantasy to express their difficulties, their needs, their fears. Social workers do not deal directly with fantasy in casework, but they must comprehend its significance in communicating children's concerns in order that they may respond appropriately with casework techniques.

Sometimes it is important and helpful to the child if he knows that the social worker grasps the real meaning of what he is saying through fantasy. Often, without any verbal exchange at all, the child can sense that the social worker has comprehended his meaning; if he feels understood, this in itself is reassuring. If the social worker understands what the child is expressing indirectly, and can acknowledge

with him the things that are worrying him, and accept them calmly, it may free the child to be able later to express himself more directly.

The methods of communicating with children may become more clearly distinguishable through looking at some of the differences between communicating with children and communicating with adults.

## DIFFERENCES BETWEEN COMMUNICATING WITH CHILDREN AND COMMUNICATING WITH ADULTS

One of the most important developments in casework with children in recent years has been an increasing awareness that children are not just "miniature adults". Children are basically different from adults. They are different physically, emotionally, psychologically, and in their social status. Because of these basic differences the methods of communicating with adults are not suitable for communicating with children. This awareness necessitates some modification of casework techniques in direct work with children. There is not only a difference in <u>how</u> the social worker communicates with the child; but, because of the child's specific needs, there is a difference in <u>what</u> the social worker communicates to him. A further difference complicates the relationship because of the social worker's special responsibility to the child in respect of the child's social status as a dependent person-dependent by the very nature of his existence as a member-in-the-formative-stage of society. This status necessitates the consideration, in all relationships with the child, of not only

the child, but of the people most vitally necessary to him - his parents - and places a double responsibility for communication on the social worker. In the placement situation it becomes a triple responsibility when a second set of parents - the foster parents - are involved.

It is helpful to inventory the many ways in which the child is different from the adult physically. The child is always physiologically ready for great physical stress. He is intensely concerned with locomotion, action, and expression. He breathes faster than an adult. His heart beats faster. He has a more flexible blood circulation system. After exercise the childs blood pressure, pulse, and respiration rate return to normal much quicker than an adults does. The child can stand more extremes of heat and cold than the adult can because the warmth-regulating center in his brain is not completely developed. Wounds heal faster, and recuperation from shock is quicker. Fever drops faster, and response to medication is more prompt. He can observe moving objects almost indefinitely without tiring, and his hearing apparatus allows him to listen longer than the adult's. His voice and lung power is greater. His skin is softer and better lubricated, and his muscles and ligaments are more elastic. His skull is soft and elastic, His bones are tougher, and knit more quickly.

On the other hand, the child has many physical disadvantages, compared with the adult. His kidneys are not able to work as well and can't keep fluids concentrated in

the blood. He is more sensitive to change in diet. The child must get the right proportion of salts, starches, and fluids. A great proportion of what he takes in is used for growing. In a sense growing is the main task of the child.

The child is not as precise and controlled in his movements as the adult. His muscle reflexes are different because certain parts of the nerve fibres have not developed insulating sheaths. However, one of the chief, and probably most significant, physical differences between the child and the adult lies in the brain and spinal cord. The child at birth has almost as much "gray matter" or brain cells as the adult. However, the "white matter" or connecting pathways between cells is very poorly developed. The insulating sheaths around the long nerve fibres connecting up the gray matter develop, he becomes capable of performing more and more physical activities and mental functions. Before these sheaths are built up, the infant cannot perform acts of his own willing and almost everything he does is reflex. The slow development of these nerve sheaths explains much about the child's behavior. It explains his twisting and fidgetting. He cannot sit or stand still because the nerves controlling his muscles are in the process of getting their insulation and are not working in a coordinated way.

One writer has summed it up in these words; "Almost everything in the child's life revolves around the two simple words 'growth and development'. A disease in an adult is a disease, but in a child it is a 'disease in a growing organism'. His whole life force is devoted to becoming

something, to getting formed, to reaching the goal of being grown up without stopping on the way."[1]

Emotionally, the child is also in the formative stage and basically different from the adult, no matter how immature the adult may be. The child's emotions are labile. His fantasy life is rich. Reality and imaginations are often reversible, if not identical. Because of his own instability and ambivalence the child has difficulty in seeing how one can love more than one person at a time.[2] To the child, to love one person often means not to like the other. The child is extremely vulnerable in his emotional life because he is totally dependent on his parents love for the development of his own ability to love.

The child's emotional life is in the process of evolving and becoming stabilized. This development falls into four general stages of evolution. In the first four years the child is engaged in the task of distinguishing himself from his surroundings and gaining an awareness of self after which he gradually develops relationships to each parent separately. Beginning elements of identification with the parent emerge and the child starts to observe physical differences and interest differences.

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1. BENJAMIN, Herbert S., M.D., "What is a Child", Coronet, Feb. 1958, p. 122.

2. This and the following comments on emotional development are based on Austin, Lucille N., "Some Psychoanalytic Principles Underlying Casework with Children", in Eleanor Clifton and Hollis, Florence ed. Child Therapy A Casework Symposium, F.S.S.A. New York, 1948. pp. 6-21.

From about three and a half to six years, the child begins his struggle with the problem of sexuality. He begins to develop an awareness of his own sex and feels himself in a new relationship to the parent of the opposite sex. Romantic fantasies develop. Masturbation increases as a means of relieving tensions. Feelings toward the parent of the same sex become fraught with anxiety because the child does not know how to integrate the love he feels for his parent with the new negative feeling of rivalry. The way he is treated by his parents at this time is extremely important. Frustrations cannot be avoided, but they can be handled constructively enabling the child to move on to the next step in development.

From about six to ten, the child enters the so called "latency period" during which he directs his energies toward his school work and social activities. He has mastered his instinctual drives for the time being and, through increased experience with reality, he is learning what gratification he is able to have. He is gaining a sense of being able to govern his own behavior. His manners improve. School teachers and friends begin to replace his close ties to his family. He emphasises fairness and ritual, and, because he has so recently gained control over his own impulses, he becomes strongly moralistic and intolerant of deviations.

From about ten to twelve years, the child is entering pre-adolesence. He becomes more hostilely aggressive. His inner drives are stirred up again by bodily growth changes. Society makes more demands on him and he rebels. Dirty words appear. Boys and girls nag each other. Boys flaunt their strength.

Girls become tomboys. Girls and boys are about to enter a new relationship to each other and are not sure of themselves. The child is helped to withstand the emotional pressures of this period by the strength mobilized in the latency period.

Psychologically the child is a personality in the most fluid stages of the process of development.[1] One of the most outstanding differences between him and the adult is the child's comparatively weak ego organization. His ability to deal with inner impulses and external demands is limited. His ego has not yet acquired the capacity for self observation. His libido organization is basically narcessistic. He is impulsive, self indulgent, and has feelings of omnipotence. He fantasies a great deal, and there is no strong wall between fantasy and reality. He lacks means of differentiating inner experience from objective experience. His perceptions are highly colored by his introspective world of feeling.

Another difference in the child and adult is the surface nature of the child's unconscious. He often acts out, and talks about, things that are embarrassing to an older person. He lacks repressive forces and has not yet adequately developed sublimation channels. He is closer to reality than the adult. He has not built up the same rigid defenses and protections.

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1. Following comments based on:
S.R. Slavson, Gusta Thoren, Diana Lindler and Betty Gabriel, "Children's Activity in Casework Therapy" in Techniques of Helping Children, F.S.A.A. New York. 1947-49 Pamphlet. pp.18-24.
Josselyn, Irene M. Psychosocial Development of Children, F.S.A.A. New York, 1948.
Austin, Lucille, "Some Psychoanalytic Principles Underlying Casework with Children"
Clifton, Eleanor and Hollis, Florence ed. Child Therapy a Casework Symposium, F.S.A.A. New York. 1948 pp. 10-18.

His defenses are more labile and changing. He shifts from one to the other, and his use of defenses is more natural and closer to consciousness than in the adult. He may relinquish defenses with relative ease when the circumstances requiring them have changed. What would be an alarming use of defenses in an adult, may be quite natural and not at all alarming in a child.

The child's identifications are still in a fluid and ambivalent state, and, because of this, his superego is rudimentary and unformed. His thoughts tolerate contradictions. He is logical from his own point of view, but he does not have the accumulation of objective facts, nor the ability to conceptualize, necessary to bring his thinking in line with adult logic.

These basic differences in the child and adult have many implications for the caseworker, and necessitate modification of the techniques used with adults. Some of the differences in the casework situation might be listed as follows:

1. Usually the child does not come to the social worker because he sees a need for a service. He is often a reluctant client!
2. The child sees the social worker in a different light from the way the adult sees her. The worker may seem more threatening to the child than she would to the adult because the child still depends on his parents for many of his perceptions. If his parents are rejecting or punitive, the child

may develop considerable fear in a relationship brought about by them, especially if he thinks it is connected with his behavior.

3. The social worker also sees the child in a different light than she does the adult. The child is more vulnerable, more dependent, and his potential for growth is more obvious. He is not yet able to assume full responsibility for his own actions.

4. Because of the closeness of the parent-child relationship, especially during the earlier years, and because of the dependency of the child on the parents for emotional support, the caseworker has an added responsibility to keep the parents aware of, and accepting of, treatment aims. The worker must be careful not to seriously upset the emotional equilibrium of the family, nor to let her own relationship with the child become more important to the child than the parent-child relationship.

5. The caseworker gets her information about the child from secondary sources. She has to depend on the child's family for information about daily occurences in his life, and his responses to these occurences.

6. The child, especially the prelatency child, is seldom able to verbalize his need for help, and he does not talk about daily events, especially if they are painful.

7. The caseworker has a special responsibility to help the child understand the treatment situation. If, within the casework relationship, the child is encouraged to do or to talk about things that he cannot do or talk about at home or at school, the worker must help him to know the difference between the treatment situation and the ordinary life situation and why he can do things in the one situation and not in the other.
8. Adults work things over and over before a change in attitudes or responses is finally accomplished, but children are even more repetitive. The worker must have some grasp of what should be the normal learning process at a given age.
9. The child uses a different medium of communication from the adult. He is less verbal, makes greater use of symbolism, retreats into fantasy. This demands an added sensitivity on the part of the worker.
10. The child's span of attention is shorter than the adult's, and interviews must be structured accordingly.

