

TREATMENT FOR EMOTIONALLY DISTURBED WARDS
OF CHILDREN'S AID SOCIETY.

by

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ABSTRACT

Of the 177 wards of the Children's Aid Society between the ages of 6 and 10 years inclusive at the end of 1949, there were 63 who were found to be emotionally disturbed. The purpose of this study was to evaluate the facilities available in this community for the diagnosis and treatment of this group of disturbed children.

The overall statistical material for the study was obtained as part of a group project, a group of students having co-operated in recording significant data on a card-index schedule for all children aged 6 - 10 in care during that year. When the group of disturbed children was sifted out of the whole, specific cases were then chosen for more detailed study and illustration.

Results from the study show there is a great lack of both diagnostic and treatment facilities in this area to deal adequately with this problem. In addition, there is a need to evaluate certain policies and expand certain resources already existing in the Agency to allow increased efficiency in helping these disturbed children. Greater awareness and more concentrated action in the preventive aspects of this problem would eventually help to decrease the number of children handicapped in this way.

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Rose Blinder.

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CHAPTER I

THE DILEMMA OF THE EMOTIONALLY DISTURBED CHILD

"In the last century, tremendous advances have been made in scientific knowledge of personality structure, its myriad variations, and the causes of these variations. It is known that each organically sound child possesses at birth varying potentialities for a happy, useful and rich life, but also that these potentialities, if thwarted, misdirected, or developed in a distorted proportion, can lead to any or all the emotional ills to which the human individual is susceptible. Such persons are handicapped or crippled in their emotions, their behaviour, or their capacities. This crippling of personality has been shown to follow the same rules as those of physical crippling. The distorted pattern becomes fixed if not skilfully corrected, just as a bone made crooked by an untreated fracture heals firmly in a distorted shape and needs expert skill to correct the pathology."¹

What some of the social influences are which thwart or misdirect the potentialities of a new-born infant, what expert skills and techniques have been evolved to correct the pathology, and where the community is in the application of these techniques will form the substance of this study.

Deprivation

From birth, a child is totally dependent on those about him for the care he needs to survive and flourish. Because of this, the understanding he has of the world outside of himself is determined completely by the way in which his needs are satisfied.

1. Gerard, Margaret W., M.D., "The Disturbed Child: Diagnosis and Treatment Needs", Six Papers on Child Welfare Problems, Child Welfare League of America, May, 1953

If he is well cared for, in an environment of consistent affection, he cannot but see the world as a pleasant place, and the people in it as kind and interested in his welfare. From this stage of feeling secure in and enjoying the pleasant experiences, it is not difficult to go a step further and love the giver of pleasant experiences - usually the parents, or, at this age, the mother. From this first tender, protective experience of mother love, the child can slowly develop the capacity to experiment with positive relationship to others, until, maturing more and more, he grows into a member of society, capable of positive love and co-operative social endeavor. To deny himself the pleasure of immediate satisfaction of his every need, the child must learn that this denial brings him something more satisfying than the pleasures of immediate gratification. This something is the love and approval he gets from his parents when he conforms to their idea of suitable behaviour for him.

But what if he faces deprivation of such love manifestations as handling, fondling, kissing, parental attention, as well as more specific basic biological lacks in food, warmth, and opportunity for motor activity, without the cushioning of his frustration which a positive relationship to his parents provides?

Experience has shown that deprivation of love, if complete from a very early age, may lead to severe infant withdrawal, with only fear reactions to persons, and finally, wasting away to a morasmic death, or because of this deprivation, he may turn his love into himself (narcissism), and is thus protected from further pain by loving only himself.¹

1. ibid, p.8

His energy becomes dedicated to self-satisfaction and self-aggrandizement; society and people become a useful means to this end.

This difficulty is complicated further during the period from three to six years of age, when the child's deprivations stem largely from the inadequacies of the inter-personal relationships within the family constellation. During this phase of development disturbances in the parental relationships, such as separation, or infidelity of the parents, may warp the emotional development of the child. Although the child during this period has attained the potential for independent motion and movement, he must still depend largely on adult consent and support for his actions. Therefore, the parents' attitude towards the child and his activities will critically affect his entire basic mode of operation. From the age of six to adolescence, if previous development has been normal, the most significant deprivations for the child seem to be related to interference with his accelerated need for social expression. His growth struggle at this period is to gain mastery of an enlarged environment and to develop physical, intellectual, artistic, and social skills. For the last named, he needs a sense of belonging in the family, school, and neighborhood groups.

"The family is as much a part of the individual as the individual is a part of the family. Unless concern for the individual is balanced by concern for the family group, emotional starvation will result, not because of the absence of emotional food, but because of the absence of the atmosphere that is required for the utilization of the food."¹

When the fundamental needs for healthy growth processes are not met in a child, hostile behaviour results. Bender defines

1. Josselyn, Irene M., "The Family as a Psychological Unit", Social Casework, Oct., 1953, p. 342.

this hostile aggression as "a symptom complex resulting from deprivations which are caused by developmental discrepancies in the total personality structure such that the constructive patterned drives for action in the child find inadequate means of satisfaction and result in amplification or disorganization of the drives into hostile, or destructive aggression."¹ She also points out that deprivation in the early years of life is perceived as such by the child: "Since the child is under the impression based upon experience, that the adult can satisfy his needs, he thus considers every deprivation of them as an act of aggression from the adult and reacts accordingly. The child acts as though there were an inherent awareness of his needs and there is thus the expectation of having them met. A failure in this regard is a deprivation and leads to frustration and a reactive, aggressive response."²

In childhood he may also show such symptoms of disturbed behaviour as compulsive cruelty, exaggerated sexual preoccupation, excessive sexual activity or perversion, truancy, marked distractible and erratic behaviour, or such neurotic symptoms as acute generalized fears, specific phobias, depressions, compulsions, learning inhibitions, as well as psychosomatic complaints of asthma, enuresis, ulcers, colitis, etc. In adolescence, he may come in conflict with the law through acts against life and property, acts in violation of sexual taboos, or symbolic equivalents of such acts, or acts directed at the restraints or restrictions of parents or parent substitutes, such as teachers, neighbors, or police. As an adult he may become a hobo, a clever criminal, or a greedy inadequate, unloving, unsatisfied human being.

1. Bender, Lauretta, M.D., "Genesis of Hostility in Children", American Journal of Psychiatry, Vol. CV, No. 4 (1948), p.242

2. ibid p. 242

Injury

Besides being exposed to an environment which brings largely deprivation of fundamental needs, some children meet crippling experiences which do tremendous damage to the personality integration. Like deprivation, which makes the child face suffering before he is mature enough to master it, so, frightening and painful experiences expose him to suffering he is not yet mature enough to avoid or resolve. To alleviate the pain, or to learn to avoid it, he may develop all manner of symptoms, as well as all manner of personality distortions. Again, he may withdraw from or avoid social relationships, become pathologically self-sufficient and self-centred, perhaps misleading adults about him, who interpret his self-centred conformity and dishonest pleasing behaviour as an omen of good adjustment. Among the many and varied traumata to which a child may be exposed, many hurtful experiences such as physical cruelty in various forms, inconsistent and unreliable ambivalent handling, sexual attacks or premature seduction, intermittent neglect with hunger and cold and exposure to brutal quarrelling of adults, or to frightening adult sexual relationships, appear regularly in case histories of disturbed children. Each trauma leaves a scar, and each scar handicaps the child's growth and optimum functioning.

It would be logical, therefore, to ask, how many children dealt with by a children's agency would fall into these various categories of disturbed children. On the basis of the previous discussion, it would be necessary to answer "almost all, in various quantities and qualities." Rarely do children come to agencies who have had normal, healthy lives, protected and guided by

wise, mature parents. Most of the children come from homes broken because of the inability of the parents to maintain mature marriage and social relationships. Careful histories very often unearth experiences of neglect, frequent rejection and often cruelty, poor housing with careless sexual behaviour, desertion, or dumping in one boarding home after another, etc. Hence, each child represents a challenge of one needing more than just good custodial care; one needing rehabilitation and corrective experiences that can partially overcome the disturbances resulting from the scars of previous injuries.

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Children's Aid Society of Vancouver

The major agency designed to meet this challenge and provide services for children in trouble in Vancouver is the Children's Aid Society. The work of the agency for many years has been divided roughly into two categories;

1. Family Work - involving casework with parents toward mobilizing family strengths and keeping families united, and towards helping the unmarried mothers in their immediate crisis, as well as to insure that an adequate plan is worked out for themselves and their children. Where, after considerable study and assistance, parents are considered unlikely ever to be able to provide a healthy environment for their children, the agency has the obligation of assuming guardianship, as a protection to the child.

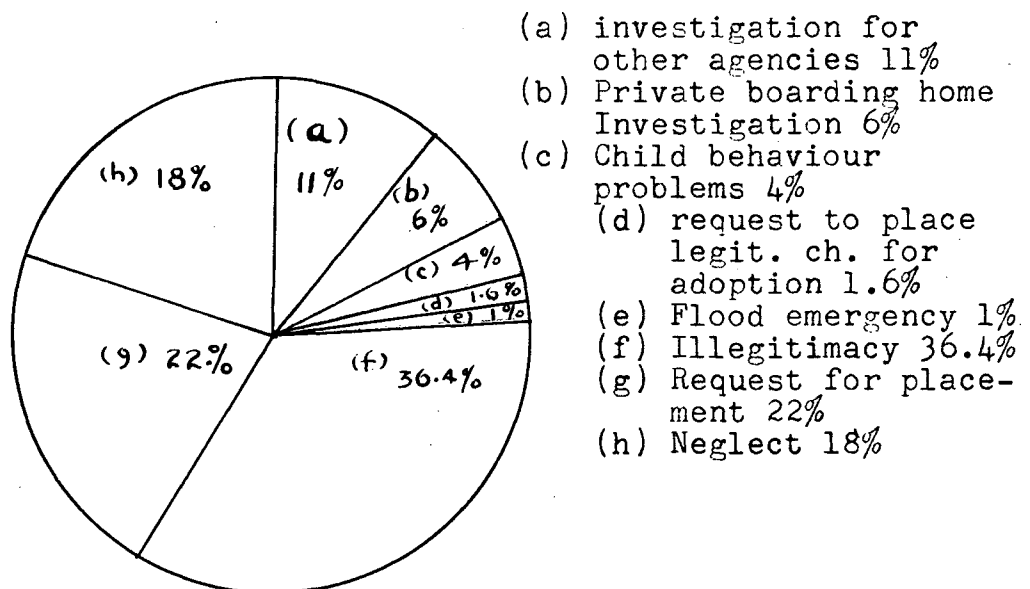
2. Child Placement Work - which is concerned with finding foster homes for children when their own home is too dangerous for normal growth, and they can legally be moved from it;

Hereinafter sometimes referred to as C.A.S.

with placing children in foster homes and supervising the placements, to guarantee that the child's needs are met as closely as possible. This work includes use of temporary and permanent placement in receiving homes and in foster boarding homes, placement in adoption homes, and investigation of and referral to "private boarding homes".

In February, 1954, reorganization united family work and placement in boarding and receiving homes, dividing the agency in regard to these functions on geographical instead of functional lines. Adoptions has been retained as a separate department, as has home finding. Placement and supervision of non-adoptable children in "permanent foster homes with a view to adoption" has been assigned to one worker, who works closely with the home finding and adoption departments.

Statistics from the annual report of the Society for 1948 show some reasons why 1287 new families came to the attention of the agency in that year.



This shows that over 80% of the agency's work centred around problems involving illegitimacy, parental wish for placement, neglect and behaviour problems in the children with which the parents could no longer cope. A further break-down of the problems presented shows that broken homes were a basic element in the family difficulties, with only 29.4% of the families having two parents in the home with married status. Some of the other problems occurring in the 2661 families assisted in that year were listed in the annual report as follows:

Illegitimacy	1140
Family Relationships	899
Placement	777
Adoption	563
Physical Neglect	334
Inadequate income	308
Moral Neglect	218
Illness	218
Delinquency	200
Non-support	178
Mental Disturbance	117
Drunkenness	114
Public Relief	99
Non Residence	98
Mental Defectiveness	94
Unemployment	84
Family Allowance Investigation	66
Physical Cruelty	65
Medical Neglect	64
Truancy	59
Transient	44
Parent in Jail	43
Specific Disease	40
Custody Investigation	24
Housing	16
Children Apart from Guardians	14
Immigration Investigation	13
Legitimation Investigation	9

These figures add weight to the assumption that it is very reasonable to expect that many of the children coming to the agency will have had damaging experiences and be emotionally disturbed to some degree.