In communicating with the child, the social worker must consider his age and stage of emotional development, not only in order to understand the content of the child's communication, but also to evaluate and anticipate the effects that situations in his environment may have on him at any given stage in his development. When he is small and dependence on

his parents for love is at its height any upset in the security he has with them is threatening. Separation from parents when he is in the midst of hostile feelings toward one of them is more traumatic than at other periods of his development. Operations, injections, or any physical treatment may be particularly threatening at a time when he is concerned about his body as a result of preoccupation with sexual activity. The same things happening at other times may not have the same significance.[1]

There is apparently considerable agreement among North American family service workers that direct casework treatment for the child below the normal onset of latency is not suitable, and that the most effective treatment of these children is through help to the parents. The Committee on Casework with Children appointed in 1955 by the Community Service Society of New York recommended the following policy, which was adopted officially by the Agency in 1956:

> "The total casework program of the Division of Family Services will include treatment of parents in behalf of children, treatment of children through group therapy, and direct individual treatment of children from latency through adolescence." 2

This thinking was based on knowledge that the prelatency child is most vulnerable to, and dependent upon,

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1. "Some Psychoanalytic Principles Underlying Casework with Children", Lucille Austin in Child Therapy ed. by E. Clifton and F. Hollis, F.S.A.A. New York. 1948 p. 19.

2. REGENSBURG, J., "Formulation of Criteria For Direct Work with Children in a Family Agency" in Direct Casework with Children F.S.A.A. New York 1957. Pamphlet p. 5.

environmental influences, both personal and impersonal. The emotional interaction with his parents is at this time most vitally important to the formation of his own emotional structure. He must work through his oedipal problem in relation to his parents. He is still working out his separation problems in the personal sense. He has normally not yet "internalized or incorporated those influences that at a later stage become more firmly structured in his character and personality."[1] He is "still in the most fluid process of repressing, of building a conscience, and of differentiating between himself and the outer world".[2] If direct treatment is necessary, the committee concluded that it should be administered by a thoroughly trained psychotherapist.

By the onset of the latency period the child has acheived some capacity for object relationships. He has attained some separation from his parents. He has a structured, though incompletely developed, ego and superego. His id impulses are quiescent and under ego control. However, his ego defenses and character structure are still in a state of fluidity. He is beginning to reach out to people beyond his family, and his problems are often of the sort that respond to the use of casework techniques. Existing ego capacity can be supported, and potential developed. He can be helped to learn new attitudes and behavior for the purpose of acheiving better perception of reality.

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1. IBID p. 5

2. IBID p. 5

> "The child is still in the process of emerging and the struggle between primitive impulses and restraint has not yet been resolved. He is still working out a pattern for his life which eventually will lead to some inner balance. Because of this formative state, his emotions are labile and his behavior inconsistent. He is experimenting with himself and his surroundings. He is transilient and his concentration span is breif. Some of these characteristics are the result of organic instability due to growth, others are determined by congenital temperament, still others are expressions of emotional drives. Generally, the child is less restricted in his world than are grownups and the capacity for change and reintegration is much greater." 1

One of the most upsetting features of the child client for the caseworker who has been accustomed to working with adults is that he does not act like a client! He comes perhaps questioningly, perhaps reluctantly, perhaps eagerly. He may wiggle and squirm. He may crawl onto the worker's lap. He may go into fits of rage and anger, or he may be silent and withdrawn. He may ask disconcerting questions, or make embarrassingly direct comments. He is a vitally interesting bundle of potential capacities. This very potential, and awareness of how much the worker can, or must, share in its development seems, at times, a formidable responsibility.

## SCOPE AND METHOD OF THE PRESENT STUDY.

Against this background of the importance of communication and its special significance for children, the procedure of this study will now be to discuss foster home

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1. SLAVSON, S.R., THOREN, G., LINDLER, D., GABRIEL, B., "Children's Activity in Casework Therapy" Techniques of Helping Children Pamphlet. F.S.A.A. New York 1947-1949 p. 18.

placement as an aspect of treatment, and to examine the role of communication in meeting the needs of children in the transfer situation. It is limited to discussion of children between the ages of three and twelve. Based on a review of some of the recent child welfare literature, Chapter II deals with communication and placement as aspects of treatment. In Chapters III and IV some of these aspects are discussed on the basis of information gathered from interviews with twelve professionally trained social workers, presently employed in and around Vancouver, and illustrated with six cases from their actual practice. In the concluding chapter an attempt is made to sum up what these workers see as the unique contributions of the social worker in the placement situation, and to point up some of the difficulties experienced in carrying out their role.

This study is designed to try to get at the essence of what constitutes meaningful and helpful communication between the social worker and the child in the placement situation. It is concerned with what is communicated to the foster child, and how it is communicated. Special attention is given to when, and how, and why the social worker communicates directly with the child.

Direct communication with the child is, for purposes of this study, defined as the conscious, disciplined use of the self by the caseworker in person to person interaction with the child for the intention of influencing the perception, feelings, emotions, thoughts, or actions of that child.[1]

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1. This definition is my own based on Spitz's definition of definition of communication in SPITZ, R., No and Yes, International Universities Press, New York, 1957, p.3.

Direct communication with the child is to be distinguished from indirect communication with the child; and the latter is defined, for purposes of this study, as the conscious, disciplined influencing by the caseworker of the perception, feelings, emotions, thoughts, or actions of the child by modifying the interaction between the child and other adults who are responsible for his care.

## CHAPTER II

### COMMUNICATION AND PLACEMENT AS ASPECTS OF TREATMENT

With increasing knowledge of child development and of the operation of emotional forces in family interaction, the emphasis in child placement work has become more and more centered on the needs of the child as a growing organism in a particular social milieu. It has been recognized that separation from his own family, especially for the young child, is always traumatic; and that, since the parent child relationship is of such importance, all efforts should be made to maintain or restore it.[1] If for extreme reasons removal of the child becomes necessary, placement should be based on a careful social diagnosis and considered as a definite part of a treatment plan, the goal of which is to make the best possible provision for the growth and development of that particular child within his particular community. Such planning involves consideration of:

1. The child's own personality, strenth and potential.
2. The strengths within the members of the family constellation.
3. Resources available within the agency.
    (a) Worker time and worker skill and training.
    (b) Medical and psychiatric consultation.
    (c) Foster homes, institutions, adoption homes.

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1. GERARD, M. AND DUKETTE, R., "Techniques for Preventing Separation Trauma in Child Placement", in The Emotionally Disturbed Child ed. M. Gerard, Child Welfare League of America New York, 1957, pp.46-47.

4. Community resources available.

(a) Schools, kindergartens, churches, recreation centers, clubs and classes promoting the development of creative and social abilities.

(b) Treatment resources such as treatment centers or Child Guidance Clinics,

Too often placement has been used as an emergency measure without enough consideration of what is going to happen to the child from there on, both in the way of long term planning and in the matter of immediate treatment aims. Social workers have, perhaps, been unduly preoccuppied with the structure of care, rather than keeping their focus on the needs of the child and the evaluating and re-evaluating of how these needs are being met.[1]

Many of the children placed in foster home care have been living for a considerable time with emotionally upset, inadequate, or rejecting parents, and as a result have personality damage that requires specific treatment.[2] Just putting these children in foster homes will not, of itself, be an answer to their problems. If treatment is to be effective, it must be based on the particular needs of a particular child at a given time, and the caseworker must

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1. MUSELS, J., and LOEB, M., "Unanswered Questions About Foster Care", Social Service Review, Univ. of Chicago Press, Sept. 1956, p. 240.

2. IBID. p. 241.

recognize her specific responsibility to the natural parents, to the child, and to the foster parents in helping them to understand the plan and to involve themselves in it.[1] In order to carry out this responsibility, she must have a definite goal and focus and plan. If the plan requires changing because of further fact finding or alteration of circumstances, these changes, or any change in focus, should be definitely set up on the basis of diagnostic thinking. The soundness and effectiveness of the plan made, and the worker's sureness and steadiness in carrying it out, is in itself a communication to the child. It is a demonstration of the strength and security offered, by the Agency, and of the worker's genuine concern for the child.

On the basis of placement experience and knowledge of emotional development of the child, it is now known that not all children can respond to foster home care. The value of the differential use of placement resources, in accordance with the needs and capacities of the child and of his parents, is recognized. More emphasis is being put on the particular type of care best suited to meet the needs of a particular child. It is accepted that, in general, foster home care is the most suitable form of care for babies and preschool children,

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1. The Training of Child Welfare Workers for Placement Responsibilities, Report of a Subcommittee of the Citizens' Committee on Adoption of Children in California, U.S. Department of Health, Education, and Welfare. Social Security Administration, Children's Bureau 1953. p. 3.

but that many adolescents and preadolescents do better in an institution.[1] It is also generally accepted that if a child cannot return to his natural parents or to relatives, the only other really permanent solution to his care is adoption placement.[2] Needs of children and parents are as varied as the situations that bring them to agency attention. They may change while service is being provided, and they may necessitate the use of a variety of resources.[3]

The foster home is, perhaps, the most widely used placement resource in the United States and Canada, and in British Columbia it is used almost exclusively. It can be an effective treatment sitting by supplying the opportunity for a new and corrective life experience for the child. If it is carefully chosen, it can provide foster parents who are able to gear their responses toward strengthening the child's capacity to relate and socialize. Foster parents, however, vary in their abilities. Some who are able to meet effectively the needs of young children are not able to cope with their changing needs as they get older. Others are more comfortable with the older child. Studying and evaluating foster homes is

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1. DULA, John E., "The Child Away From Home", in Techniques of Helping Children, Family Service Assn., New York. 1947. pp. 31-32.

2. ARNOLD, Mildred, "Redirections in Child Welfare", in Children, Nov.Dec. 1957, p. 209.

3. IBID. p. 210.

a difficult and important part of placement work. Understanding the motivation of foster parents, recognizing that they have needs of their own, and fitting those needs, as well as their strengths, to the needs of a particular child at a given time are all a part of the placement process. Often too much is hoped for from foster homes. There are differences in the treatability of the child, and some children are damaged in ways that preclude their responding to a corrected environment. These children require other types of treatment, maybe special casework treatment, or psychiatric treatment, as well as whatever type of placement is best suited to their individual needs.

## COMMUNICATION AND THE NEEDS OF CHILDREN IN THE PLACEMENT SITUATION

All children, whether in their own homes or away from them, have their own individual emotional and mental needs, as well as the basic physical need for food, shelter and clothing. These can be summarized briefly as the need to love and to be loved; the need to feel secure; and the need to acheive.

The child faced by placement has special needs caused by the upset in his customary and familiar ways of meeting these basic needs. This upset stirs up within him various painful and unacceptable feelings. He is then faced with the psychological needs of :[1]

1. Mastering the feelings aroused by the actual separation from his own parents.

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1. LITTNER, Ner, M.D. "Traumatic Effects of Separation and Placement", in Casework Papers 1956, National Conference of Social Work, Family Service Ass'n., New York 1956. p. 121

2. Mastering the feelings stirred up by being placed with new parent figures.
3. Dealing with any kind of subsequent separations from new parents.
4. Mastering the threat of closeness to new parents.