Selection of Case Material

This study was stimulated by the expressed interest from the Children's Aid Society of Vancouver to review the total situation of wards of the agency between the ages of six and ten, in an attempt to determine whether there were any problem areas common to this group which might in the future serve as guide posts to the agency for further evaluation and/or modification of practice. Sometime before, a similar study had been done with regard to the 3-6 age-group who were wards of the Society, and this study had been found extremely helpful in highlighting certain policies and practices which had become antiquated, and which were subsequently changed because of new-found facts and knowledge. Consequently, several theses were envisaged, each to examine in detail certain areas of difficulty as seen by the Agency. The focus of this thesis is the degree and kind of emotional disturbance as it occurs among the children in permanent care, the facilities available to treat this problem, and the gaps in needed services which still exist in this area.

This is not, therefore, an extensive evaluation of the total problem of emotional disturbance of children in Vancouver. It deals only with a small number of children known to one particular agency (C.A.S.), and draws implications only from an examination of specific records amongst the total number of wards between the ages of six to ten years as of the end of 1949 who were showing symptoms of emotional disturbance (63).

As a first step, a master card was designed to be used by all the individuals doing research into the problem of this particular category of children. All the children of the stated age

as of December 31, 1949, and who were wards of the agency at that time were recorded on these cards. For purposes of this study, those sections dealing with adjustment and evaluation by the Child Guidance Clinic were of foremost importance. The child's adjustment in his own home, foster home, school, and social relationships was considered to be good, fair, or poor, from careful reading of each record. Those who were judged to be functioning poorly in two or more areas, or who had been considered to be emotionally disturbed by the Child Guidance Clinic were the cases chosen for the purpose of this study, since they represented the most extreme, and therefore showed more clearly the problems from the agency and community point of view.

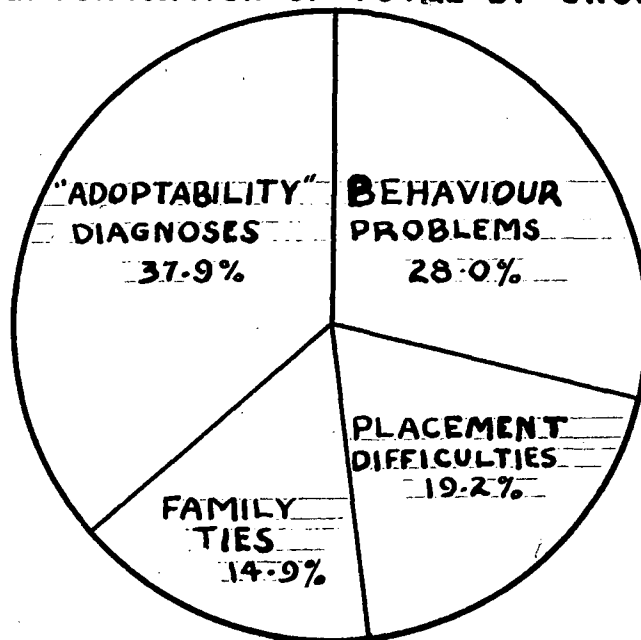
Sample of Master Card

Date of admission:		Case No.:	
NAME:	SEX:	DATE OF BIRTH:	
WARD:	Non-Ward	Legitimate	Illegitimate
TYPE OF HOME:	Free	Foster:	temporary permanent
STATUS OF PARENTS: Living together		Not living together How long separated?	
INTELLIGENCE OF PARENTS:			
NATURAL FAMILY RELATIONSHIPS:			
ADJUSTMENT: Good Fair Poor			
Home School Social Foster home			
C.G.C.	a) Psychometric		
	b) Other diagnosis & recommendations		
MOVEMENT TOWARDS ADOPTION:	Yes	No	

The preceding is a sample of the master card used to summarize the pertinent information sought about each child. Examination of it reveals that this information centred around clarifying the functioning level of the child in all his relationships, as well as some comment on the major causes which may have prevented or postponed adoption.

Of the 1117 children in care of the C.A.S. at the end of 1949, 200 were between the ages of six and ten. One hundred and seventy-seven were wards of the agency. Thirty-eight of these wards were on adoption probation, leaving 139 who were the concern of this study. Of the 139, 63, or 28% were reserved from adoption because of behaviour problems. (See chart below)

CLASSIFICATION OF TOTAL BY GROUPS



From careful examination of the material on the 63 cards chosen as illustrative of the most severely disturbed children, it became evident that the chief reasons for the children having come into care were threefold:

1. The child's own home environment had been so destructive

that the court had removed guardianship from the parents, and invested the agency with the responsibility of planning for these children. These were usually situations of desertion by the parents or obvious neglect and/or abuse. There were 30 children in this group.

2. The child had developed behaviour problems to such a severe degree that the parents felt completely unable to handle the situation any longer, and had voluntarily given up guardianship to the agency so that they would no longer need to be responsible for the children. There were 15 children in this group.

3. The child had been the baby of an unmarried mother who had asked the agency to plan for her child at birth or shortly after, since she felt unable to do so adequately herself. There were 18 children in this group.

These are the situations which have brought these children into the agency's permanent care where they have already been for an average of 5.12 years. (See following table.)

LENGTH OF TIME CHILD IN SOCIETY CARE		
YEARS	No. OF CHILDREN	TOTAL YEARS
1	10	10
2	18	36
3	15	45
4	13	52
5	10	50
6	27	162
7	18	126
8	15	120
9	9	81
10	4	40
TOTALS:	139	712
AVERAGE LENGTH OF TIME/CHILD: 5.12 YRS.		

Their implications for services and treatment for the child and his family, as well as the agency and community, will be discussed more fully in the following chapters.

CHAPTER II.

NEGLECTED AND ABANDONED CHILDREN.

Fortunately, there are not many children whose coming into care is so precipitous that the caseworker has no time or opportunity to learn the behaviour and personality of the child who finds himself involved in this unhappy experience. But there are some; and they obviously present very special problems. What resources are available to deal with these problems; and what resources are necessary to deal with these problems constructively?

Some of the children coming under CAS care are found wandering the streets with no parental supervision. More typically, some are abandoned in moving picture houses, hotels, private boarding homes, or occasionally in their own homes. Usually, abandonment comes as a culmination of many months of mismanagement or outright rejection, depending on the age of the child at the time. It is a common experience, to find a youngster who has already developed many problems, and who exhibits symptoms of acute anxiety or outright fear at what is to befall him next. He has thus far experienced chiefly discomfort at the hands of the adults he knows; what then can he expect from grown-ups whom he does not know?

The immediate plight of these deserted children is similar to that of displaced youngsters who overnight find their world completely changed as a result of war. All the familiar surroundings suddenly are no more; all the well-known faces have vanished. What is the influence of sudden and violent change on the personality of a young person whose life has just begun to take root?¹ Anna Freud and others have given great insight into the

1. Freud, Anna, War and Children, New York, Medical War Books, 1943.

damaging effects of these experiences on the personality of young children. Yet, in most cases, these children were secure and happy in their own homes before the ravages of war affected them. They had, in all likelihood, built up enough strength to be able to protect themselves at least somewhat from these unexpected blows.

But this group of mistreated and abandoned children placed in agency care have seldom known acceptance and understanding from their own folk. Because of the suddenness of the change in environment, and because of their earlier hurts, these children are particularly vulnerable. The utmost care must therefore be exercised to insure that no further damage is done them. The problem is thus a double one: to help them recover from this most recent traumatic experience, as well as from the consequences of their damaging past.

At the National Conference of Social Workers, held in 1946,
1.

E. Marguerite Gane discussed at great length the problems facing a protection worker dealing with neglected children, and the resources needed to deal satisfactorily with these problems. She states:

"New interest has been directed toward the problem of the neglected child in the last five years, because people have become increasingly aware of the close relationship of neglect, and behaviour of the neglected child. Children respond to abnormal home situations in a dramatic way that no community can ignore...".

Case-work

The first resource available to such a child is the warmth and understanding shown him by a trained social worker who appreciates the hardships which he has known, and is prepared to handle

1. Gane, E. Marguerite, "A Program for the Protection of Children", National Conference of Social Work, 1946, p.379.

constructively the subsequent behaviour. When a child has been exposed to a crisis in his home, he needs to be helped through it by the caseworker, whether she can prevent or delay a placement, whether he has to go into shelter care, to relatives or into a foster home. Since a protection worker is not always in a position to prepare a child for what is going to happen or for what is happening she has to help him bear it, help him move suddenly into a situation which is strange to him. The way may be made easier when temporary placement resources are provided by the same agency, and many protective agencies consider such care to be necessary resources within their program. Indeed, the protection worker is immediately faced with the need to provide the physical necessities of life for this child. Shelter must be found, and someone must take over his daily care. The answer to this problem in the Vancouver Children's Aid Society, as in many other child-caring agencies during the past century, has been the foster home.

Foster Home

On such short notice, it cannot be a specially selected foster home to meet the needs of a specific youngster. The worker has not yet had time to determine what these specific needs are. At best, it is a house which has room for one more child, and one or two adults with a certain degree of acceptance and love for all children. In the same article^{1.}, Marguerite Gane continues: "Usually, the resources provided for neglected children are the same as those provided for other children needing placement. More professional attention should be given to the fact that children who are removed from their home as a result of court action are apt to be in

1. ibid

a more highly emotional state than those placed through the initiative of their parents. The conditions of some children get so bad before they are brought to the attention of the authorities, that, when they are alleviated, the children's personalities are so badly damaged that the children cannot accept placement in a foster home." The dangers inherent in this use of regular foster homes for "temporary" placement of neglected children became apparent as some sample cases illustrate their use. The first example to point up these problems is Billy.

Billy

The case of the three A. children first came to the attention of the C.A.S. when neighbors complained that Mrs.A. was leaving her three pre-school youngsters alone much of the time, that she was drinking heavily and "carrying on" in front of the children. Several attempts to work with the mother failed, since she was un-cooperative, and denied that her children were being neglected. The Public Health Nurse who had also had contact with the family felt that the C.A.S. could not prove neglect at this time, and so nothing further was done. The mother left her husband periodically, and he contacted the agency for help in planning for the children. But these intervals always ended in reconciliation of the parents, and a return to the same pattern.

Eventually the parents separated permanently, and the mother began entertaining various men in her rooms, and completely forgot about the children. Almost two years later, the children were picked up by the police because they were wandering in the streets alone in the rain, improperly clothed, and locked out of their rooms, and consequently they were taken into care. The patient, Billy, and his two brothers, one three years older and one a year younger,

were placed together. A sister was placed separately.

Because the mother's visits upset him greatly, and it did not appear that she would ever be able to plan satisfactorily for the children, visiting was discontinued after the first few months. The child did not present any gross problems in this home until he started to school. Here he was found to be immature for his age, not at all interested in his school work, and constantly suffering from enuresis and soiling. This continued from the time he was six until he was eight, when the Child Guidance Clinic was finally consulted for help with Billy's problems. In the social history prepared for the clinic appears the following:

"Upon admission to the C.A.S., the patient and his brother were placed temporarily with experienced foster parents. At this time foster homes were scarce, and although the parents were elderly, they were willing to care for these boys, who were dirty, had scabies, and had to be placed late at night. The foster parents are now in their early seventies, and although they are extremely kind to the children, they are definitely too old for this responsibility."

In the tentative social plan the worker states: "In view of the parents' age, patient's eventual replacement seems inevitable. Would a change be upsetting for the patient at this time?"

The recommendation of the C.G.C. was that the child be prepared slowly for removal from this home, which is the only one that he has known since coming into care. Because the enuresis persisted in being such a problem, Billy was seen at the Child Health Centre, where the doctor felt that he was suffering enuresis on a psychological basis, and that the foster parents were not meeting his needs. The child seemed to be "suffering from inferiority as compared to his brothers." The doctor felt that he needed to have his ego built up "on his own merits". At the time of this study work had been started on getting the child and his foster parents

used to the idea of his leaving the home, but it is bound to be a difficult process for both of them.

It becomes quite evident from this case record that the only resource available here for emergency placement of children, a regular foster home, is not the answer in every case. Because of the lack of suitable foster homes available for emergency placements, compromises must often be made, particularly when a child comes in to care in a precipitant manner. Once a child is placed, no matter how unsuitably, workers resist moving him. Then, too, under pressure of heavy and demanding caseloads, the temptation becomes too great for a worker to forget about a child's need for a more suitable home once he does not present too many problems and the foster mother does not complain too often. In this way, temporary placements grow into permanent ones which are entirely unsatisfactory, and bring with them complications which need never have arisen. If a careful distinction existed in the minds of both the worker and the child when a home was planned as temporary, the feeling of failure when replacement was necessary, and the worker's consequent resistance to undertaking the move would be greatly relieved.

Lack of Resources

The problem from the Agency's as well as the individual worker's point of view is an exceedingly difficult one, particularly in the case of disturbed children. Inadequate numbers of foster homes can make impossible the matching of the foster home to the child's needs. As well, recognition of differential use of temporary and permanent foster homes is difficult if only one home is available to the child, whether his needs are for permanent or temporary placement. Development of emergency receiving foster homes

for temporary use would greatly relieve immediate pressure on the workers in such instances. In addition, the child would be insured more careful consideration of a home which was planned as a permanent one for him.

The situation for disturbed children is further complicated by a lack of resources in our community other than foster homes. For some children it is obvious from the time they first come into care that their need is not for a foster home at all. Where circumstances make necessary the use of foster homes under these conditions, the efforts of both the worker and the foster parents can^{but} not be doomed to failure. The foster home may be lost, and the child further damaged, as the story of Peter illustrates.

Peter

Peter is one of the five youngest in a family of thirteen. These five were admitted to care when Peter was six, his two older brothers going to one home, and his two younger sisters to another, while Peter went to a third. There had been a long series of complaints from school authorities regarding the lack of food and general neglect of the children, but it was not until one year after the first complaint that the father, who had been separated from his wife in the meantime, joined with the C.A.S. to prove neglect by notifying them when the wife left the five younger children locked in their rooms while she frequented one of the local taverns with one of the oldest daughters.

Peter was enuretic and was still soiling frequently when admitted to care at the age of six, and these problems increased when he started school. He became disobedient in the home, and was "mean" to the two year old natural son of the foster family.

At school he was almost unmanageable. He was described as boisterous and deceitful, and masturbated excessively.

The foster mother had originally planned to keep Peter permanently, but she soon became unsure of this decision, and continually vacillated between keeping him and sending him away. The C.G.C. found him "an insecure, extremely anxious child, eager to please and conform." They felt "his outlook is good if he could be placed in a home where there is a likelihood of permanence, and where he could get a good deal of security and affection." After the clinic the foster mother decided that she would keep the boy, but after three months she asked to have him moved because she could not cope with him. Peter was then moved to the home where his two older brothers lived.

He seemed to progress adequately in this home for a whole year, until it was discovered that he had stolen some money from some guests of the foster parents. They became very upset, called in the police, and insisted that Peter be moved immediately, which he was. During this upheaval, the foster parents stated that they had been disappointed in Peter from the start, since he did not compare at all with his two brothers, but they had hated to break up the trio. Peter was again placed in a temporary foster home where he is getting along "not too badly", but his future is uncertain to say the least.

From the start nothing was known about the nature and problems of this boy, other than his soiling and enuresis, which in a six year old would make one suspicious of emotional disturbance and regression. This was borne out later by his behaviour in the home and at school. This disturbance, due to his early damaging

environment, increased by the trauma of his removal through court and separation from his family was aggravated by being put in a home which had a younger child, a foster mother who was not prepared to like a boy like Peter, and who was never certain that she wanted to keep him. This rejection was again underlined at the next foster home where Peter compared unfavorably with his two brothers, already established in that home. And again, with no treatment for his problems, he finds himself moved to yet another temporary foster home.

Surely it would have been helpful either at intake or after the first foster home failure for Peter to go to a therapeutically conditioned environment where his needs and ways of reacting could be studied, treatment given if necessary, and suitable foster or adopting parents selected to satisfy his needs. A close relationship between Peter and a worker begun in his own home and carried into the foster home could help create some continuity in the child's life, and help him understand what was happening and why, give him a new experience of an interested adult, and thus bridge the gap between the past and the future.

Receiving Home

What then is lacking in Vancouver that could make possible more adequate placement of these already damaged children? In 1945,¹ the Curtis Committee appointed by the British Government to enquire into the existing method of providing for children who for some reason or other were deprived of normal family life made the following statement:

1. Moss, John, "The Care of Dependent and Neglected Children", Social Service Review, March, 1948, p.180.

"We felt that it would be wrong, in view of limitations placed on boarding out by the number of good foster parents available and the risk to the child where the home was less than satisfactory, not to develop to the full, side by side with boarding out, an alternative form of compensation for the loss of a normal home life". One of these alternative homes was the reception home. "We did not consider that children who came into care of the authority, above the nursery age, should be placed in the home in which they are to remain." One of the chief purposes of these reception homes was for observation of the child, to see whether he is normal and well-adjusted to society or whether he needs some special treatment to restore him to normality.

Susanne Schultze enumerates the following groups of children who would profit most from group living in a "dependency institution".¹

1) The child who has such strong family ties that his acceptance of substitute parents would be very difficult. (In this regard, it has been observed that strong positive ties after an initial period make transition into a new family easier. Strong negative or mixed ties, however, interfere with this transition.)

2) The child of separated parents who is being used as a pawn by them to meet their own needs, with the situation heightened when one or both of the parents remarry.

3) The child of certain inadequate parents, who, because of their attitude towards their failure as parents, seem to prevent another family's success with this child.

1. Schultze, Susanne, "Group Living and the Dependent Child", National Conference of Social Work, 1946, p.387.

- 4) The child who is unable to form the close relationship with adults that is necessary in a foster home.
- 5) The child who has had a succession of failures in foster homes and is in need of a less personal environment before attempting family life.
- 6) The child who requires a period of close and continuous observation in order to determine his needs.
- 7) The child over six years of age who needs regular habit training.
- 8) The child who needs protection from unstable parents.

In discussing such a home for observation and treatment,
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Martin Gula explains its use as follows: "Within this expressive atmosphere our practice is to observe as many areas of a child's daily living as will help to evaluate his total personality". For this purpose a daily log is kept of each child, and staff conferences held periodically.

"Residence staff prepares its summary of the child's current adjustment trends. This includes such areas as physical mobilization, eating habits, feelings about his parents and siblings, the use the child makes of staff members, attitudes towards boys and girls, emotional fluctuations, reactions to frustrations, use of time, sleep, and money, detailed information as to the child's response to school, work, and material possessions, his interests, feelings about the caseworker, the treatment process, and his residence in the "home"."

"The purpose of the conference is to arrive, if possible, at a causal base for the youngsters disturbance, to establish a relationship between the inner needs and the outer symptom picture, and to formulate a treatment plan designed to meet these inner needs. If the child has been referred for a short diagnostic period, the service of the residence may terminate after the conference if it is felt that some other service can better meet his needs..."

1. Gula, Martin, "Study and Treatment Homes for Troubled Children", National Conference of Social Work, 1948. p.333.

We know that residence expands and deepens our knowledge of every child we serve, both on a short term diagnostic basis and on a longer term treatment basis. This understanding of the child, obtained in a controlled setting, provides for some children a sounder foundation for diagnostic and treatment formulation, treatment testing, and actual treatment progress than could be obtained in any other setting."

Emergency Placement of the Pre-School Child

Although the question of placement of the pre-school child is not specifically under consideration in this thesis, an examination of this problem may not be out of place at this point. Particularly is this so since many of the children who are at present suffering from disturbances came to the care of the agency before they were of school age, and it is entirely likely that they found adjustment to their new situation more difficult because of the lack of resources to deal adequately with that new situation.

In his article, "The Child Away from Home",^{1.} John E. Dula states, "WE recognize that a variety of programs should be available in every community in order to provide that particular type of care which is best suited to meet the individual needs of a particular child".

"Modern child welfare practice links certain categories of children with certain types of foster care. It is generally agreed that babies should be placed in boarding homes...[#] By and large, for the pre-school child, two to six years old, foster family care is better than institutional care."

1. Dula, John E., "The Child Away from Home", Journal of Social Casework, April, 1948, p. 130.

[#] This is to be clearly differentiated from an institution, which is in many areas defined as any establishment caring for over 2 or 3 infants, or over 4 or 5 unrelated older children.

1.

Laurette Bender, writing for the Child Welfare League of America, presents further convincing arguments why infants below the age of six should never be placed in an institution, other than for brief temporary care. This philosophy, upheld as it has been by most child-caring agencies on this continent, constituted a healthy trend away from the use of "baby homes" where the greater ease of giving physical care to young children in large groups was stressed, and the loss in mental and emotional development overlooked.

The swing away from institutions and in favor of foster homes in the 1920's and 1930's was, like most social pendulums, an exaggerated swing. Foster home placement became the cure-all for every condition of dependency in childhood. What social workers failed to realize was that a special type of home was necessary for young children who had known nothing but hardship and neglect. Use of regular foster home placement brought with it many problems which exaggerated the child's initial difficulties. From the case history that follows, it becomes evident that foster homes for this group of damaged children must be selected even more carefully than for the average child requiring placement.

Jerry

Jerry was apprehended along with his two older sisters after many private boarding home placements and final abandonment by the mother in the last one. The father was overseas, and could thus not assist in planning for the children. When the three children, all of whom were severely physically neglected and suffering from scabies were brought into care, Jerry was only two years old. Two weeks in

1. Bender, Laurette, "Infants Reared in Institutions - Permanently Handicapped", Child Welfare League of America Bulletin, Sept., 1945.

hospital cleared up the skin condition, and the baby was then placed in a temporary foster home until something more permanent could be found. This temporary foster home placement lasted for six weeks, and he was then moved to a "permanent" home. However, because of the extreme reaction on the part of the foster parents' natural child, who was $3\frac{1}{2}$ years old, the family decided against keeping the baby, and requested placement after two months. At this time, Jerry's symptoms were largely those of general unhappiness of a child of his age, disturbed sleep, whininess, and lack of animation. In the following period of nine months, Jerry stayed in a series of four different foster homes, each one of which was to have been permanent, but which fell through largely because of sudden illness on the part of the parents, or because of their inability to cope with a small child in their home.

By the time Jerry was just over three, his behaviour problem had increased markedly, and since no suitable foster home was available, he was placed in the agency Receiving Home. Here, he was found to be again suffering from diurnal and nocturnal enuresis, although toilet training had at one time been accomplished. He was extremely destructive, breaking anything he could get his hands on, and was generally completely unmanageable.

He did not like the Receiving Home, and after a stay of three months, he was thought to have settled down sufficiently for placement to be possible. In the home which was now selected he remained for fifteen months, and gradually his problems cleared up. He and the foster father became great friends, and the child grew very attached to the family. Unfortunately though, the foster

father died suddenly, and the mother found that she could not keep Jerry. Because the foster mother was leaving town shortly after the funeral, another precipitous move was made necessary.

The next placement lasted one week, during which the child cried much of the time, and asked to be returned to the former foster mother. His next move was into the country, where it was thought Jerry would have more opportunity to form a strong relationship with the foster father. Both of these placements were made during a time of mourning for the lost father. Because the child was not prepared emotionally to accept a substitute unless the adult was willing to accept disturbed behaviour and help him understand and make the transition, and because the foster father had received little if any help in understanding the problem, this placement was in advance doomed to failure. By the time Jerry was placed in this home, he was soiling as well as wetting, and the foster father took an immediate dislike to him because of it.

In this hostile environment, the child became increasingly upset, "wanted to be moved, didn't like the home" and could think only in terms of leaving as soon as possible. After four months of working with Jerry and the foster parents, the supervisor was convinced that the home was impossible for this youngster, and he was removed from it. In the next home, the child seemed to fit in better, but a certain amount of the damage done by his early experience was by this time irreparable. His enuresis continued, and his ability to learn in school was so affected that repetition of grade one was necessary. Since then he has settled down nicely in this home, but although the natural parents have not been in touch with the Agency for some years now, no permanent plans had

at the time of study, been made for the child, and a sudden move from this home where he had at last found some security could become necessary at any time.