Separation from his parents will mean something different to each child. His feelings will depend upon such things as his age; the stage of his emotional development, and the nature of his relationship with his parents; the nature of his prior life experiences; his intelligence; and his ability to understand what is happening. There are certain general reactions, however, that have been observed in children faced by placement.[1] Their feelings, fears, and anxieties are, more often than not, experienced at an unconscious or pre conscious level because they are painful and unacceptable and therefore repressed. Children often feel a sense of abandonment and helplessness and a lack of control over what is happening to them. These feelings in turn arouse other feelings - anger, guilt and self depreciation, fear of punishment, feelings of difference from their fellows.

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1. LITTNER, Ner, M.D., "Traumatic Effects of Separation and Placement", in Casework Papers 1956 National Conference of Social Work, Family Service Ass'n., New York, 1956. pp. 122-126.

Along with mastering their feelings about themselves and their parents, these children are faced with the immediate task of relating to new parent figures, of moving from the known to the unknown. Until they are able to discover what these new parents are really like, they may have many unreal fears and fantasies about them. Even after they have settled in the new home and formed a relationship with the new parents, they may still fear that the same thing will happen here as happened with their own parents. Any experience that implies a threat of separation could arouse anxiety. Such events as foster parents going away on vacation or to hospital, or another child's leaving the home may awaken this anxiety.

Children may also be threatened by their own desire to be emotionally close to their new parents. This threat may be based on their fear that loving new parents implies disloyalty to the old; or, on the fear that repressed anger will be mobilized anew; or, on the fear of possible rejection and replacement, which they may feel is the price paid for emotional closeness.

There are various methods of mastery used by children in meeting these feelings aroused by separation. What method the individual child will use is again based on his age, intelligence, basic emotional security, and his experience in facing problems. Some methods used by children in dealing with feelings aroused by the placement situation

are:[1]

1. Reactivating old methods of mastery.
2. Evoking a reassuring reaction.
3. Doing the hurting thing first.
4. Bringing on the feared reaction.
5. Manipulating the feelings of the new parent.

Though the child, especially if he is of preschool age, is not often conscious of his anxiety, he can tell the social worker about it in many ways. The social worker, by getting to know from the child's parents his history and characteristic behavior and ways of meeting things, can note changes or intensification of behavior. The child's superficial behavior may give valuable clues to what the experience means to him, or it may mask his real feelings completely. The younger child frequently expresses his anxiety in tension states, with physiological evidence of tension. The older child is more apt to show an emotional reaction. Restlessness and hyperactivity, tenseness, vomiting, sleep disturbances, crying, over-eating, bowel upsets, thumb-sucking, bed-rocking, head-banging, and masturbation can all be symptoms of anxiety. The child may also show varying degrees of resentment, withdrawal, or despair. He may have such physical reactions

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1. LITTNER, Ner, M.D., "Traumatic Effects of Separation and Placement", in Casework Papers 1956, National Conference of Social Work, Family Service Ass'n., New York, 1956. pp. 122-126.

as colds, sore throats, tonsilitis, toothaches, asthma, or stomach upsets. One child may scream and refuse to talk; another may withdraw into himself and passively accede to directions without any show of involvement; a third may be sulky and defiant; a fourth over-active and completely unconcerned. By knowing the child's history and habits and his patterns of interaction with other family members, by careful observation of physical signs and gestures, and by perception of the child's symbolizations in his play activities and in his verbalizations, the worker can get to understand fairly accurately the specific needs of the individual child.

Knowing the specific needs of a given child, and keeping in mind that the goal of placement is to make the best possible provision for the growth and development of a particular child within his particular community, what can the social worker do to help? What can she communicate to the child that will be conducive of growth and development, and what are the methods she uses in transmitting these communications? Perhaps one of the most important things the social worker can do is to keep the lines of communication open between the child and the adults who are important to him. One of the first essentials in this job of keeping communications open is to help the child himself to be free to receive communications and to accept and interpret them in a realistic manner. The separation situation and the events that led to its necessity are bound to have caused some psychological scarring,

but the extent of the damage can be decreased by helping the child to deal with his feelings rather than to repress them. As one writer states it:

> "By trying to protect the child both parents and workers are apt to underestimate rather than overestimate his strength. We tend to give him sympathy and superficial reassurance which may deny the very real difficulties and problems involved. If a child is to be psychologically ready for change, ready to accept new relationships and capable of relating himself emotionally to new foster parents, his fears and anxieties must be recognized and accepted. The child who is badly frightened won't become brave by being told not to cry and become a man. The very fact that his fear is denied will only increase his uncertainty and make it necessary for him to defend himself."[1]

In order to give realistic support, the worker must be able to give understanding and affection without exacting a return. She must be able to permit the child to suffer the necessary pain involved in separation without letting her own feelings of sympathy persuade her to falsify any part of the situation for the child. "Although the child in most situations cannot be allowed to make the decision to stay with or leave his parents, the caseworker must be able to allow him his right to protest and express his fear and anxiety about what is happening to him".[2]

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1. GRIFFITHS, Margaret H., The Child Faces Placement, Pamphlet, Can. Welfare Council, Council House, Ottawa, 1946. p. 6.

2. The Training of Child Welfare Workers for Placement Responsibilities, Report of a Subcommittee of the Citizen's Committee on Adoption of Children in California, U.S. Dept. of Health and Welfare, 1953. p. 9.

The social worker can help prevent repression by the following methods:[1]

1. Keeping to a minimum the number of traumatic situations that the child must face.
   The pre-placement prevention of replacements.
2. Breaking down each traumatic situation into easily assimilated parts. Helping the child master the details of the placement process.
3. Determining and proceeding at the child's own rate of mastery so that he has sufficient time to master each step. Helping the new parents master the needs of the child.

Looking at these methods in terms of communicating with the child, both non-verbal and verbal communication is involved, and there are three general ways in which these communications can be channeled to the child - indirectly, through parents and foster parents, directly between worker and child, or jointly between worker, parents and child. As has already been pointed out, there is a communication made to the child by the very effectiveness or non-effectiveness of the over-all planning of a case, by the sureness of the worker in carrying out the plans, by the worker's ability to keep the child in the central place in her thinking.

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1. LITTNER, Ner, "Traumatic Effects of Separation and Placement", in Casework Papers 1956, National Conference of Social Work, Family Service Ass'n. of America, New York. 1956. pp. 134-139.

The sucess of direct communication and of joint communication is largely dependent on the ability of parents, and parent substitutes, to accept the contact with the worker and to accept change in the child. It depends, also, on the ability of the worker to accept the child as he is and where he is. In direct communication, there is the hazard that the parent or foster parent will resent the social worker's contact, either consciously or unsonsciously. There is also the hazard that, by too closely identifying with the child, the worker may induce an unrealistic attachment on the part of the child to herself. The worker may also unconsciously reject the parent.

> "In respect to the parent, experience suggests that most workers need to give conscious attention to preventing a sympathetic identification with the child from becoming a basis of negative feeling toward the parent or of a strong impulse to protect the child by efforts to force understanding upon the parent. This reaction is a natural one, since the parent is commonly in some degree rejecting of the child, but it must be controlled or eliminated as the caseworker relates sympathetically to the parent, who is painfully anxious and threatened by the situation, and who has found frustration and pain rather than the normal kinds and degrees of satisfaction in parenthood." 1

In treatment of the child within his own home situation, it is possible to choose whether the worker will communicate directly with the child or not; but in the placement situation where a decision to remove the child has been made a certain amount of direct communication is essential.

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1. JONQUET, Eugene, "Family Casework Services for Young Children", in Techniques of Helping Children, Family Service Ass'n., New York. 1947-49. p. 11.

The nature of the situation puts a responsibility on the worker to "get over" to the child as realistically and as simply as possible what is happening to him, and why; and to give him a chance to ventilate his feelings at the time they occur. Part of this preparation should be done by the parents. The morecapable the parents are in helping the child, the easier the move will be. However, in most instances, the parent, because of his own limitations, is unable to give the necessary support to the child at this time. Therefore, in these instances, the caseworker must take responsibility for it; and for helping the parent to do the best he can.

The process of preparation for separation takes time. The child feels helpless when he is surprised. He should be acquainted with the whole procedure, and given an opportunity to deal with some of his feelings about separation before being forced on to the second task of taking on new parents. In order to help with this, the caseworker must establish a relationship with the child before separation occurs. She must be prepared to give time to listen to the child while he communicates to her through his own mediums of communication - behavior, play and verbalization - so that she knows how he feels and with what he specifically need help. Having determined this, she must be prepared to take time to answer him in a way that he can understand and to repeat information until he can assimilate it. It takes time to help him with placement, and it takes time after placement. is made to maintain a reassuring contact with him until he becomes comfortable in his new home.

> "The caseworker's skills will be utilized to their utmost in being sensitive to the real meanings of the child's communications; in allowing the child to express his upsetness, rather than helping him to cover it up with intellectual explanations; in reassuring the child when he asks for it; and above all - in allowing him sufficient time to master the various steps of the placement process." 1

The caseworker also has a responsibility to prepare the way for maximum beneficial communication between the child and the foster parents. In order to effect this preparation, she must take time to describe the child, to help the foster parents understand his problems, and to give some direction as to the best ways of helping him with them. The foster parents may need help in being tolerant of the child's need for regressive behavior when he is first placed. They may also need help in accepting and coping with natural parents, and in dealing with their own feelings about them.

## IMPORTANCE OF STRUCTURE AND PLAN IN COMMUNICATING WITH CHILDREN IN THE PLACEMENT SITUATION

The very complexity of the placement situation and the intensity of feelings involved puts an extra responsibility on the caseworker to keep the focus on the child and on the goal of enabling his maximum possible growth within his social milieu.

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1. LITTNER, Ner, "Traumatic Effects of Separation and Placement" in Casework Papers 1956, National Conference of Social Work, Family Service Ass'n., New York. 1956. p. 138.

The worker has a responsibility to the child, to his natural parents, to the foster parents, and to the community. In order to keep her own bearings, it is necessary for the case-worker to plan ahead on the basis of a clear diagnosis of the situation. She must have precise knowledge of the problems involved and accurate information about the people concerned. She must be able to make a reasonable evaluation of their strengths and weaknesses. Without this base of facts and without careful weighing of their significance she cannot structure a plan that is likely to have any accurate direction.

Often community pressures are brought on the worker to remove the child immediately from a deteriorated home. Neighbors, other social agencies, doctors and any number of interested people clamor for immediate removal when a situation comes to their attention. The worker must keep in mind her responsibility to the child. She is, perhaps, the only person who can speak for him, or who has the particular skills to evaluate how he may feel or what long range effect an abrupt move might have.

> "For each child, the answer can come only by viewing the situation through the eyes of the frightned child rather than through those of the horrified adult. Actually, if the neglectful or prostitute mother and the brutal or alcoholic father are all the child has ever known, they are really his only security and provide him with his only sense of belonging. Might not his spending another week with them give us the invaluable time in which to make a proper diagnostic evaluation, to try to enlist the parents' cooperation, and to attempt to prepare the child for what to him is a complete uprooting? Might not this experience, in the long view, be less traumatic to the child than the certain damage of an unplanned, unprepared,

impetuous removal, a removal that by itself can never solve internalized emotional conflicts?" 1

The worker has a responsibility to the natural parents to help them with their feelings about placement; to evaluate their capabilities as parents; and to reach a decision as to whether to work with them toward eventual return of the child, or to encourage final relinquishment. Above all, she must try to enlist their participation in whatever plan is made for the child. The worker has a responsibility to the child to choose the best possible foster parents to meet his particular needs, and to prepare the child to be emotionally able to participate in this plan for his care. She has a responsibility to the foster parents to help them to learn how to help children in cooperation with the agency, and to prepare them for the placement of a specific child.

The social worker has a responsibility to formulate a plan that is directed toward the goal of enabling the maximum possible growth for the child, and that is geared to the strengths and needs of the responsible adults. She has a responsibility to work with natural parents, child, and foster parents to keep them all aware of, and participating in, that plan, and to keep the channels of communication between them open.

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1. LITTNER, Ner, "Traumatic Effects of Separation and Placements", in Casework Papers 1956, National Conference of Social Work, Family Service Ass'n., New York, 1956. p. 140.

## CHAPTER III

## CASEWORK AND COMMUNICATION IN THE PLACEMENT SITUATION

In order to illustrate very generally communication in casework practice with children in representative agencies in and near Vancouver, twelve social workers currently employed in Child Welfare work, either as caseworkers or casework supervisors, were interviewed. Ten of these were from the Vancouver Children's Aid Society and two from the Social Welfare Branch Field Services. They were all trained workers with two years or more experience. These workers were interviewed with the purpose in mind of ascertaining from them:

1. What they judged to be the more effective ways they had found to communicate with children.
2. Their definition of the use they make in their practice of :
    (a) Direct communication with children.
    (b) Indirect Communication through parents or foster parents.
    (c) Joint interviewing.
3. What they see as their unique contribution to the child in the placement situation.
4. Some of the difficulties they see in performing their work as they would like to perform it.

The interviews were conducted on the basis of a list of five questions,[1] prepared in advance, and given to the workers for their consideration prior to the discussion. Seven of the workers used quite concrete case illustrations; and, in most instances, the files were available for further acquaintance with the case circumstances.

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1. The questions prepared were as follows:

PRE-ADOLESCENT CHILDREN ( 3-12 yr. olds )
in the PLACEMENT SITUATION.

1. When and Why do you talk directly with a child? (rather than through parents, foster parents, teacher or other responsible adults?)

2. When do you use joint interviews? How are they conducted?

3. Exactly what happens between you and a foster child? Give examples of direct communication (either verbal or non-verbal)
   (a) In agency.
   (b) In foster home.
   (c) In own home. (In protection situation where need for placement is evident.)
   (d) In car while going to new home.

4. What do you as a Social worker give the child that other responsible adults do not? What is your unique contribution directly to the child in helping him in the Placement situation.

5. What age groups do you feel most comfortable with? Which are the most difficult? What kind of situations do you find the hardest to deal with?

This material permits first some general discussion of the major points made by the workers, before it is further exemplified by relation to specific cases.

The workers interviewed all agreed that attitudes and feelings are the most important things they communicate; but, they maintained that direct information-giving and explanation is also valuable. They nearly all made a distinction between pre-school children and school age children, and were of the opinion that the more formal, structured office interviews are not appropriate for the younger age group, but could be used quite effectively by the older group.

With the young pre-schoolers, the workers had found that they talked mainly through play, with some simple verbal explanations of the prospective move frequently repeated in successive interviews. Physical contact and small gifts or favors as tangible evidence of the workers liking for the child were considered important. Familiarity with the worker's car and with her office helps the child cope with his fears of the unknown; having toys and food in the car may also help him to feel at ease.

One worker said that a pencil and paper, or crayon and paper, are the most useful means of communication she employs. They are easy to carry and can be used anywhere - in the car, in the home or in the office. She lets the child draw or scribble and then lets him tell her about what he has drawn, being careful not to suggest what it may be.

She has found from experience that the child commonly agrees with any suggestion made by an adult, even when he may have had something very different in mind. This worker also uses pencil and paper to draw for the child a little story of what is going to happen to him when he moves from one home to another. Other workers said they do the same thing in the playroom, or in the child's own home, by acting the transfer scene out with toys while they are telling the story. Another sings to the child when driving along about the home she is taking him to, or tells him a little story about it. She lets the child take something familiar with him, a toy, a pet, a pillow - something from home to cling to. A pat on the knee while driving is reassuring, or a squeeze of the hand while going up the walk to a new home. A promise that the worker will visit, and setting a definite time gives the child a feeling that he is not completely forgotten in a strange world.

All the workers stated that they try to communicate to the child assurance that he is important to the worker, a certainty that he is included in home visits, and a confidence that the worker will come if he needs her. They try to give evidence that the agency is not a place of punishment, as many people may have led the child to believe. They try to "get over" the feeling that the child's parents are accepted by the worker, and, above all, a feeling that the child is safe with her. As one worker stated it "A child will feel safe with his worker if he <u>is</u> safe with her. If she is confident the child senses it."

USES MADE OF DIRECT COMMUNICATION

Some of the workers were puzzled at first as to what they would consider direct communication. Some were inclined to believe that they communicate directly only in cases where they are working intensively with the child around some definite problem or emotional upset. All felt that there are definite hazards involved in direct communication, and that these can best be guarded against by careful diagnosis and planning. Though several of the workers stated at first that they seldom communicate directly with the younger child, especially the pre-school child, they changed this statement when it became more apparent what the issues were. As long as the focus was kept on the child in the foster home, they thought they did very little direct communicating. However, when the focus was shifted to the transfer situation, and events leading up to it, and from there to the child in the foster home, all of the workers stated that they do communicate directly with the child. They said that in the transfer situation it is always necessary to give the child information about what has happened and where he is going, and to reassure him that the worker will be available if he needs her. Some of the workers seemed to under-stress the treatment aspect of the placement situation itself, and to regard only those children who are receiving attention for outstanding problems as being part of a treatment plan. They tended to use the word "treatment", only in those cases to which they

were giving special attention. In discussing the children with whom they are doing this more intensive treatment, most of the workers made an age distinction. They said that with pre-school children they work only through the parents or foster parents, but that with the six to twelve group, the worker could help by offering direct treatment interviews at the agency, as long as foster parents or parents were quite clear as to the purpose of these interviews and accepting of them.

In discussing the hazards of direct communication, the workers stressed two main difficulties. The first danger lies in the lack of work with the parent, or foster parent, in preparation for work with the child. The second danger lies in not getting over to the child the purpose and intent of the worker's contact. It was thought by most of the workers that there should be more clarification than is usually given of the social worker's role with all parties concerned. Not enough parents, or foster parents, are clear on the social worker's role. Not enough children are clear about it. Children wonder why the social worker comes. Foster parents can, and unfortunately do, use the worker's coming as a threat; consequently, this builds up anxiety about replacement.

The workers thought that the direct interview is used in the placement situation for information giving, reassurance, and involvement in a different type of relationship.
In transferring a child from one home to another, the consensus

is that there should always be a straightforward outlining of where he is going, and what it will be like. He may not respond; but he does listen, and it helps him to know. The child needs reassurance that someone is concerned about him, and that this person will be available in the future - a person who wants the best for him, and will go any lengths to get it. In the placement situation, there is opportunity to offer the child a new type of relationship; temporary though it is in nature, it is designed to demonstrate acceptance, consistency, and faith in his own resources and in his ability to reach out to people.

## USES MADE OF INDIRECT COMMUNICATION

All of the workers were in agreement that indirect communication with the child through parents, foster parents, and other responsible adults in his immediate milieu is the main means of helping him. Direct communication can be carried on successfully only within a situation properly structured to insure maximum possible cooperation of the people most vitally involved in the child's life. This can be accomplished only by means of careful communication with these people. While the workers all expressed awareness that such preparation is essential, some felt that in many cases they find it hard to keep ultimate goals in sight. Often, because of the complexity of protection situations and the detail involved in court procedure and foster home procuring, the worker becomes involved in the immediate mass of minutial, and the over-all treatment picture becomes hazy. Goals then tend to be seen only in the

light of short term accomplishment.

Several workers suggested that they should know the teacher and minister for each of their foster children. The teacher has the child for six hours a day and should be helped to see herself as a part of a team working to help the child. The workers unanimously agreed, however, that the major attention should be given to work with parents and foster parents. It is essential to prepare parents for change, and to help them to accept placement; to see what is involved, and what they are doing to the child. If they cannot see and cannot accept, at least the worker can give them something to hang onto by her own conviction and her own firmness, a solid pattern by which to steady their own faltering,

The workers all agreed that the social worker's attitude toward natural parents is one of the most important communications made to the child. They felt, too, that it is one of the most difficult to keep in conscious awareness. Parents are important to children, and it is important for children to know that their parents are in agreement with what is being done to them or with them. The parent is a part of the child, and worker must let him know that she accepts this part. The workers felt that it is easy to lose sight of this in the complexity of many situations, especially where the parent is extremely inadequate and seems almost to deliberately sabotage the child's development. It is then easy to become punitive toward parent, and in effect try to ally oneself with the child

against the parent. All of the workers expressed a belief in the basic tenant that no parent fails intentionally; but also expressed an awareness that it is easier to say this than to feel it, and that it is easier to feel it in some situations than in others. The worker has to feel it in order not to be punitive toward the parent.

## JOINT INTERVIEWS

Half of the workers stated that the joint interview is a very useful device which they employ frequently. The other half said that it is a potentially dangerous device which they seldom use. The latter group felt that the joint interview tends to be either just a "social occassion" or a battle where parents, or foster parents, try to put the worker in the position of having to side with them against the child in an argument. These workers thought that many such situations could be explosive, and were better avoided. They felt that foster parents often initiate a joint interview when they are annoyed or upset about something the child has done. In these instances, such interviews can be quite painful and unproductive for all concerned. The worker gets afraid of upsetting the foster mother. The foster mother tears the child down. The child, feeling the worker's anxiety, cannot answer back or defend himself.

The other half of the workers argued that as long as the worker maintains a positive attitude toward parents and foster parents, and is able to keep her focus on the needs of

the child, the joint interview can be very useful, especially in the following situations:

1. In helping the child and natural parents at the time of separation.
2. In helping the child to become a real part of the foster home in the early days of placement.
3. In helping to clear up difficult situations that arise in the foster home.