Initially, careful evaluation of this child and his needs with more thoughtful planning throughout, and the availability of more varied resources for treatment could have done much to avoid the multiplicity of placements which resulted. When he was first moved from the hospital, a special temporary observation foster home where his responses in the life situation could be observed carefully by a trained foster mother, might have provided Jerry with a constructive start. Much could have been learned regarding the special needs of such a child in this warm, permissive home environment, at the same time that some of his needs were being met. With the help of the foster parent's observations, and having had an opportunity to establish a relationship with the child, the social worker would then have been equipped to plan realistically for the child, to avoid in advance the danger of many replacements, each one adding a little damage to that done by early experiences of rejection and the initial removal from his family.

Summary

Many factors can prevent a child who is precipitously removed from his natural family from making an adequate adjustment in his substitute home. Among the primary factors has been a serious lack of suitable foster homes, which make impossible the matching of the home to the child's special needs. As well, the acute shortage of foster homes make it impossible to make differential use of these homes on a temporary or permanent basis. Where there is also an acute lack of other resources necessary to a child in this position, the need for careful evaluation of the situation

is especially needed. It becomes clear that much is lost in terms of the worker's time and energy, as well as resultant damage to these dependent and neglected children when suitable foster homes are not available. In the same way, when only one resource is at the disposal of the caseworker, placement of necessity may end disastrously, and leave scars which the child carries with him for life.

As well as a greater variety of foster homes and more careful use of those already available, additional resources are necessary, according to the age and background of the child under consideration. Before the "permanent" placement of pre-school children whose background indicates one harmful experience after another, through experience we know that thorough observation is necessary before this move is made. For this purpose a few foster homes with exceptional parents are necessary, so that the child can be observed in a warm, positive environment where he is at the same time forming a different picture of people and their relationship to each other than he has heretofore experienced. Guided by this information, permanent placement could then be made with much more assuredness.

The child of school age with a pathological background often cannot fit into any foster home situation immediately on coming into contact with the agency. An agency which has only a foster home to offer him is missing a real opportunity to be of service to him. A receiving home to be used on a temporary basis while the child and his worker get to know each other and while a suitable home can be located is essential. Careful assessment and a resulting plan skilfully carried out can result in a high percent-

age of successful placements. Successful placement is a matter only of chance if wholly inadequate information is available about the child, or if wholly inadequate facilities are available to meet his needs when they are known. Measured in terms of misery and permanent damage done to each of the children whose placement fails, the law of averages is not good enough. The community needs also to face squarely the greater financial costs of unnecessary replacements, immediately in terms of worker's time and other treatment made necessary, and later in terms of children becoming dependent and delinquent. Also, every child-placing agency must be eternally vigilant that the existing facilities are being developed and used for the maximum good of each child, and that enough new resources are constantly being sought to fill the gaps that become evident after careful scrutiny.

CHAPTER III

"PROBLEM" CHILDREN

The second reason stated previously for children of this age group being in care is that their behaviour has become so extreme that the parents ask for placement because they can no longer cope with it. This type of situation is in some ways different from an ordinary "Protection" case which is initiated by a complaint of neglect by someone in the community. However, for the worker, the basic task remains the same in either situation: to establish a working relationship with the client so that a careful social study can be made.

By the time the situation has deteriorated to the point of an outside complaint or a parent asking to have the child removed from the home, much suffering has already resulted for the parent, and more especially for the child. Considerable work is likely to be necessary if this suffering is not to result in permanent damage for both. It follows, therefore, that the most valuable resource which a children's agency has to offer those clients whose problem centres around the emotional disturbance of their children is an intensive casework service.

However, this service can only be of the greatest help to the parents before the situation has deteriorated to the point that the parents have lost hope and much of their possible feeling for the child. If parents come for help with their problems when they are most capable of participating in constructive planning for the child, much more can be accomplished. Unfortunately, however, parents are not likely to come early to a child-placing agency. By the time a

parent brings his problem regarding his child to such an agency, he may have chiefly one plan in mind; either to punish the child or be rid of him. The parent who places or even relinquishes for the welfare of the child does occur, but is certainly atypical.

It is here that the caseworker's skill in determining the degree of rejection involved and handling it appropriately can in large part determine the outcome of the case. Often the degree of rejection is such that the parents have no remaining ability to love or care for the child. Sometimes their insistence on retaining the child punitively may be symptomatic of even greater rejection. In these cases, it is the worker's duty to help the parent relinquish his parental position with the least possible harm to the child and parent, and proceed with some other suitable plan for him. Where there appear to be some positive factors in the relationship, it is essential that they be evaluated, not only in terms of seeing if and how they can be developed to meet at least the minimum needs of the child, but also in terms of decisive action in planning. In the survey conducted by the Protection Committee of the Canadian Welfare Council,¹ "this need for careful diagnosis was everywhere apparent, and the skill used in the diagnostic phase seemed to forecast the measure of success in helpful service or treatment for the family."² In discussing social casework treatment in protection cases, it points out "an agency in treating a protection family is concerned not only with achieving the right final decision as to whether the children should be removed or left in the family unit,

1. Child Protection in Canada - Canadian Welfare Council, Ottawa, 1954, p. 17.

2. Ibid, p.19.

but more immediately with the best possible conditions in which the family may recover and re-establish itself even when neglect has been present.

The agency therefore seeks to ascertain the degree of strength within the parents and the family group, the degree of concern about the present situation, and the capacity of the family to change. There are guides for a worker in treating a protection situation, and by his knowledge of them he directs his activity."

The following record illustrates how a lack of evaluation of the potentialities of the situation, together with the lack of case-work services offered to the parents caused nothing but continuing uncertainty after three years of placement.

David

David's family first came into contact with the Children's Aid Society when the child was fifteen months old. At that time, during one of the many periods of separation between the parents, the father approached the agency regarding placement of the child, since he felt that the mother was giving him inadequate care. However, the parents resumed living together before anything further was done, and the matter was not pursued. During the next six years, a long series of desertions and separations followed, finally culminating in divorce. Shortly afterwards, David's mother took up a common-law relationship with a man who had a family of his own, and who did not get along well with David. The child's behaviour deteriorated to such a degree, and the symptoms of stealing, lying, breaking windows, and setting fires became so severe that the mother felt she could no longer cope with the situation. She asked that David be placed in a home where

he could have the father relationship so necessary to a boy of his age, in the hope that this would improve his behaviour.

After six months of placement, David's acting out and testing developed beyond what the foster parents could take, and they asked to have him moved. In the next home, the parents were better prepared for the kind of behaviour they might expect from the lad, and after a period of more severe behaviour, he settled down, his symptoms decreased, and he expressed a desire "to stay here forever".

After a period of about ten months in this home, David's mother was so encouraged by the change in his behaviour that she decided to have him back. At this time, the agency intervened, and made the child a ward, since they did not see that the situation at home had changed in any respect. (It is interesting to note that no regular casework interviews were held with either the mother, the father, or the step-father during this period.) After pressure was exerted by the mother, a visit was arranged for David with his family during the Easter holidays, but this visit resulted in David's return to his foster home in a very disturbed condition, since his feeling of rejection was obviously heightened by this experience.

Another year in this foster home passed, with the parents asking periodically to have David back, and the foster parents being unable to accept such a move, since the step-father did not really accept David, and the mother could only cope with him when he was "good". So, after three years in agency care, and with the stormy period of adolescence approaching, David still finds himself in the uncertain position of "no man's land", with the agency, his natural

parents, his foster parents, and himself all wondering what is to happen next.

When David was first taken into care, an assessment of the potentialities of the situation would have led to the formulation of a plan which would have clarified the situation for all concerned. Often, in such circumstances, dual family citizenship is inevitable at times. With help from the worker to the child, the foster parents, and the natural parents, such a situation can be developed into an asset rather than a detriment to the child.

Foster home placement as a treatment measure.

Thus far this discussion of the treatment resources available to these emotionally disturbed children has been developed largely in terms of the lack of the necessary facilities in this community. However, there are problems which require no facilities beyond those already present within the agency, and some which require an increase of facilities within the agency. Foster home placement of a disturbed child as a treatment measure, rather than as an end in itself is one of the measures whose possibilities have not yet been developed to any extent in this agency.

Essential would be a careful study of the case before any decision for placement was made. An evaluation would be made of the severity of the child's disturbance, as well as an estimate of the treatability of each of the natural parents and their eagerness to accept help towards modifying their relationship with the child. With this material at hand, it would then be possible to come to an intelligent conclusion as to whether it was going to be possible to help the parents with their feelings towards the child and improve

the situation to the extent that a return to his natural parents would eventually be indicated, or whether it would be wiser to work towards a permanent substitute plan for the child.

In either case, it is possible for decisive action to follow. If it is the opinion of those studying the case that the parents and child have sufficient strengths to make possible the eventual rehabilitation of the family, then, with everyone's co-operation, a treatment foster home program can be undertaken. During the time of placement, both the parents and the child would undergo casework treatment in order to work out some of the problems which made placement at this time desirable. Under these circumstances, the child is helped to see the placement request not as a further rejection of himself because of his behaviour, but as something the parent has decided to undertake because of his concern for the child, and because of a sincere desire to help him. The parent's part in the whole treatment process makes this explanation more plausible to the child.

After periodic re-evaluation of the situation, it is then possible to determine when the child's behaviour and the parent's reaction which may have been the precipitating factor have sufficiently altered and taken root over a long enough period to allow a reunion of the family. When this goal has been accomplished, it is not difficult for the child to resume his place in the family circle, because he has been in close touch with his parents and other siblings throughout the time of treatment. To insure this, regular visits and letters are arranged with the co-operation of the natural and foster parents, in keeping with the treatment plan. Experience has taught that changes in attitude and behaviour cannot become sufficiently stabilized for a return home in less than a year, including

at least nine months of the child "getting on well."

If, on the other hand, the preliminary evaluation indicates that the relationships in the family are so destructive that no degree of happy living together is possible, the worker can then proceed in the direction of permanent separation. The interview time which might have otherwise been spent in aimless wandering can then be channelled more constructively toward helping the child and the parents to accept as a plan based on the parents' concern for the child's future the separation which has already begun long ago. Such a positive basis is supportive both to the parents' and the child's self-respect. It is possible in the meantime for the worker to be looking for a particular home and foster parents who would be most suitable for the youngster in question, and be preparing the child and the home for placement, so that the child would not be experiencing only the loss of any family ties he may have known, but would be gaining a positive relationship with other people who are interested in him, and want to help him.

This is not to be taken to mean that all the situations involving parent-child relationships can be helped by temporary foster home placement during a treatment period or a parent-agency planned separation. There are some cases where the parents cannot be helped either toward temporary placement, or relinquishment. Sometimes, because legal grounds are lacking and the parents are ambivalent or have hostile ties towards the child and will not accept casework help, agencies can help most by letting the situation deteriorate until action is possible. In other instances, legal action without parents' co-operation may be essential for the child. Much careful consideration must be given to each situation, lest the worker

might inadvertantly be attempting the impossible. This is one type of case where skilled supervision and psychiatric consultation available within the agency could avoid much fruitless labor. However, more research is needed to define and provide for those cases where parents cannot be helped to plan for their children in either direction.

Foster home placement as a treatment measure has many possibilities in the treatment of certain cases of emotionally disturbed children after institutional treatment or where the parent-child relationship is not so pathological as to defy immediate constructive change. Even in those cases where the problem, on investigation proves to be beyond the help of this kind of treatment, there has still been a gain in terms of case planning, for subsequent steps become apparent, and the case can then proceed from a much more solid base. It would appear that there can be positive value in considering the potentiality in every case where the parents come to the agency with a "problem" child who is "getting on his nerves" so that he can no longer cope with the situation. This constructive approach is valuable in saving useless moves, unfruitful interviews, and in furthering good agency and client-public relationships.

Improved Special Foster Home Facilities.

Throughout this study, whether we were discussing children whose behaviour was unknown when coming into care, those who developed behaviour problems while in care, or those who were already disturbed at the time of their first contact with the Agency, the problem of adequate foster home facilities is a common one. This is so particularly when a child is disturbed, and is acting out his feelings toward people

by behaving in ways that are guaranteed to make adults feel uncomfortable. However, this is equally true in the case of a child whose problems make him withdraw from relationship with the foster parents, for then the chief satisfaction of those helping children is removed, and they eventually tire of this seemingly thankless task.