When a decision has been made to remove a child from his home, the parent, if properly approached by the social worker, will almost always cooperate in making separation easier for the child. The joint interview can be very helpful in reaching the child and helping him to feel that his parents are giving their consent to his leaving. It can be used to help acquaint the child with the social worker prior to separation, and to enhance the feeling of connection between the worker and his parents.

Some of the workers pointed out that inclusion of the child in interviews at the foster home can help him to feel he is a real part of the home. It can also give the social worker a better chance to observe the relationship between the child and the foster parent. Discussing together such practical matters as clothing and school can give the child a feeling of involvement, and be a real demonstration that he, the social worker, and the foster parents are all working together.

Several workers said they used joint interviews to iron out problems that come up in the foster home. These are usually not structured interviews. They are informal, and timing is important. It takes sensitiveness on the part of the worker to know when to use this medium. There is a hazard in taking sides. This hazard can be avoided if the worker can keep the focus on the problem and on possible solutions of the problem. This is what the clients both really want, although they may seem to prefer to bicker. Talking together can keep the air cleared. It can help give confidence in the worker, since both parties have heard together exactly what is going on. Facing a difficult situation together, getting feelings out in the open, and accepting people along with their feelings can all be good experience for the child. If the worker can face the awkwardness and keep the focus on possible solution rather than on the conflict, she can expose the child to a strengthening experience.

One worker thought that, while the joint interview is the most difficult, if well handled, it is the most rewarding. It requires skill and experience and a conviction that strengths exist within a situation to bring about solution of problems. The worker must always remain objective. If the parent takes over in an interview and answers for the child, the worker can bring the child in by saying something like, "now that mummy has told us what she thinks - lets see what you think". The worker's objectivity, calmness, and assurance will set the tone of the interview. She must realize and accept

responsibility for this.

The workers used many examples from their caseloads to emphasize the points they made about communication. It would now seem to be helpful to look at some of these children and the circumstances with which they are faced.

# CHAPTER IV

## CHILDREN IN PLACEMENT SITUATIONS:

## SOME SIGNIFICANT CASE ILLUSTRATIONS

The significance of communication is more easily grasped when seen in relation to actual children involved in placement. Illustration of the various aspects of practice already discussed can perhaps be accomplished by summarizing several of the cases described by the workers interviewed. The following situations are depicted:

1. Simple transfer - non - ward care for specified time and specified purpose - child to return to own home.
2. Non-ward care for treatment purposes - definite time limit set but not adhered to because treatment plan was not definite.
3. Ward care - parents not on scene at time of apprehension.
4. Ward care - parents not able to cope - unable to give children up permanently but unlikely ever to be able to care for them themselves.
5. Ward care - parents unable to cope - finally relinquishing children for adoption.
6. Transfer and follow-up of disturbed child.

1. Simple Transfer-non-ward care for specified time and specified purpose - child to return to own home.

Child's Name: Betty L. Age: Five years.

Siblings: None Parents:

Father. Norman L. (27)

Mother. Loretta L.(25)

Norm and Loretta had been married in Eastern Canada, where Norm had been employed as laborer in a small northern mining town. The mine closed down, and Norm and his wife decided to come to the West Coast, against the advice of parents and relatives. They had arrived in late fall, and Norm could not find work. Loretta did a little part time work as waitress, but, shortly after her arrival, she became pregnant and was quite ill. Living was expensive, and they had some doctor's bills to pay as well. They moved several times, each time to cheaper rooms, and finally ended up in a crowded housekeeping room. They were determined not to return to their families. As the situation got tighter, they began to bicker, and Loretta who had felt miserable all through her pregnancy had a miscarriage at the end of the third month. She was physically run down, and an infection set in for which she was hospitalized. Norm, left alone with Betty and with his worries, put her to bed one evening and went out and got drunk. The child woke up and, terrified at finding herself alone, wandered out into the hall crying. One of the tennants investigated, found the child

was alone, and took her in with her for the night. In the morning this tennant took Betty back to the L's room and found Norm stretched out asleep on the floor, dishevelled in appearance. She could not arouse him, and as no mother was in evidence she became alarmed at the situation and phoned the Agency.

When the worker visited later in the afternoon, Betty was back with her father, who was now sober but sullen and defensive. Betty seemed terrified of the worker and clung to her father or hid behind him, whining and fussing. Father swore about busy-body neighbors and denied any difficulty. Worker inquired about mother and commented that having her in hospital must be a real worry. Father lost some of his defensiveness and started to talk about his worry about his wife, about money, and about Betty. He had only a little money and no Unemployment Insurance left. He had been offered a job in an isolated northern camp, but could not leave until his wife was better. Worker saw Loretta in hospital, and talked to her doctor. Loretta was anxious about Betty, and the doctor could not promise discharge in less than three weeks. He felt Loretta would need rest after her return home. It was finally decided to place Betty in a foster home on a non-ward basis for six weeks to enable Norm to take the job offered. Worker visited Norm and Betty twice in their room. Betty's fear of worker diminished as she observed father's acceptance. Worker told her about seeing her mummy in hospital. Betty brought her doll to worker and showed her its broken foot and then brought more of her toys and put them in worker's lap.

On the second visit, worker and Norm explained to Betty that daddy was going away, and that she was going to stay with a nice lady who would look after her until mummy got out of hospital. There was another little girl at this house, a little bigger than Betty and she had a kitty. Betty said she had a kitty "back home". Worker said daddy would take Betty to visit the lady tomorrow, and that she would stay there then. Worker would drive them both to the home. When she left, worker took Betty for a ride around the block.

The next day worker picked Norm and Betty up and drove them to Mrs. K's. Betty was delighted with the ride, but clung to daddy as they went up the walk. Mrs. K. greeted them both warmly. Norm talked to Mrs. K. breifly and left. Betty cried when he left and did not want to take off her coat. She crawled into worker's lap and buried her head in her coat. Worker said Betty would feel lonely for a while, but that she would come back to see her tomorrow and that she would be seeing her mummy in the hospital before she came. She said mummy would be getting better and after a while would be coming to take Betty back home with her. Mrs. K. brought the kitty in and Betty crawled down on the floor to play with her. Worker left, again assuring Betty that she would be back to see her tomorrow.

Worker did visit the next day and brought her a little stuffed rabbit Loretta had made for her in hospital. Betty settled into this home easily. Loretta was discharged from hospital in three weeks but left Betty at Mrs. K's. until

she received Norm's first pay cheque. Then she moved to more suitable living quarters and again took Betty home.

In this case worker was convinced that there were strengths within the situation that should be encouraged. She made a quick diagnosis and offered a definite plan which parents were able to accept. She communicated her real concern and willingness to help to the parents and, through them, to the child. She took time to explain the situation to foster mother. She visited the child in the foster home bringing her tangible evidence of her connection with mother.

2. Non-ward care for treatment purposes - definite time limit set but not adhered to.

Name: Sharon K. Age: 10 years.

Siblings: Kathleen K. Parents:

Father: William K.

Mother: Esther K.

(Separated)

Sharon was admitted to non-ward care at the age of five for a period of six months as a treatment measure. Now at the age of ten, she is still in non-ward care, and is felt to need further treatment. Sharon's parents have been separated since she was three years of age. Mrs. K. worked as a waitress and was unable to control the youngster, who was described as being active, disobedient, and not able to play well with other children. Mother preferred the older sister and showed it quite openly.

The original placement was apparently carefully made. Sharon was taken to visit the foster home prior to placement, and the reason for placement quite simply explained to her. She seemed to feel at ease with foster parents, who had been well chosen. She like the rabbits and chickens they had in the back yard. She said she would like to stay "for a little while". Her mother accompanied Sharon and worker to the home on the day of placement. Mother was encouraged to visit, and there was considerable work with mother during the first few months. At the end of the six months, things were much the same as before. Sharon liked her foster home, was still showing behavior difficulties, talked about her mother, but showed no great desire to go home other than that she seemed to have some question as to why Kathleen was home and she was not. Mother was not asking for her return and it was decided to leave her in the foster home a little longer. Sharon's interest in her mother seemed to fade gradually. Mother's visits became very infrequent. Sharon referred to her foster parents as mummy and daddy and wanted to call her natural mother "auntie". She stayed in this home for two years, during which time she had one change of social workers. Then, because of illness of the foster mother, it became necessary to move her. The following is a list of the changes in the child's life during the next three year period:

June 7 - Change of foster homes because of illness of foster mother.

July 27 (one year later) - Change of foster homes, Sharon stealing and lying and foster mother demanded removal, Higher board rate allowed in recognition of strain of taking care of such a disturbed child.

September 1 - Change of schools because of move.

February 10 - Change of workers.

June 12 - Change of workers.

February 7 - Change of workers.

April 13 - Change of workers.

June 21 - Change of workers.

The present foster mother seems to have helped Sharon a good deal. When she first came to the home she was in the habit of taking things and hiding them, and of being cheeky and disobedient. Much of this behavior has disappeared, but it is still felt that she is a behavior problem and that she should have a close relationship with a worker and perhaps treatment through Child Guidance Clinic. Mother seems to have lost interest in Sharon completely and there is concern about the child's non-ward status with the Agency.

There has obviously been a great deal of work done with this child. As far as is possible to gather from the record,

the original transfer was sensitively executed, plans were definite and communications with all concerned seemed good. However, before the end of the six months it seemed to become apparent that the treatment period planned for on the basis of the early diagnosis was not long enough. A new plan was not specifically formulated, and the treatment goals were no longer defined. Things just seemed to drift. No conclusions can be drawn about what was communicated to the child by the drifting pattern of this case, and perhaps it is misleading even to conjecture, since there are so many variables and so many unknowns. However, it would be interesting to investigate the subtle non-verbal communications transmitted to a child in this and similar cases. What exactly has been communicated to the child about social workers and their relationship to her? What image does she have of a social worker? What has been communicated to the mother about the Agency - what image does she have of the Agency?

3. Ward care - parents not on scene at time of apprehension.

Name: Shirley S. Age: Five years

Siblings: Tony (4) Parents:

Father: Jack S. (31)

Mother: Sybil S. (30)

Shirley and her brother had been found by police huddled in the cab of an old truck in a ditch on a back road in a country community. Their father has been slouched unconscious over the steering wheel. He had evidently been

drinking, and ran into the ditch on the way home. He was hospitalized, and it was later discovered that the children's mother had left the family to live with a fisherman. Temporary plans were made for the care of the children with a neighbor, but as further investigations were made it became apparent that father, who was on the brink of mental illness, would not be able to care for the children on release from hospital. Mother's common-law husband did not want the children and although she was concerned about the youngsters, mother herself was immature and dependent on this man, who seemed to her to offer her the understanding her husband had not been able to give. Mother's relatives were all in Alberta. Father had a brother and a sister in the district, both married with children of their own. They did not feel they could take the responsibility of two more children. They were not accepting of Mrs. S., and felt it was her fault Mr. S. was ill. They spoke disparagingly of her in front of the children and felt that "no kin of hers could ever amount to anything".

The neighbor who was caring for the children could keep them only temporarily. Both children had poor eating habits and Shirley was a bed wetter. Tony was awkward and slow in learning to talk. After the social worker had talked with the doctor and with Mr. S., and after having had mother interviewed, and seeing the relatives, a decision was made to apprehend. It was decided to place the children in a foster home that could become a permanent home if necessary.

Worker had among her foster homes the P's, a farm couple in their mid-thirties who had a twelve year old boy and could not have any more children. They had already had two foster children for short periods, and had shown understanding and flexibility, and had demonstrated an ability to accept natural parents. They also seemed able to cope with their feelings about giving the children up after becoming attached to them. Worker talked with the P's about Shirley and Tony. She explained the situation in regard to the parents and felt it was impossible at this time to predict whether father would be able to care for the children in the future or not. The P's felt they would like to take the children, and felt they could handle visits by father after his discharge from hospital. Though they found it hard to understand mother's behavior in leaving the children, they did not seem to have a need to condemn her. Worker told them as much as she knew about the children's habits, about their bed wetting and their pickiness and messiness in eating. Mrs. P. did not seem upset by this. She felt she would enjoy having a little boy and a little girl. Their own son Al had enjoyed showing the other youngsters how to do things around the farm.

Worker was not able to arrange a visit for the children to the P. home before placement. On the day of placement she planned to pick them up at the neighbor's, to present them in court for identification (by uncle), have them examined by the doctor, and then take them to the foster home.

She had visited several times in the neighbor's home, and the children knew her as "the lady from town". She visited again the day before placement and spent some time sitting on the back step playing with the children. She told them her name and helped them to learn to say it. She said she had talked to their daddy in hospital, and that he would not be able to come and take them home for along time. There was a nice lady and man who lived on a farm and liked little children, who wanted to take care of them for daddy. She would take them to see the lady tomorrow. The children did not seem to pay much attention, and all that worker really got over to them was that she would be coming tomorrow, and that they would be going for a ride with her. They looked forward to the ride. When the worker called for them, their things were all packed and they were very quiet. Shirley was hugging a dirty and bedraggled stuffed rabbit. Worker asked it she wanted to bring it with her. She sat silent all the way to town, clutching the bunny. Tony was more active. He found a toy gun and some gum in the glove compartment and played cowboy. Worker again told them about their daddy having to stay in hospital and all about the foster home. Shirley did not say anything and Tony did not seem to pay any attention. Worker said they would go to her office first, and talked about it being the place where she worked. She said she knew lots of little boys and girls and found people to take care of them when their mummies and daddies could not.

When they got to the office, she showed them her desk and let them look around. Shirley played with the paper weight, a snowstorm in a globe. After they had been to the doctor and to court, both children were getting restless and tired and worker took them to a restaurant for lunch. Then she got a second worker to drive out to the P. home so she could give her full attention to the children. She sat in the back seat with one on either side of her. She told them again about daddy and how he would like to take care of them, but couldn't because he was sick. She said that he wanted them to be taken care of, and that was why they were going to live for a while with Mr. and Mrs. P. and Al. They sat silent for a while, and then Shirley looked up at the worker with a strained expression and asked where they were going and "why can't we go home to daddy." Worker put her arm around Shirley and started all over again. She ended up by saying that both her daddy and mummy wanted her and Tony to be in a nice warm house where they would have lots to ear and a mummy to look after them. Shirley asked "do you know my mummy". Worker said no, but that mummy had written to her and said she was sorry she couldn't look after Shirley and Tony, and that she loved them very much. She hoped the worker would find a nice lady to look after them. The worker said that sometimes mummies want to look after their children, but just can't, and that was what the worker was for - to find people to look after little boys and girls. Shirley listened, and then seemed to relax, and without saying anything more snuggled closer to the worker and fell asleep. When they got to the P. home, both Mr. and Mrs.

P. were there to meet them. Mrs. P. got them some cookies and milk and showed them where they would sleep. The worker said she would be back to see them next Wednesday.

The worker in this case felt she had planned a definitely as possible for these children on the basis of the social diagnosis made prior to placement. She considered it a case that should be reveiwed carefully in another six months. In the meantime more information should be sought as to the nature of events leading up to the family breakdown. Communication with father was limited because of his present emotional confusion. He did show concern for the children, and seemed to be relelved to have someone to help plan for them. The worker felt she had tried to give the foster parents as complete a picture as possible of the children's background and of their difficulties. She had placed children with these people before and had experienced a real feeling of mutual involvement with them in planning for the children's care. She had taken time to outline the situation carefully, and to pave the way for visits by the father. She considered it essential for the P's to realize that the children's natural parents were important to them, and to help the P's to feel easy about answering any questions the children might bring up about their father or mother. She felt her own communication had been quite good with the children, considering the amount of time she could afford to be with them. She tried to get down to their level, to listen, and to forsee their worries. She repeated her efforts at information giving, though she got no response, and eventually did seem to get through to Shirley.

4. Ward care - parents not able to cope - unable to give children up permanently, but unlikely ever to be able to care for them themselves.

Name : Michael T.

Siblings: Susan T.

Age : Eight

Parents :

Father. Henry T.

Mother. Mary T.

(Separated)

Michael was six years of age when he became a ward of the Children's Aid. His father had deserted and his mother was promiscuous and unstable. The original complaint came from the police who claimed the children were being exposed to immoral behavior and physical neglect. Michael was known to worker prior to apprehension and seemed quite willing to go with her. He said he hoped they would stop for something to eat. He and his sister were separated, and Michael was placed in a temporary home. He was later moved to the same home as Susan. During his two years in care Michael was in four foster homes, retured to his mother once, and had three changes of workers. His last foster mother was disturbed about Michael because he had deep moods of depression and violent temper tantrums. He was very manipulating and went on hunger strikes to get his own way. The worker saw the children quite frequently, took them for rides, and tried to bring out some of their feelings about their situation. She tried to help them to accept their mother and what had happened to them. On one such trip worker noted that Michael

must be pretty mad at his mother, and he said he was. Worker said his mother had been upset and unhappy about things that had happened to her, and that when people are confused and unhappy, they do things that they know are not right.

Michael's mother had in the meantime returned to Eastern Canada to live with her parents, and was trying to have the children returned to her. Investigations were made through her local Social Service, and it was decided to return the children to their mother.

When the worker talked to the children about returning to their mother they were interested, but had mixed feelings. Susan cried and said they would no sooner get there than they would have to leave again. Michael talked a lot, but mostly about his foster home and his pets.

On the day of leaving the children were apprehensive about meeting their mother again. Michael expressed concern lest they move again within a few days. He wished worker would go with him. Worker talked to them about their need to understand their mother and to remember that parents were sometimes upset too. She pointed out that mother had perhaps been naughty, just as children themselves sometimes did things because they were unhappy. Michael seemed to have some understanding of this, and voiced a desire to help bring the family together.

In this case, work with the parent seemed discouraging. She could not bring herself to give the children up, and yet her plans for their care had, on several occassions, proved

inadequate. Mother was persistent in her appeals for return of the children. Michael was not making an adjustment to foster home care. It was recognized by foster mothers and by worker that the boy was emotionally disturbed and perhaps in need of psychiatric help, but the question is, where was he to get it? His maladjustment was not startling enough to warrant priority for those services that are available. The worker did the best she could to help Michael to face the things which it seemed he must face. If consistent follow-up help was given to both mother and Michael after his return to her in the East, perhaps this attempt at reestablishing a home would be more successful than the former. However, without such help it is probable that Michael's fears about another move would be realized.

5. Ward care - parents unable to cope - finally relinquishing children for adoption.

Name : Peter R. Age : Five years

Siblings: Paul R. (3) Parents :

Father - Peter R. (23)

Mother - Laura R. (22)

Peter and his younger brother were admitted first to non-ward care, when their mother, who had been separated from father for several months, came to ask for temporary help until she could obtain permanent work and make a satisfactory plan of her own for their care. She had placed the children in several private boarding homes, and had found this to be both unsatisfactory for the children and costly to

herself. Though she had appealed to the Family Court for help from father, it was not forthcoming as father was unemployed. Peter's father had himself been in the care of the Children's Aid Society temporarily, as a result of some minor delinquencies in his early teens. Father's parents were European immigrants. His mother pampered him, and his father was strict and rigid. Father did not remain long in foster home care. He went back home at parents request, and at age sixteen took work in a logging camp. At seventeen he married Laura, an attractive, dependent, sixteen year old girl from an unsettled home.

Peter's mother was a sensitive, intelligent girl, with an appealing wistfulness that attracted people to her immediately. She was given to spells of depression. She had no difficulty in obtaining employment and seemed to cope well, but, in spite of this, did not remain on any job for more than a month or two.

Peter was not quite four when his mother first came to the Agency. He seemed bright and sensitive and friendly, and there was a close tie between him and his mother. He was thin and peaked, and had one cold after another. He was often moody, and had occassional temper tantrums in which he would throw himself on the floor and hold his breath until he turned blue.

On her first approach to the Agency, Peter's mother was asking for temporary placement of the boys. They were taken into non-ward care and placed in a foster home where

they remained for three months. Then, at mother's request, they were returned to her. During this three months, mother had been seen regularly by the social worker. She had discussed future plans for herself, and had started to face the realistic difficulties of raising two boys without any help from her husband. Peters father was seen several times. He expressed very little concern for the boys, and gave no financial help to their mother. He said he thought the boys should be placed in a permanent home.

Peter's mother visited him in the boarding home. She found these visits very difficult as she could not find a way to answer Peter's questions about why she couldn't take him home. Finally, after three months, she made arrangements whereby she and the children were to board together, and they were to receive day-care while she worked. Three weeks later she came back to the Agency and asked for adoption placement. Her plans had not worked, and she now felt that the best thing for the children was to place them permanently. She had visited father and discussed it with him, and he was in complete agreement. Both parents came to the Agency, where the Social worker went over with them very carefully the full implications of this decision. Both mother and father seemed firm in their belief that this was the best plan for the boys. The worker supported them in this decision.

Peter and his brother were taken into ward care and placed in the home of foster parents who had previously expressed an interest in them. Mr. and Mrs. F. were told of the plans

for adoption, and knew that the boys would be with them only until a suitable adoption home could be found. They were anxious to work with the Agency to help prepare the boys for adoption placement.

Peter and his brother remained in this home for aproximately eight months. Peter had trouble fitting into the home. His brother seemed to settle in as if he were one of the family. Peter used attention-getting devices that annoyed his foster parents. They were worried about the negative feelings they had toward him and discussed these with the worker. They gradually seemed to gain a better understanding of the boy.