The finding of a suitable foster home for any child is always a time-consuming and painstaking task; the finding of a suitable home for an emotionally disturbed child is that much more difficult. This means that many homes and parents must be studied before a suitable one is found. All this involves a very active home finding program, people skilled in evaluating the prospective foster parents and what they have to offer an upset child, and an agency policy which makes it possible for the exceptional foster parents to be properly compensated for their work. Increased board rates have been worked out in cases where the child has required unusual amounts of care because of physical handicap. An emotional handicap can be even more time and energy consuming on the part of the parents undertaking to alleviate it.

With a wider variety of homes to choose from, it is much more likely that a satisfactory placement will be made the first time, thus avoiding future loss of time on the part of the worker, and future damage to the child as a result of a constant moving from one unsatisfactory home to another. At the same time, a carefully chosen foster home where the parents understand the special problems they were undertaking, and were being compensated for a job well done, would be more likely to stand up under the vicissitudes of life with a disturbed child.

The key to adequate facilities in any child welfare program,

and particularly that part of the program offering foster home care to disturbed children must of necessity be the calibre of its foster homes, which again depends on the energy of the foster home finding program and the skill of the workers employed. This is one area in which no agency can afford to be complacent, and must constantly be striving to increase its facilities. Hand in hand with this must go adequate casework services to the foster parents who are daily having to cope with that extreme behaviour that disturbed children are capable of in such continuing doses. For it is only with this skilled help that this behaviour can become intelligible, and the rewards of persistency fully appreciated.

Receiving Home.

Another one of the resources available to the agency in the handling of children in this age group who are emotionally disturbed is the Alma Road Receiving Home, which has a mixed population of boys and girls placed there for different reasons. The intake policy for this Home has never been clearly defined, and its primary function has always been to provide shelter in emergencies, or where there is no suitable home ready for a particular child. It was inevitable, therefore, that the Home should become the gathering place of many of the most disturbed children in care, for after they had lost one foster home after another, in desperation, the worker is likely to move them to the Receiving Home for observation, or for time to try once more to find a foster home. This means that without being specifically set up to act in that capacity, the Receiving Home takes on the additional function of an observation centre for those children requiring or undergoing treatment.

Since foster homes for these children are not easily found, nor are they likely to require foster home placement for some time if they are starting treatment, this turned out to be a very slow moving population, and the Home became constantly overcrowded. Since this limited its use as an observation intake centre, it increased the number of unplanned emergency foster home placements discussed earlier. When children with disturbed backgrounds were brought into care, there was seldom room for additional placements at the Home, which was filled with children presenting chronic placement problems. Under these circumstances, residence in the Receiving Home was not based on the value to be gained by each individual child placed there, through the facilities offered, but largely on the basis of there being no other alternative available.

At the time of this study, the Receiving Home matron and the staff dealing with this most difficult group of children were not trained. In addition there was no father person or male staff member so badly needed by these children who had had so little contact or only negative experiences with father figures.

There are some positive aspects in this use of the Receiving Home as a residence for disturbed children, for, even if the situation is far from ideal, it provides a less personally demanding atmosphere for that group of children who are not yet ready to function in a close family situation. Here is a place offering some security to the child, who can be sure that the same people are going to be there day after day, and that they are going to make relatively similar demands on him on every occasion. However, it seems probable that agency needs include all three separate homes, for the pre-adolescent group of children for which this one home is now substituting: a placement

observation and emergency care centre, a residence for disturbed children and a treatment centre.

Child Guidance Clinic Evaluation.

One of the resources which has proved very valuable, not only in the case of emotionally disturbed children in the care of the Agency, but for all youngsters requiring special planning for one reason or another, is the Provincial Child Guidance Clinic. The Clinic's facilities are available on a consultation basis to any social agency requiring their diagnostic facilities, but for reasons of shortage of staff, treatment facilities for emotionally disturbed children have been very limited. In the past, their function has been largely that of making recommendations, on the basis of a social history prepared by the referring agency, and a psychometric and psychiatric evaluation of the child and the total situation in which he finds himself. However, the value of this consultation is often diminished by the lack of resources available to the agency for the implementation of the Clinic's recommendations.

As one would suspect, there are inherent dangers in confused use of the Child Guidance Clinic facilities. This diagnostic resource can be overlooked, even when a complete evaluation by the Clinic might throw some light on the total dynamics of the situation, and allow the worker to plan with a great deal more assurance. On the other hand, unless the function of such a clinic is well understood, there is a danger of the consultation being misunderstood in seeking from it a solution which it cannot give, and feeling that the diagnosis itself, unimplemented, constitutes treatment. This problem is brought into sharp focus in the case of those children for whom the Child Guidance Clinic facilities are used to determine the advisability of permanent

or adoptive placement in a specific home.

However, no matter how well the Child Guidance Clinic is used, and how helpful are their suggestions, the effectiveness of this consultation is markedly limited by the treatment resources available in the community. The following case illustrates how lack of treatment resources hindered the adequate recovery of a disturbed child, even when the plan was clearly outlined.

Mark:

Mark was first brought to the agency by the police when he was found wandering the streets alone. After several months of observation in a temporary foster home, the child was found to have the following symptoms: when reprimanded or corrected in any way, his appetite became enormous and insatiable; his eyes rolled uncontrollably; he had bouts of hysterical laughter when overtired; had night terrors, and many physical complaints that had no physical cause.

After a Clinic examination it was decided that this child should remain in this present home for a year, and then be re-examined. At the time of his second examination, his behaviour had improved somewhat, in that the symptoms occurred less frequently, but the fact that they still persisted led the team to believe that his problems had not been solved. The doctors felt that these parents were in some ways adding to the boy's problems, in addition to being unable to help him with the original problem, and recommended that the child have private psychiatric treatment, if this was available.

Soon after, Mark was moved to the Receiving Home until a suitable home could be found for him. Since no private psychiatric facilities were available, it was impossible for this recommendation to be put into effect. While at the Receiving Home, Mark showed some improvement, but his need for a strong father person became increas-

ingly evident. Since there was no suitable home available at the time, and the lad could not stay in the Receiving Home indefinitely, the most suitable home was picked, and the child placed in it. At the same time, it was decided that the case should be transferred to a male worker, who could at least meet some of the needs of this boy. However, no male worker was available either. At the last contact, the regular worker was visiting the child as frequently as possible, in a vain attempt to make up to him for the lack of psychiatric treatment; the lack of a male worker for him; and the lack of a proper home to meet his affectional needs. It was obviously impossible for the caseworker to carry out treatment recommendations under these circumstances.

Play Therapy.

The inability of the Child Guidance Clinic or any other local agency to give the needed help to the many disturbed children requiring specialized treatment presents an extreme problem to those responsible for planning for this group. It is not unusual to have the recommendation made by the C.G.C. that a particular child requires private psychiatric treatment, which is unavailable in this city except to a very limited extent and at prohibitive cost.

A partial solution was arrived at in the following ways: A small research project was established within the agency to give treatment to a very few children who were considered to be the ones best able to benefit from psychotherapy. A psychiatrist working privately in the city, and particularly interested in the problems of children was employed as a consultant on a part-time basis of this play therapy project. Of the cases chosen for this form of treatment, she directed the actual treatment, which was carried out by several of the senior caseworkers of the agency.

As a separate measure, but to help relieve the problem of psychiatric consultation, some of the more difficult problem cases in this and other agencies serving children were referred on a consultation basis to a one-term M.S.W. class conducted at the School of Social Work, U.B.C., under the same psychiatrist. This allowed the child to be studied very carefully by the worker, the students, and the doctor, and a helpful diagnostic assessment of the child made. Since, again, this offered neither psychiatric treatment nor continued consultation in the steps of casework treatment, it was of greater educational value than practical value for the agency.

Although these additions to the agency program were certainly a step forward, they presented only a partial solution to a very great problem. To begin with, the play therapy program had to be started cautiously, on an experimental basis. This meant that only a small fraction of those children needing this specialized form of treatment had it available to them. Those who were not accepted for treatment did not even have psychiatric consultation available. Again, there was the chronic problem of suitable homes or other living accommodations while the children were undergoing this extended treatment. With the more severely disturbed ones, when foster homes were ruled out, the only resource available was the Receiving Home, which still left much to be desired. Also, at that crucial time in the treatment of the child, when he was considered ready to take on a new set of parental figures, these were often not available, so that progress which had been made was often endangered by the child's total environment. Kathleen illustrates this very clearly.

Kathleen.

Kathleen's situation illustrates this all too well. This child

was seven years old when she came into agency care as a deserted child with a great many behaviour problems. She had been born prematurely, the illegitimate child of a young woman who completely rejected her from birth, but nevertheless, clung desperately to her. As a result of the mother's attitude to the youngster and a long succession of moves from one private boarding home to another, the child's behaviour deteriorated to the point where none would keep her for more than a few days. At this point, the mother abandoned the child in one of these homes, and the foster mother contacted the Agency, when it became obvious that she was not going to receive payment for the care of this child. Although she seemed very bright in some ways, Kathleen was repeating grade one, and was still not doing well. She was disobedient, aggressive, and quarrelsome, told lies, and got into trouble at school because of her petty stealing. When she was examined by the Child Guidance Clinic some months later, they found that her intelligence was at least average. She had a "very poor relationship with her mother, and had never formed a good bond with any adult, and had been subject to years of deprivation and insecurity". They recommended that this child be considered for play therapy, to help her develop a more meaningful relationship to adults, and work out her feelings about herself.

She was moved to the Receiving Home, where she remained for observation for six months, while play interviews were started. After this period, she was ready to be moved into a foster home, but great difficulty was encountered in finding a suitable one. In the meantime, it was impossible to continue to make steady progress during the interviews, since the child had no opportunity to put into practice in her life situation the things she had already learned from her relationship with the therapist.

As a result of an interim study of this experimental project for disturbed children,^{1.} Miss Helen Finlayson drew the following conclusions:

1. An enlargement of the therapy project at the C.A.S., to the point where specifically trained therapists are utilized so that the treatment may be at a maximum level of intensity.
2. The provision of an observation centre, or specific plan for early diagnosis, so that the problems of children may be evaluated with maximum efficiency, at an early date, thus avoiding the danger that treatment may be attempted too late.
3. The setting up of a treatment centre in which children may be maintained during treatment, in a situation which provides a background of skilled personnel capable of understanding and working with disturbed children while they are receiving help.
4. A foster parent finding, selecting and training program, which would provide a group of homes where special children might receive the kind of acceptance and help indispensable to their re-orientation to life. Such a program should use and integrate casework and psychiatric skills. It would also develop the special skill essential in the special placement-treatment program, for it would be necessary for caseworkers to be in very close contact with the project.

1. Finlayson, Helen M., Play Therapy Technique - An Examination of a C.A.S. Experimental Project for Disturbed Children, 1948-51, M.S.W. Thesis, U.B.C.

5. Integration of the total agency program, so that all the staff are brought closer to the causes and nature of psychiatric disturbance in childhood, and how they can be helped.

The contribution made by the play therapy project at the C.A.S. is unquestionable. However, it is just a start in the benefits that can be provided for all children. Play therapy treatment applies only in special cases, whereas an emphasis on developing related skills in casework and interpretation to the staff generally, would give impetus to the whole agency program."

One of the developments which has tied in closely with one of Miss Finlayson's recommendations, and has in actuality been a recognized agency need for some time, has been the addition of a part-time psychiatric consultant to the staff. This help is therefore available now for any worker with a special problem in this sphere, rather than for specific play therapy cases only.

Treatment Centre.

For about the past fifteen years, there have been reports forthcoming from those interested in the care and treatment of children about a new form of treatment commonly referred to as "residential treatment". August Aichorn's book¹ "Wayward Youth", was perhaps the earliest description of the dynamics of "milieu" therapy. Since then, there has been an increasing volume of literature about this new way of working with disturbed children,

1. Aichorn, August, Wayward Youth, New York, Viking Press, 1945.

the theories which form the basis of treatment, and the experiences of the few institutions on this continent which have been established in the interim.

Bruno Bettelheim's term "milieu" therapy, was originally meant to imply the exposure of a child to total environmental design for treatment.¹ And this these centres had in common - the development of a total approach to therapy. Individual psychotherapy with the child and the parents, a therapeutically designed living experience and remedial education were all seen as parts of a whole. In addition, all these centres had been established to provide treatment for the child for whom the child guidance clinics, foster care agencies, family agencies, and corrective institutions had been unable to provide adequate help. These were the children who had often been described as incorrigible; untreatable; had been ousted from public schools; and rejected by their parents, the neighborhood and the community.² They were the "children who hate", and, because of their extreme behaviour, it had precipitated similar feelings in those around them. In treating them in an ordinary, non-therapeutically oriented environment, it soon became apparent that "love was not enough".³ If any imprint was to be made on their disorganized egos, special techniques and skills would have to be used, in a special setting.

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1. Bettelheim, Bruno, and Sylvester, Emmy, "Milieu Therapy" Psychoanalytic Review, XXXVI, 1949, 54-68.
 2. Redl, Fritz, and Wineman, David, Children Who Hate, The Free Press, Glencoe, Illinois, 1951.
 3. Bettelheim, Bruno, Love is not Enough, The Free Press, Glencoe, Ill., 1950.

Such a setting was recommended in the survey of the Play Therapy Project at the C.A.S.^{1.} Along with the C.A.S., other social agencies in the city, as well as teachers, doctors, recreational workers, etc., have become aware of the urgent demands for a residential centre to combine psychiatric and casework diagnosis and treatment along with a total care program for the child.

To further the establishment of such a home for emotionally disturbed children, a special committee was set up to study the problem on a community level.^{2.} This committee was guided by the Child Welfare Publication dealing with other such centres, and listed the following requirements for admission to the proposed centre:

- (a) The child should be diagnosed "untreatable" while living in his own or foster home.
- (b) The child should be suffering from an emotional disturbance manifested in behaviour problems or neurotic disorders where the prognosis for recovery is hopeful.
- (c) The child should be able to live in an "open" institution without harm to himself or others.
- (d) The child should be free of any chronic organic disorder requiring constant treatment or which might interfere with his participation in the living situation of the home.
- (h) The child should be admitted to the program only if his own parents or prospective foster parents are willing to participate through case work programs in the rehabilitation of the child into a home setting.^{3.}

It will be seen that these factors for eligibility encompass all those extremely disturbed children already referred to throughout this study for whom only limited help has been available until now.

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1. Finlayson, Helen, Op. cit.
 2. Reid, Joseph H., and Hagan, Helen R., Residential Treatment of Emotionally Disturbed Children, Child Welfare League of Am., 1952.
 3. A brief prepared by a special joint committee of the Community Chest & Council of Greater Vancouver, and of the Canadian Association of Social Workers (B.C. Mainland Branch.)

Diagnostically Based Integrated Use of Psychiatric Diagnosis and Casework Skills.

One of the resources in the treatment of emotionally disturbed children known to this agency which has been of great value to the immediate child concerned, and eventually to the total group, has been the M.S.W. course given under the direction of the consulting psychiatrist, and using actual case material from various agency files.

The procedure has been for the worker who had an extremely difficult or pressing case on which guidance was required, to prepare a case summary and social history, to be presented to the class for study. With the worker concerned, and often her supervisor present, this material was gone over with maximum care, and each bit of significant material drawn from the report. The dynamics of the child were then discussed in detail, with the total class contributing to the discussion. In view of the information and the various suggestions forthcoming, a diagnosis of the child and his needs emerged. This could then be used as a guide by the worker in further plans for the particular child.

By following this method, several purposes were served at the same time. First, the agency had the benefit of a case consultation with the psychiatrist. Secondly, the doctor had case material for the students which illustrated basic problems of children, in a local setting, and utilizing local resources. Thirdly, the students taking the course became acquainted with direct work with children, and in their future work in the field, would be able to use this knowledge to the advantage of their young clients.

Jane.

The case of Jane serves to illustrate how this integrated approach was of value to one little girl.

Jane came into care when she was six years old, her mother having recently died, and the step-father being unable to care for her. She had been born out of wedlock when her mother was in her late thirties, and shortly after the birth of this youngster, the mother became a chronic invalid. A few months later, the mother married an old-age pensioner who was thereafter not only responsible for the care of the mother, but the child as well.

It can readily be imagined that this was not a very healthy environment for a young child to grow up in; and when the mother died, Jane must have had great conflict about this person to whom she had to cling so desperately, but who had provided for her so poorly in every way.

When she came into care, the worker thought that there would be no difficulty in finding a suitable foster home for Jane, since she appeared to be an obedient, well-mannered child, extremely grown-up and reliable for her age, and showing no apparent emotional disturbance. Moreover, she was free for adoption, since, with the death of her mother, her one permanent tie was broken.

She was readily placed in a foster home where the parents had been prepared to adopt her if the placement worked out. Here she remained for a year and a half. At the end of that time the foster parents reluctantly requested her replacement, since they

felt that "they were no closer to her than when she had come to them". She had violent crying spells for no apparent reasons, and yet, when the foster mother tried to be understanding, and console her during them, the child withdrew completely and remained totally unresponsive. No work was done with the child or the foster parents at this time, since the worker seemed almost as much at a loss to explain the child's behaviour as were the foster parents. The lack of satisfaction in working with such a youngster, while not understanding her, completely discouraged this couple, and they found that they were no longer interested in caring for this child.

This unresponsiveness, and the crying spells, became a pattern with Janey, and repeated themselves in the first three foster homes that were found for her. It seemed as if the kinder and more understanding the parents were, the more unresponsive and unhappy the youngster became. The worker was at a loss to understand the situation, and consequently at an even greater loss as to how to improve it.

The Child Guidance Clinic was consulted in the hope that some clue to her behaviour would be discovered, but they found her to be of average intelligence, even though she had not been doing well at school, and stated that "Jane had obviously been hurt by the unfortunate handling of early years and the many subsequent placements; as she feels more secure in the present home, the crying attacks will tend to disappear." This however, did not prove to be the case, and after a year, these parents were also exhausted by their inability to form any relationship with this

little girl, and asked to have her moved from their home. It was at this time that the worker, in desperation, presented the case to the psychiatrist and the social work class for discussion.

From a careful study of the case evolved the realization that the child would not let herself be happy because of the various unresolved feelings she still had about her mother, and the total situation up to the time of her mother's death. Jane's unresponsiveness was one of the most efficient mechanisms that she could have developed to maintain the loyalty she felt she had to keep to her dead mother, or be punished. It was agreed that this child would require special help in having these feelings worked out. In the meantime, while the crying spells persisted, only comforting and a sensitive appreciation for her feelings at that particular time would eventually overcome this problem, even though it might at first appear to lead to more crying.

With this increased understanding of the needs of this child, the worker was able to arrange a more suitable foster home, and to help the foster parents to understand Jane's inability to form a relationship at this time, but where they nevertheless had enough affection to give that they could help her over this trying time. Play therapy interviews were arranged for her, and many of the things which she had suppressed all her life were finally able to come out. As this became possible, the child felt freer to return the affection which she was receiving from these people who were not her own. In time, the crying spells lessened, she settled down at school, and generally became a much happier little girl.

The successful resolution of this case was made possible through planning based on careful diagnosis, followed by an integrated use of therapy and casework skill. In a conference-like discussion, all the potentialities of the situation and the child were investigated, and the best possible solution under the circumstances found. If the worker had not been able to obtain assistance at this time, when repeated efforts had brought failure, it is likely that the child would have gone on, with her many problems increasing in severity until the damage would have been irreversible. If the knowledge both of the effects on a child of this type of parental tie, and the casework skill needed in selecting and helping foster parents to meet these effects had been part of the worker's skills, or available through the supervisor, both foster homes and worker time might have been saved, and the child helped earlier. How much more economical would it have been had this diagnosis and plan been formulated when Jane first came into care, or after her first unsuccessful placement.

This kind of situation is discussed by Gordon Hamilton in her Psycho-therapy in Child Guidance,^{1.} where she states:

"As long as social workers thought they were dealing with children frankly in conflict with their environment and as long as personality could be regarded as independent of the environment so long could each case be artificially bisected, using one approach for the "person" and another for the "environment".

1. Hamilton, Gordon, Psychotherapy in Child Guidance, N.Y. Columbia U. Press, p.156.

If the environment was unfavourable, then the solution might be to remove the child to a more favourable situation. But if the conflict lies within the child's personality, then the approach can no longer be dualistic, and purely environmental shifts are of little avail. The child placing field for a long time continued to move children from one foster home to another, with ensuing failure after failure, not realizing that the child who had internalized his parental conflict must react to the new environment as to the old and that treatment, therefore, should be addressed to these inner conflicts."

Now that the child-placing field has realized that some children need help before a shift in environment can be constructive, it is all the more important that casework skills, and where needed additionally, psychiatric consultation be available in order that the best plan possible for the child be carried out. This is particularly true in the area of work with these disturbed children, for the situations quickly reach a point where diagnostic and treatment help is necessary. If casework "know-how" aided by psychiatric consultation were available at the beginning of disturbances, the time wasted in "experimentation" would be cut to a minimum, and more constructive planning would be possible in each case.

Improved Casework Services.

Along with the ever present problems of facilities for the diagnosis and treatment of disturbed children, and more and better foster homes, the problem of well-trained, highly qualified staff is another which haunts not only children's agencies, but every

welfare agency in the province. However, in a children's agency, it is all the more important, because each individual worker is charged with the responsibility of planning the life of a child. Every decision made by the worker has far-reaching consequences, and errors in judgment affect human lives profoundly, sometimes irrevocably. It is imperative, therefore, that a worker in a children's agency do more than merely like children. She must understand them to the point that their actions tell her as much as their words. She must understand the influence of their previous life situation on their present reactions to herself, foster parents, and actually the whole adult world. But she must also be able to translate this understanding into constructive help to the child at the time of his greatest need. This most valuable help allows the child to experience in the worker an adult who likes him and cares about what happens to him, as well as one who helps him understand the past and know what to expect from the future.

At the same time, she must be able to prepare the foster parents ahead of time for the child's ways of reacting and likely behaviour, and interpret to them the feelings of the child, and the basis of their development, while accepting their own feelings and doubts about the situation. This feeling of support, appreciation and acceptance of mistakes as well as all the constructive movement of each case expressed by the worker in sufficiently frequent contacts, can often determine whether the foster parents feel they have the strength to finish the job they originally undertook with the child.

Only a person with the best training available could be expected to deal effectively with the many and difficult situations which arise in cases of this sort, without allowing her own feelings and identification with the child or the foster parents to influence the direction of the case. In her article on "Some Aspects of Casework with Children"^{1.} Selma Freiberg sums up as follows: "It is a fact that there are no elementary tasks in casework just as there are no elementary psyches among our clients; hence there is no place for an elementary education in human psychology for a caseworker." Attacking this problem from the agencies' points of view, Miss Marjorie J. Smith states:^{2.}

"Children are special if agencies, officials and boards recognize the advances made in technical skills and training and make a real effort to see that the best trained and most skillful social workers are engaged in helping children. That means that agencies and departments should be encouraging and should be taking part in the training of student social workers."

Nor can the skills of the most highly trained people be used to maximum advantage when the number of children they must supervise does not allow the time needed to use their skills. Therefore the size of caseloads and the recognition of the calibre of the work required in the form of adequate salaries, liberal, written personnel policy, and chance for advancement can often be

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1. Freiberg, Selma, "Some Aspects of Casework with Children", Journal of Social Casework, Dec., 1952, p.435.
 2. Smith, Marjorie J., "Children are Special", A paper read at the annual meeting of the Vancouver Children's Aid Society, Feb. 19, 1953. Published in British Columbia's Welfare, March, 1953.

an important factor in determining the availability of skilled
workers. Children do not vote and do not have the ability to protect themselves against less than adequate standards. This is a responsibility which falls on the shoulders of those agencies whose primary concern is the welfare of children, and on the rest of the community who think that "children are special".

Summary.

From the examples cited earlier in this chapter it becomes evident that there are many gaps in our resources for the treatment of emotionally disturbed children, especially once the upset is serious enough to make difficult the placement of that child in a regular foster home. With this group of children, the first resources called upon, and therefore the most important, is the skill of the highly trained caseworker who is capable of evaluating the degree, kind, and to some extent, source of the disturbance (on a casework level), and has the courage and knowledge to translate this evaluation into a plan of rehabilitation for the child. In making such a plan for a youngster whose life situation makes it necessary that the agency assumed responsibility for him, there are also many direct and supplementary resources that the trained worker has at his disposal, both in arriving at a diagnosis of the child's difficulties, and then in the treatment of them. The Child Guidance Clinic has for many years served as a diagnostic aid to social agencies. The problem of lack of psychiatric case consultations has recently been alleviated by adding to the staff a consultant psychiatrist.