About three months prior to adoption placement, a new worker was assigned to the case. She began weekly visits with the boys, and with foster mother, in order to prepare them for the final move to an adoption home. Peter, although he talked very little about his natural mother, was still very much attached to her. The worker took him and his brother for rides, and to the park, and to the playroom at the office. The boys and the worker became thoroughly acquainted with each other. Peter was encouraged to talk about his mother both to worker and to foster mother. He was told that his mother loved him very much; that because she loved him so much, she wanted him to have a mother and a father who could be with him all the time - a daddy who had a job, and a mummy who could stay home and take care of him. He understood about his mother having to work, as this was something she had talked about with

him. He did not talk much, but he always listened quite intently.

When suitable adopting parents were finally found, a meeting was arranged in the Agency playroom. The boys were already familiar with this room and accustomed to other people being present. The adopting parents, Mr. and Mrs. T., sat and watched for a while, gradually entering into the boys' play as opportunities presented themselves. The worker left them alone after the boys seemed to feel comfortable with the T's. When she returned, Paul was playing boisterously with Mr. T. and Peter was talking seriously with Mrs. T. about a music box. He stood looking up into her face as they talked and was quite annoyed when worker interrupted to take him home. Another meeting in the playroom was arranged. At that time the T's invited the boys to visit in their home. On the way back from the home visit, Peter asked the worker a great many questions about Mr. and Mrs. T. He wanted to know who else lived in their house. The worker answered him quite matter of factly and did not offer information beyond what he asked. On the second visit to the T's the boys spent a full day in the home and took along some of their toys and extra clothes.

On this visit Mr. T. told Peter that he and Mrs. T. liked the boys very much, and that they would like them to come and live with them and be their little boys. Peter said he would like that. He said he guessed it would be all right, but he would have to talk to Miss W., his Social worker, about it. He wanted to be sure she knew where he was.

Peter crawled onto worker's lap when she came for him, and told her about what the T's had suggested. Peter wanted to know if he could stay now. The worker said they had better go back to the Fs, but that they could come back again tomorrow and bring their things. The T's told the worker all about their talk with the boys, including Peter in the conversation.

On the way home Peter wanted to know if his "mum" would know where he was. The worker said that his mother would know that he was in a home where he had a daddy who wanted to help him to grow up to be a big man like himself, and a mummy who could stay home to take care of him. She said that this was what his mummy wanted for him. She said the F's wanted it for him, too, and that the worker wanted it for him. When they arrived at the F's, the worker told Mrs. F. about the day's happenings. Mrs. F. and the worker and the boys talked about it for a while. Mrs. F. told the boys she would miss them very much, but she said she was glad they were going to have a "forever mummy and daddy". The next day the boys moved to the adopting home.

The worker felt that communication with Peter had been quite effective. She had taken time to get to know him through information on file from his own mother, and through his foster parents, as well as through a considerable amount of direct personal contact with him. The worker was convinced that the plan being made for Peter was a sound one, and that it constituted a positive solution to a set of unfortunate circumstances. The work with Peter's mother was of major

importance, It was the worker's belief that his mother's decision to place Peter for adoption was made out of what strength the mother possessed, and out of real concern for the boy. Though mother could not bring herself to tell Peter about her decision, her positive feeling toward the agency and her worker helped to give the boys confidence in their worker. The foster parents were both concerned and understanding. Though they had some negative feelings toward Peter, they were able to talk about these to the worker, rather than take them out on the boy. The worker made considerable use of indirect, direct, and joint communication.

6, Transfer and follow-up of disturbed child.

Child's name : Esther S. Age : Twelve

Siblings : None Parents :

Father - Mike G.

Mother - Anna A.

Esther had never known her real mother. When she was still a small baby, she had been placed privately by her putative father with Mrs. S. She went by Mrs. S's name, although she had never been legally adopted. Mrs. S. did not receive any support for Esther. She was a rather eccentric middle aged widow who lived in a cluttered old house in a poor section of the city.

This home had been known to the C.A.S. over a period of years and had not been considered a suitable place for Esther.

However, it had been difficult to get enough evidence to apprehend her. Esther at about age ten began to give Mrs. S. considerable trouble, and by age eleven was completely out of control, staying out till all hours, getting money from older men, and associating with bad companions. Mrs. S. asked the worker for help. The worker spent a great deal of time working with Mrs. S. She was flighty, and unstable, and suspicious, and changed her mind about Esther from day to day. The worker had also spent much time with Esther, talking to her and listening to her fears.

Esther had heard many stories about the Children's Aid. She had been told that it was a place where children were punished; that social workers were "people who took kids away from their parents"; that they never allowed children to see their parents again; that they were "people who tricked you"; and that they were "phoney". The worker did not argue or reassure. She listened. When the opportunity presented itself, she invited Esther and another client, Joan, a ward of about Esther's own age, to go to the park for the afternoon. Joan and Esther got along well and enjoyed the afternoon. Joan was enough like Esther that the two girls understood each other, but Joan had had personal experience of a different way of meeting things, and of a helpful relationship with Agency workers and with foster parents. A short time later worker took the two girls out together again. Esther seemed to lose some of her fear of the Agency, but she was still a little afraid to go with worker to her office. After approximately six months work with Esther and with Mrs. S.,

they both seemed to have considerable confidence in her. However, Esther's behavior was not improving. Mrs. S. finally asked the worker to apprehend Esther and move her to another home. The worker moved quickly before Mrs. S. changed her mind. Esther was by this time quite prepared to try a move. The worker had taken her to visit the receiving home and had thoroughly acquainted her with rules and regulations. Although Esther found the rules of the Home hard to adjust to after the unlimited freedom of her former life, she adjusted well for two weeks. Then she ran away and went back to Mrs. S. The mother could not stick to her decision, and, against Agency advice, said she would give Esther one more chance.

Esther went from bad to worse. She would not see the worker. She was afraid again. Once when worker visited she barricaded herself in her upstairs bedroom. The worker sat on the stairs outside the room and talked to her, trying to get over to her that she did not want to force her to do anything, but that she knew the girl was afraid and unhappy and wanted to help her. The Agency proceeded with wardship, and several months later after discussing the situation with the Juvenile Court, a charge of incorrigibility was laid, and Esther was picked up and placed in the Juvenile Detention Home. She was later placed in a foster home, but she could not adjust to the intimacy of such a home. She ran away and finally, at the age of thirteen, was committed to the Girls Industrial School. The worker visited her regularly every week in the School.

She was very careful to keep promises made. She arranged for outings. She talked about future plans. After leaving the School, Esther went to a Catholic boarding school where, over a year later, she is apparently doing well.

The worker is confident that this girl is making progress. There has been a marked change in her attitude toward people in authority, and she seems to have gained confidence in her own ability to cope with school and with problems of daily living. The worker thought that the most important thing about her communication with this child was that it was persistent and consistent in spite of lack of positive response. The worker tried to help her feel that she respected her and wanted to help her; that she understood how hard it was for her to adjust to new ways of doing things; and that she had confidence that, in spite of how hard this was, Esther had the strength to do it. The worker thought that by going through things together with her, Esther gradually learned that involvement was not dangerous. By sticking through thick and thin in her determination to show Esther that someone did care, the worker demonstrated that it is possible for an adult to be consistent. She felt that the non-verbal communication accomplished by acceptance of Mrs. S., with all her instability and garrulity, and by the worker's willingness to stick with Esther through failures in plans and to listen to her, even while taking authoritative steps toward protecting her from her own "acting out", was by far

the most important part of her communication with the girl.

These have been but a few breif sketches of the children that come to the attention of placement agencies, of the circumstances in which they have been involved, and of the various ways the Social workers have found to communicate with them.

CHAPTER V

## COMMUNICATION AND CASEWORK WITH CHILDREN

Social work practice is based on a belief in the worth of every individual, his potential for growth, and his right to find his most satisfying adjustment for himself and the community. The responsibility of the community toward the individual in finding this adjustment is also recognized. With the accumulation of knowledge about the forces which seem to engender satisfying social adjustment, there has been growing recognition of the importance of early childhood training and experience in the attainment of this goal. In instances where parents have been unable to cope, either temporarily or permanently, with the responsibility of caring for their children, the administering of help has become, to a large extent, the business of social workers. To put it in the words of Selma Fraiberg, "As social workers we are the delegated community agents for the protection and rehabilitation of children...It would probably be correct to say that the largest number of services in behalf of child mental health are performed by social workers".[1]

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1. FRAIBERG, Selma, "Professional Responsibility in Casework Treatment of Children", in Direct Casework with Children, pamphlet, Family Service Association, New York, 1957. p. 15.

Social work concepts stress the importance of the family as the basic social unit in which the child gets his first experience in interaction with other people. In cases where families are unable to perform their duties to children on a basis considered satisfactory by the community, social workers have been delegated the responsibility of either helping the family to perform more efficiently, or of making other provision for the care of the child. This places a tremendous trust on family and children's agencies. In order to enable the most effective fulfillment of this trust, social workers must define as clearly as possible their role and the tools and resources they use.

Social workers have a vast body of knowledge and experience at their disposal. They have knowledge gathered by themselves and by other helping professions, about the physical, emotional, and psychological development of the child, and about the relationship of the course of this development to future adjustment. They have a large amount of well recorded social work experience in both good and bad treatment practice, and they have living examples of the results of this practice in the numbers of children who have received treatment and are now grown up. The complexity of this knowledge and experience, the dynamic nature of its subject matter, and the changing character of the society in which it is being produced make it difficult to delineate and draw together in clear cut usable form. Emphases change, and,

in the spotlight of the current Social-thinking fashion, one fact can be highlighted out of proportion to others. What seems obvious today does not necessarily seem so obvious tomorrow. This does not, however, mean that objectivity is completely impossible. Social workers can collect and organize the results of past experience, they can define what they are doing at this moment in time; and by examining this experience and practice, can choose what now seems to be of value, and thus form a base from which to move on to more sound performance. As stated over forty years ago by Mary Richmond, "To articulate the known is to possess it more fully. To possess it more fully is to gather in and consolidate the substance and strength of what is, in order that it can be given more generously to the evolution of what can be".[1]

In order to effectively carry out their delegated responsibility for the protection and rehabilitation of children, social work practitioners must struggle to draw together and consolidate the knowledge they already have but do not completely possess. Consolidation of knowledge and clarity of definition have a great deal to do with clarity of communication. This study has been an attempt to look at some of the implications of communication in work with children, with special emphasis on the direct communication between the placement worker and the child. In order to see this one facet clearly, it has been necessary to see it in relationship to the total social

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1. RICHMOND, Mary, Social Diagnosis, Russell Sage Foundation, New York, 1917. p. 365.

treatment framework. In summing up, it might be enlightening to start with some of the considerations that have become apparent in regard to communication with the child, and from there to follow out to some of the broader implications for the Social work profession.