In the past five years, the private agency salary schedule has fallen as far as 25% behind the public agency schedule.

The problem of treatment for children with emotional disturbances appears the least resolved one. The Play Therapy Project was an asset in that it helped a limited number of children back to the road of mental health, but this project has since been discontinued. As yet there are no facilities for the treatment of upset children who require residential care during the period of treatment although all agencies dealing with children recognize the pressing need for such facilities.

Thus far, foster homes have been the chief resource for the placement of these children. However, special foster homes are at a premium, now as always. It should be possible, though, with greater numbers and more highly skilled caseworkers, in a well organized and focussed home finding program to find suitable homes for those youngsters needing this specialized service. Essential to this is also more adequate preparation and supervision of these homes by caseworkers once they have been located. Only by this means would it be possible to insure maximum use of this essential service to the advantage of the foster parents, the agency, and above all, the "problem" children who are totally dependent on it for their daily care.

CHAPTER IV.

ILLEGITIMATE CHILDREN

When it becomes apparent how high a percentage of the work done by the Children's Aid Society deals with the problems of unmarried parenthood, it is not surprising that the agency must annually plan for a great number of illegitimate children. From the modest beginning of one unmarried mother asking for help in planning for her baby in 1929, by 1933, the figure had risen to 118. In 1948, the number was 832. In 1950, the number was 807. Although not all the girls decided in favor of placement of the child, since the trend is more and more in that direction, it seems likely that the number of illegitimate children coming into care of the agency will increase.

It is of interest that an examination of the records of 139 children who were wards of the Children's Aid Society of the ages between six and ten in 1949 who were not considered adoptable, were in the care of the agency on the average of almost five and a half years. This means that whatever disturbances have resulted have done so in large part after placement. It is therefore imperative that factors which make it possible for these babies to become disturbed by the time they are in latency be examined carefully.

In attempting to evaluate these factors, it is significant that this is a group of children who are socially handicapped at birth in our society. because of the attitude which society takes towards illegitimacy, the unmarried mother's pregnancy is more likely to be a troubled one, with whatever influences this is likely to have on the baby at birth. Even if these children are placed immediately in a satisfactory adoption home, these children who must always be apart from their natural parents start life

with the disability, in our culture, of not being related to their parents biologically. It is therefore not difficult to imagine what degree of privation must be present for the child who is not placed for adoption, but who must live with a family who is looking after him as long as it suits them, and then can ask to have him removed at their convenience. A child placed from infancy in a family he cannot call his own lacks some of the normal feelings of security and of belonging and being wanted at all times. If his "home" and his "parents" have been changed a number of times, he may lack these feelings almost wholly, and as well the parent-child relationships essential to the development of normal personality and mature capacity for work, marriage, parenthood and citizenship.

This group of children is not a representative group, and it is to be expected that the incidence of emotional disturbance might be greater because of their social handicap. Unfortunately, statistics are not available, to make possible a more detailed analysis of the incidence of emotional disturbance among a control group of children with their natural parents and among a socially deprived group. However, it is reasonable to expect a greater incidence of emotional disturbance in that group who daily face greater stress than the average group in our society without normal opportunities to build capacity to meet this stress.

On the other hand, with the group of illegitimate children who are placed with the agency immediately after birth, a rather unusual situation presents itself, in that the agency has an opportunity to choose for the child healthy, mature parents,

whereas the natural child is subject to chance. In addition, each of these substitute parents is provided for a year with the services of a professional person specially trained to be aware of the needs of children and to have a knowledge of all the available resources in the community to prevent or alleviate the problems which might arise in child-rearing. It would therefore be reasonable to expect that with a careful selection of parents, and the good start provided by a year's careful supervision, the incidence of emotional disturbance would be at least comparable to that existing in the general population. Since this does not seem to be so in the cases studied from this agency, it would be helpful to consider the possible reasons for this discrepancy. Such an evaluation might make it possible to get at the roots of the problem before it grows to such dimensions that it requires casework and/or psychiatric treatment. The correction of the conditions which make possible the creation of emotional disturbance in situations where professional caseworkers have children in care from birth would seem to be a primary responsibility of social work.

Permanent Boarding Home Placement (with a view to adoption)

One practice clearly outlined by agency philosophy and procedure which most needs careful scrutiny is that of permanent foster home placement with a view to adoption where children are not considered adoptable at birth. Since this practice affects newborn infants, it has the most long-lasting effect on the final plan made for each child, and as such, is of the utmost importance.

Although there have always been far more adoptive applicants than children to place with them, certain children have not been considered adoptable at birth, even though their parents would gladly have given their consent to adoption. Reservation from adoption resulted where either parent was considered "unstable", feeble-minded or mentally ill, where the background of either parent was "questionable", where the putative father was unknown to the girl, where the child was of mixed blood, or where some physical defect was present. These children became wards of the agency, who, as their legal guardian, were totally in charge of planning for the youngsters, where adoption was not immediately considered for the child. They were placed in foster homes on a regular boarding basis until such times as the development of the child could be evaluated. It was then hoped that if the child proved "adoptable on his own merits", parents in his "permanent" foster home would then adopt him.

Although permanent placement in these foster homes was anticipated for these children, should they prove adoptable, still the homes were chosen as foster homes, not adoptive homes. Often, because of this oversight, it turned out that the permanent foster parents would never be in a position to adopt a child, either because they were too old, or for financial reasons. Sometimes, loss of the board money to which they had become accustomed meant an extra burden and possible ingredient of rejection. Sometimes neither child nor parents developed a real feeling of belonging together, the parents having fears to invest too much affection in case the child might be found "unadoptable". Sometimes, the hope for adoption was really the worker's hope rather

than the parents'. Resultant multiple placements, and background of insecurity which they created for the child became one of the important factors which complicated permanent placement of these youngsters, even when they were finally considered to be suitable material for adoption. In some cases it happened that the parents of the permanent home were unsuitable as parents, but after a child has been in this home all his life and looked upon it as his own, only extreme cruelty or neglect would precipitate his removal from such a home, especially when combined with worker's fears of the parents' resentment, the problems of placing a now disturbed child, and the natural tendency of workers to hope a "miracle would happen" and "it would all turn out for the best". So, in effect, many of these "permanent" foster homes turned out to be adoptive homes, without the careful initial selection or any of the subsequent advantages which adoption gives the child.

Multiple Placement

The problems of frequent replacement of children in care has been amply discussed in the literature. How it ties in with the practice of "permanent" foster home placement as carried out by this agency will be illustrated.

John

John was the illegitimate son of a sixteen year old mother of questionable background, who asked the C.A.S. to plan permanently for her child. He was three months old when first placed in a boarding home, and within his first year in care he had already experienced five foster homes, because of unexpected upsets to the foster parents which made them unable to care for the child. The mother in the fifth home wanted to adopt John, but he was not yet available for adoption. Although the idea of adoption came

up subsequently, by this time the foster parents felt that there financial situation was too insecure, and they could therefore not consider adoption.

John remained in this home for six years, but was eventually moved on the advice of foster mother's doctor, because foster mother was having a nervous breakdown. He was then placed in a "cold" home, where he was most unhappy, and wanted to go back to his former foster mother. This was, however impossible, since the foster parents had separated, and the mother was still unwell.

In the next eight months, three more foster homes proved unsatisfactory, since the child was now a real problem, fighting continually, disobeying everyone, and showing other symptoms of an emotionally disturbed child. He was then moved to the Receiving Home, where he stayed for ten months. During this time there were many episodes of stealing and running away. The school-teacher reported that John did not try to work hard, or independently, and seemed to be blocked. He was seen frequently by the caseworker then, who was able to work out slowly another placement when the child seemed ready. He has fitted into this home very well, and his "behaviour problems are clearing up".

This is only one example of the way in which a delay in permanent planning for the child created many problems for the child and much extra work for the agency which took months to clear up before the status of the child with regard to adoption was finally cleared up. It cannot be said with scientific certainty whether John would have developed behaviour problems had he been placed in an adoption home immediately, but the fact that his

problems cleared up when his needs were being met would certainly indicate that many of those problems were a direct result of placement in homes unprocessed for adoption and unsuitable for it. Certainly a "permanent" home in which eventually the parents separate after the mother is on the verge of a nervous breakdown was a disturbing influence in the child's development. Lack of awareness by the worker of the situation in the home and its influence on the boy suggests inadequacy in the home study, lack of time and possible skill in the post-placement supervision of the boy and family during the six year period in this home. The child therefore found himself in the state of "common-law adoption" without the permanent security afforded by the selection of emotionally mature parents in a stable marriage wanting him as their own child, which is the core of the adoption.

Problem Homes

The practice of permanent wardship without permanent planning has brought with it another complication in the form of the "problem home". The case records of Donald and Sheila illustrate what is meant by this term.

Donald

Donald was the child of a seventeen year old girl who was committed to the Girl's Industrial School soon after his birth. For his first few months he was in a private boarding home placement, but when his mother lost interest, the mother asked the C.A.S. to take him into care. The child was placed in a home where, after three years, his showing extreme behaviour became known to the agency. He bit people with whom he came into contact, stole, and ran away from home. The Child Guidance Clinic, after seeing him

twice within an interval of two years, felt that his behaviour was "a direct expression of his insecurity and feeling of rejection in this home."

On the basis of this Donald was moved to another home, and play therapy interviews were begun. From this home he ran back to the previous foster home, and these foster parents would then not part with him. Play therapy interviews were then continued while the boy remained in this home, but progress was not marked. He was not promoted at school, and continued to get along poorly. It was recorded that "Donald is held back by the home situation, but he is attached to this home". The foster parents were completely resistant to casework, and made no progress.

Sheila

Sheila's circumstances were somewhat similar. Symptoms of disturbance in her became known to the agency after four in her permanent home. She was by then constantly soiling and enuretic, and when she started to school, although she was of average intelligence, she was "indifferent to punishment, could not adjust, and finally had to leave". Play therapy was undertaken for one year, after which it was reported that "Sheila is still a pretty unhappy child, and we haven't done much to help her. Worker wonders whether therapy might help Sheila accept her foster parents as they are, but foster mother doesn't want her to continue".

After an interview with the foster mother when Sheila was seven years old, the consulting psychiatrist reported that "her defenses are such that work with her would be unprofitable. Also the neurotic ties between mother and child are such that more damage would result from breaking this tie than from allowing it to continue."

Here are two homes which have contributed to the creation of two unhappy children, and the second case was beleived to be an irreversible situation. The skills of the most fully trained and experienced caseworkers in evaluating people need full exercise in selecting homes which are to have almost complete responsibility for the lives of children, and from which children cannot be moved without damage. And even if the initial choice is not of the wisest, close supervision in infancy and after is essential to show up developing behaviour problems before they arrive at the stage where the reaction is irreversible. Here the children found themselves in the unhappy position of having all the disadvantages of an unsuccessful permanent placement, but none of the advantages of adoption.

As has been noted concerning children with their natural parents, the child who is clearly rejected by foster parents knows what to expect and may accept changes of home with some hope, unless he has been made to feel only punishment can be his lot. Of most children whom first foster parents have partially rejected, workers must expect fear of a new home as punishment for not satisfying the first foster parents, together with fear that the new home may in turn reject them, fear of punishment for disloyalty if they allow themselves to prefer the new home, and generally, a clinging to the "evils that they know." Such feelings need expression, and the child needs careful factual reassurance, as he cannot know, without experience, what full love and acceptance are.

Placement workers have been handicapped, also, in that knowledge of the essential processes of placement and what can and cannot be accomplished has been largely an area of casework knowledge.

Most psychiatrists, having worked largely with whatever parent-child relationships exist, and while they use a corrected parental relationship in therapy, the details and possibilities of rebuilding for the child a corrected parental relationship with new parents in the social reality is seldom in their experience. Placement workers then lack the advantage of interrelated and parallel experience of the psychiatrist in this area, although it is available in protective work, and to a somewhat lesser extent in supervision of the placed child.