## SPECIAL IMPLICATIONS OF COMMUNICATION WITH CHILDREN

Social workers who are dealing with children and parents must face certain elements in their relationship that are different from those encountered in the everyday job of caseworkers in other situations. This is especially true for those working in placement agencies. In working with adults the caseworker helps the client to make a decision which the client carries out himself. However, in the placement of a child, the caseworker not only often participates directly in making the decision on behalf of the child, but becomes an active participant in carrying out that decision. Her responsibility is defined by the needs of the child; but, the needs of the child are such that parents, or parent substitutes, must be involved in meeting them. The placement worker, therefore, has a double responsibility - a responsibility to the child and a responsibility to the parents.

An important part of the caseworker's help consists of enabling more effective communication between the persons concerned in the placement procedure. How she herself communicates with the child can have an appreciable effect on this enabling process. She must be concerned not only with <u>how</u> she communicates

but also with what she communicates. For communicate she does, just by her presence in the situation. Whether this communication is oriented to the goal of the best possible adjustment for the child, depends considerably on the worker's awareness of the many subtle forms of communication, and on her clear understanding of her role in the placement scene. In an effort to define this role a little more exactly, the social workers interviewed for the study were asked to express what they saw as their unique contribution in the placement situation, and to describe some of the difficulties they encounter in making this contribution.

SPECIAL CONTRIBUTIONS OF THE SOCIAL WORKER.

Though they expressed their ideas in varying ways, the social workers were essentially in agreement as to what constitutes their unique contribution in the placement situation. Their view is that the social worker is the person who can contribute a neutral, objective approach to emotionally charged situations; that she can guard the child against unnecessary hurt through her knowledge of dynamics and development; that she can help the child to feel his own strength to meet those things that he has to meet; that she can help him to feel a sense of continuity by sharing with him her awareness of his past ties and of his present involvements; that she can demonstrate to him the strength of structure and plan by her own concrete plans for his care; and that by her ability to recognize, define, and believe in the strengths in

a situation, she can bring hope and an incentive toward growth.

The social worker, depending on her training and experience, knows about causitive factors, and, therefore, has some ability to predict what feelings are reasonable to expect in a given situation. Understanding the feelings of children, and of parents, she can remain objective and sort out some of the threads of reality in a situation; and she can present them to the people concerned in a helpful and non-punitive way. She can represent continuity in the child's life by a persisting interest and concern for him, and also by her acceptance of both his own parents and his foster parents. She can convey to the child that she is a responsible and competent adult, who understands his mixed feelings and confusion, and who recognizes his right to have these feelings and to talk about them. By facing his disturbing feelings with the child, the Social worker can enable him to experience his own ability to cope with them.

## SOME OF THE DIFFICULTIES

Heavy caseloads and inadequate community resources were two of the chief difficulties complained of by the social workers. One worker, whose caseload averages from fifty five to sixty cases with about thirty five active in one month, said she would have from fifteen to twenty interviews in a week, along with as many as three conferences a week, and seven to ten phone calls a day - this, plus staff meetings, clerical duties, and keeping tab of one's car schedule, leaves little

time for just sitting and thinking about cases, which is sometimes necessary in order to keep one's sense of objectivity. Time is a big element in casework - "there just isn't enough of it".

With heavy caseloads some of the workers felt that too much of their work was done on a sort of emergency basis, without enough long term diagnosis and planning. One worker felt she did very little of what she considered to be good casework because her time was taken up in driving children from place to place, arranging for homes and clothes, and waiting in doctor's offices. She felt that these are necessary things that she does as a matter of course, but that this is not really casework. "It is not seeing the whole problem, looking at it with the child and helping him to work it through".

Another worker admitted that keeping and objective attitude is no easy matter when one is trying to work with a complex protection situation in which social workers from other agencies, school nurses, teachers, or doctors are clamoring for quick and immediate removal of the child. Answering phone calls, explaining, interpretting, conferencing, infinite attention to detail - too much of it and a worker gets a sense of pressure and loses objectivity in planning. This sense of pressure and harassment can also be very easily communicated to the child.

Many of the children with whom these workers are dealing are seriously emotionally disturbed. They require intensive casework which in many instances should be conducted

under psychiatric supervision. The Metropolitan Health Clinic and the Child Guidance Clinic in the Vancouver area both have long waiting lists. Consultative services are available, but, though these services are helpful in giving direction, the Agency worker is left with the time consuming job of carrying out treatment.

## NEED FOR CLARIFICATION OF RESPONSIBILITIES AND LIMITATIONS

It has been seen that the development of the ability to communicate and the development of satisfying social relationships are closely inter-related. Though some semanticists and psychiatrists have recently been endeavoring to explore and clarify this inter-relationship, and to classify some of the forms and functions of communication, much more clarification is necessary. Further study of non-linguistic forms of communication could have tremendous significance for social work.

It has become apparent that because of the child's status as a member-in-the-formative-process of society, because of his physical, emotional, and psychological differences from adults, there are many special considerations in regard to communication with him. It has appeared that, while communication with the child is tremendously important, communication on behalf of the child is even more important. It has also seemed that keeping the avenues of communication open between the child and the adults responsible for his care is one of the major contributions of the social worker. In the placement process, the social worker communicates something to the child by her

by her very presence in the situation. Since this is usually a painful and disturbing period for the child, he is not only likely to be keenly aware of the worker's attitudes, but is also liable to form permanent impressions. The more consciously disciplined and goal-oriented the worker's communications can be, the more likely they are to be helpful.

Referring again to the basic philosophy of social work, the broad general goal is to help the child to "find his most satisfying adjustment for himself and the community". The goal for each specific child is, in a sense, defined by his individual endowment and potential, and by the opportunities for development offered by the community in which he lives. This places on the social worker the responsibility both of evaluating the potential of the child and of developing the best possible resources within the community to meet his needs.

Some children, however, and unfortunately many of those who are clients of placement agencies, are seriously disturbed before they come to the attention of a social worker. Communication with them is complicated by the fact that their ability to perceive reality is severely damaged. If the damage is too serious, casework treatment will not be effective. It could even be argued that it might be harmful.[1] Caseworkers are not trained for this sort of treatment. The child must then be referred for psychiatric treatment. However, in many communities no such facilities are available, and in others

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1. FRAIBERG, Selma, "Professional Responsibility in Casework Treatment of Children", in Direct Casework with Children, pamphlet, Family Service Ass'n. New York. 1957. pp. 28-32.

the capacity of these facilities is limited. Further, as pointed out by Fraiberg in her recent article, "Professional Responsibility in Casework Treatment of Children",[1] in most child guidance clinics the psychiatrists function as consultants and diagnosticians, and the major portion of treatment is carried by caseworkers. These caseworkers have received the same professional training as other agency workers. Unless they have taken special training, they are not equipped to do psychotherapy. The impact of this has been felt by local child placement agencies, as has been pointed up by the workers interviewed for this study.

Much time is spent in arranging placement after placement for these children, as well as in attempting to alleviate difficulties by casework methods. In some cases the results appear favorable. However, not enough is known about what actually takes place. As Fraiberg has warned in the above-mentioned article,[1] seeming cures of well-established neurotic patterns should be regarded with skepticism. Yet social workers are obliged by community pressures to take on treatment of these serious childhool disturbances in spite of the fact that their training in no way equips them for this work. The inevitable failures in such cases leave social workers open to unjust criticism. But is it unjust? Should Social workers perhaps be refusing to accept this responsibility? Should they be defining and measuring the limitations of their skills a little more precisely, and assuming the responsibility for stating quite definitely what they can - and what they

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1. FRAIBERG loc. cit.

cannot - do, with present professional training?

Another speculation in this connection is the loss of possible time for preventive work involved in the expenditure of hours of intensive work with seriously disturbed children. This becomes a more serious consideration when the effectiveness of casework treatment in these cases is questionable. Prevention is, perhaps, neither as obvious nor as spectacular as cure, but in the total picture it is tremendously important.

COMMUNICATION WITH RELATED PROFESSIONS.

If treatment of the seriously disturbed child is beyond the competance of the average social worker, who, then, is going to take responsibility for these children? Social workers have the knowledge and skill and experience to appreciate, perhaps better than anyone else, the suffering and loss of effectiveness caused by deep-rooted emotional disturbances in children. They are acutely aware of the needs. Perhaps they have an obligation to increase their efforts to communicate this awareness to other helping professions and to the community. Perhaps part of the answer lies in additional specialized training within their own profession. However, other professions share the responsibility. Social workers, who have a first hand experience of the enormity of the problem, might be able to enlist more active cooperation with other professions by endeavoring to communicate, along with more precise awareness of the problem, a hope that solution is possible and their willingness to keep the focus

on the problem rather than allowing it to slip to secondary issues. This would constitute, in a very real sense, communication on behalf of the child.

COMMUNICATION WITH THE COMMUNITY.

The question of the responsibility of social workers for communication on behalf of the child could be pursued even further in the direction of bringing problems to awareness. It would seem that, as the persons most aware of the needs of children in relation to resources available, social workers have a responsibility to acquaint the community with the gaps they detect in these resources.

Social work agencies share a responsibility with the family, the school, the church, the health and recreation authorities, and other community institutions to provide the best possible opportunity for children to develop their full potentialities and to find satisfying life adjustments. The responsibility of the community toward the individual in helping him to find this adjustment is clearly recognized in the basic philosophy of social work. If social workers, either deliberately or inadvertently, help to conceal from the community those deficiencies in resources that might by cooperative effort be remedied, it could be argued that they are failing in an important area of communication.

Communication with the community must, however, be made with the exercise of professional discretion; with the discipline of objectivity; with the foundation of carefully

gathered and well prepared data; and, with the focus on constructive change. In short, its purpose should be, not to decry what is, but to suggest what can be. In order to thus utilize their communications more effectively, perhaps social workers will need to further gather in, articulate, clarify, and consolidate the knowledge, skills, and insights that now exist within their own profession.

## COMMUNICATION WITHIN THE SOCIAL WORK PROFESSION.

As has been seen, the needs of children and their parents are many and varied, and they call for the utilization of a variety of resources. The value of consistency and continuity in the helping process has also been seen. There are a number of social agencies within each community dealing with the different aspects of these needs of children. If continuity and consistency are to be maintained, there would seem to be a necessity for social workers to take stock; to define clearly their own competence; to identify the gaps within their own profession; and to appraise how effectively existing agencies are cooperating in regard to meeting the needs now recognized, with the resources now available. There would seem to be value in studying intra-agency communication and inter-agency communication, and in considering exactly what social workers, as a group, are communicating to their clients and to the community about their agencies.

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