Improved Foster Home Facilities

Again, these "problem homes" point to the difficulty of finding suitable foster homes for emotionally disturbed children. But this is not an isolated problem. Finding suitable homes for any child requiring temporary or permanent placement away from his own home is difficult. On the other hand, the work of any children's agency can only be as good as the calibre of homes it uses in the placement of these children. In discussing the fact that adoption is in itself no magic key, but for the child "it is as good and as bad as the kind of adoptive parents selected", Leontine Young underlines the fact that the same problem exists with regard to permanent placement.¹

In a deeply probing article, "What Keeps Us From Giving Children What We Know They Need", David Crystal looks into the whole practice of foster home placement, and asks some very pertinent questions.

"Do foster homes really foster the social and emotional development of children? ... Or, are there factors that inhere in this form of social service that freeze capacity for full, wholesome development of the child's personality that leave permanent

1. Young, leontine, Out of Wedlock, New York, McGraw-Hill, 1954, p. 161

traces of damage which inhibit adequate adult functioning, and forever leave the individual with a residual feeling of deprivation and difference in relation to his contemporaries?" 1.

No matter how excellent the casework service, and how comprehensive the auxiliary services might be, if a child is to be removed from his own home and placed in a substitute home which cannot possibly meet his normal needs, are workers well-advised to even consider such a move? Case records have shown amply what problems are created for children by the use of inadequate foster home facilities. "Is it time we asked what alternatives in terms of social service facilities may be indicated? ... Our opinion needs to be challenged by fact and research, so that conviction will replace doubt in our current practice." But until such facts are available, the home-finding department must continue to be the most vital department in any children's agency.

Time spent in evaluating applicants for foster or adoptive child is time saved in the long run if a particular placement works out satisfactorily. As far back as 1934 in her annual report to the Children's Aid Society, Miss Collins ^{2.} underlined the important preventive potentialities of a good adoption program: "There is a far-reaching piece of work to be done in this field, for it is not so much a question of finding a good home for a normal, healthy baby or of staying the adoption of a child by

1. Crystal, David, "What Keeps us from Children What We Know They Need," Six Papers on Child Welfare Problems, Child Welfare League, May, 1953.

2. Collins, Zella, Executive-Secretary's Report to Children's Aid Society Annual Meeting, 1934.

by unsuitable parents, or of preventing the adoption of an unsuitable child by good parents; in the long run, very careful placements are a means of preventing any future neglect."

Twenty years later, speaking again about adoption as^{1.}
a form of care for children, Dorothy Hutchinson says,

"Adoption as a form of care for children, and especially for babies, is our professional way of capitalizing on nature. Adoption well done gives the child permanent parental images with which to identify, images of normal masculinity and femininity, of men and women who love and like each other. The sources of the child's nourishment are constant. He is fed emotionally because his parents (by adoption) feed each other. He can go through the normal stages of growth with no more than the average amount of anxiety because he has two people to help him do so." This careful placement of children in this kind of environment is the safest insurance against future ills for the children.

Standards.

In enumerating standards of home finding for children's organizations providing foster family care, the Child Welfare League of America mentions first that fundamental criteria for the selection of homes must be established by the agency. Among those criteria listed are: adequate physical standards, adequate community resources (schools, medical, recreational), good physical and mental health of the parents, reasonable economic security, moral and ethical standards, motives for wanting the child which are not at variance with the best interests of the child, and a complete family group with personalities and relationships of all the members of the family such as to make for wholesome, complete, and stable family living.

1. Hutchinson, Dorothy, "The Placement Worker and the Child's Own Parents," Social Casework, July, 1954, p.292.

The need for careful study of each foster family home offered for use is discussed next. This should be made in order to determine whether it can be used by the agency and for what kind of children, and to prepare it for future work in co-operation with the agency, and under agency supervision. This detailed knowledge of the foster family makes possible the intelligent placement in this home of that child who can best use what these parents have to offer. But if the previous home-finding contact has been superficial, the home can only be used as a "dumping ground" for the first youngster who is most desperately in need of a new home. This hazard is greatly increased if there is no choice of homes to enable matching of the child's needs with the home's qualities. For this reason, the statement of Child Welfare League standards mentions the "home finding service of the agency requires specialized skills and should be regarded as a distinct service in spite of variations in organizational set-up of the agency."

However, screening of applicants who come voluntarily to the agency is only part of the home-finders' job. If there is a shortage of suitable homes, then it must be their duty to find more. "Applications of new homes should be continually stimulated and sought out in order to assure a wide selection to meet all possible needs." Much has been written about the techniques employed elsewhere during the war years when lack of foster homes really became acute. Concentrated foster home finding campaigns were undertaken, with the help and co-operation of all publicity agencies, like the

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newspapers and radio. Talks to P.T.A.'s, church groups, service clubs, and other neighborhood groups proved a valuable resource. Although in all campaigns the percentage of homes gained to number of enquiries may be as low as 10%, this can still be a sizable number of good homes gained. Other foster parents are known to be the largest source of recruitment of other good foster parents, but, until there is a surplus of suitable and available foster homes of all categories of children in care, no form of recruitment is superfluous, and homes gained through campaigns are also potential sources of other homes. There is a great distinction between foster homes not being available, and not having been found, and only when a choice of homes whose potentials are really known can be offered, can hope of finding the right home for each child be fully realized.

In addition, there is a group of homes already known to the agency whose desire to take a child is not being used to the maximum. Every agency who does as part of its job adoption placement has constantly a surplus of suitable families which far outnumber in one year the number of children who are available for adoption. In agencies where these homes have been pooled with the applications for foster children, some have been found through casework to be asking for foster children. Others of the adoptive applicants have been found willing and eager to take the chance as to hereditary factors which have been felt questionable in many babies who are

★ Ryther Children's Centre which has the problem of finding homes for disturbed children only, has for some years successfully used the individual news story of a child's needs, and the appeal to club groups. Similar methods have been used successfully to obtain a large number of special foster homes needed to take one or two newborn babies each, for pre-adoption care, and those needed to take adolescents.

placed with the agency at birth or soon after, and who have in the past been placed in foster homes which it was hoped would develop into adoption homes. In this way, new homes would have opened up to the agency and processed as adoption homes. Children who had a reasonable chance of being available for adoption could be placed in homes which had been screened with this in mind, and would therefore be more likely to provide them with an environment of stability, emotional as well as material. Because these parents are willing to take the risk, more adoptions could be completed earlier, resulting in greater security for both child and parents, and family unity rather than uncertainty.

Placement in Non-Adoptive Homes.

Even though only a few of the homes used for the permanent placement of these children turned out to be the prime causative factor for the emotional disturbance, many others have contributed indirectly to this situation for reasons which have been mentioned previously. To begin with, many of these placements were not meant to become permanent. Often the foster homes were chosen because they were adequate on a temporary basis, i.e., until it could be determined whether the child was adoptable on his own merits. Some families also agreed to the delaying of the adoption because they were not sure they were prepared to adopt a child even if he eventually became available for adoption. The foster parents were sometimes too insecure financially to feel free to undertake such added responsibility. Sometimes their age was such that after the few years of waiting, they were too elderly to consider such a move. They may have preferred to keep several siblings together, and yet not been able to afford adoption of all of them, or they may have had other non-adoptable

children in the home, and felt that it was not fair to discriminate. When the child suddenly became adoptable, the foster parents were placed in the unfortunate position of:

- (a) having to relinquish the child with whom they have formed strong affectional ties.
- (b) considering adoption against their original intention.
- (c) although they originally planned to adopt, facing now the loss of board money to which they have become accustomed. This loss can turn them against the child.
- (d) keeping the child without adopting it, although feeling somewhat guilty that they opposed the wishes of the agency, and deprive the child of the security and advantages of an adoption home.

The worker, too, is placed in a difficult situation. Would it be better for the child if effort was now put into finding an adoption home for him? Or should he be moved from what is perhaps the only home he has known? If he is at present loved and accepted, but the parents' age or finances prevent adoption, he is already marked as the most expendable member of the family. Will a move now or in later years, because of parents' debility or poverty, be more damaging? If he is less than wholly wanted and loved, a vicious circle is started, rejection and guilt of the foster parents causing developing behaviour problems, causing more rejection and guilt.

Whatever the worker and foster parents decide, the effect of the decision on the child is bound to be disturbing. If he has to move, he is forced to give up the familiar in the hope that he will be happier in new surroundings. If he stays as a permanent boarder with the foster family, he is never really theirs, and they can ask

that he be removed if their circumstances change. He in turn may continually "try out" their love by aggressive behaviour, and/or cling all the more desperately because of the continuing threat of losing the only family he knows.

The following case material illustrates the manner in which problems arising from homes chosen on a temporary basis have contributed to the development of the disturbances shown by the children at the time under consideration.

Roy.

Roy came into care at birth as the illegitimate son of a seventeen year old mother who did not want him. He was placed in a home where the foster parents had three children of their own, as well as caring for two children of relatives, and two C.A.S. children. In this home Roy was first reported as showing symptoms of severe enuresis by the age of five. A Child Guidance Clinic examination suggested that "if he does not improve in a few months, the possibility of another home where he would be the only child will have to be considered, even though this is the only home he has known, and it is realized that placement at an early age would have been preferable." His symptoms increased with the development of nightmares, sleepwalking, and destructive behaviour such as head banging, destroying his clothes and killing chickens.

During the next two years, the most troublesome of Roy's symptoms "disappeared". However, when in a family emergency Roy was moved to another home, which it was hoped could develop into a permanent home, the symptoms returned, "since he was unhappy, and wanted to return to his former home". After another C.G.C. conference

he was returned to his original home, "where he is no longer destructive, but tends to be apathetic, and is unable to form permanent relationships".

In this situation, where a child is placed in an overcrowded home; where no reconsideration of the situation occurs until severe problems have developed; where he is given no help with his hostile reactions and feelings, but is, instead, forced to turn them inward against himself, it is not surprising that he fears the further punishment of any change of home and retaliation should he be disloyal. Of course the end result is a permanently damaged child.

Jimmy.

The following problem was exaggerated by the placement of four children of this family together. Jimmy, the youngest of four, was still wetting and soiling when he started school, where he had great difficulty and failed grade 1. A C.G.C. examination revealed that the foster parents were extremely punitive with the children. "If Jim is not punished, he won't do any work," the foster mother said. The Clinic psychiatrist said that the "foster mother did not have enough affection to go around, and this was being reflected in Jim's misdemeanors. The worker should get to know the boy better, since he requires a great deal of help to work out his feelings about placement."

A year later, with no change in approach or plan recorded, the boy's symptoms were becoming worse, and the foster mother was continually asking that Jimmy be moved, and then changing her mind. The child was developing an insatiable curiosity about sex, and was having frequent erections without excessive stimulation. When the family moved from Vancouver, Jimmy moved with them, and has con-

tinued to live in this environment.

Summary.

These few cases illustrate several ways in which the philosophy of permanent boarding home placement of children who are considered non-adoptable at birth has brought with it severe problems both to the agency and especially to those unfortunate children affected by this policy. What changes, then, are needed to prevent the unnecessary development of these problems in children in care since birth, and the casework time and added financial expenditure in an already overburdened agency?

Re-evaluation of Adoption Practice.

In her review of the history of the Children's Aid Society^{1.} over the past fifty years, Mrs. Anne Angus points out that "Recent experiences in adoptions has caused us (the C.A.S.) to place less emphasis on heredity than formerly, and more on the profoundly beneficial effects of good environment. Concern over the child's background and his possible heredity traits has lessened, and the interest has centred more and more on the child himself, as social workers and adopting parents alike have come to recognize the importance of the child's non-material needs - his emotional needs - and the lasting benefit to him when these needs are wisely and intelligently satisfied ... Poor background, low intelligence quotient, mixed racial origin, or physical defects - none of these are now regarded as bars to adoption, provided the foster parents have learned to love and accept the child as their own, and are consciously prepared to take whatever risks there may be."

This significant trend has been greatly influenced by scientific research which has proved that not only children of "good" background are worthy of permanent adoptive homes. In her address to the Canadian Conference on Social Work, on the topic "Any Child^{2.} Can be Adopted", Sarabell McCleery cites two of these projects.

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1. Angus, Anne Margaret, "Children's Aid Society of Vancouver, B.C.", 1901-1951, p.37.
 2. McCleery, Sarabelle "Any Child Can be Adopted," Proceedings of the Canadian Conference on Social Work, June, 1950, p. 171.

"In the 'Adult Adjustment of Children of Alcoholic and Psychotic Parentage and the Influence of the Foster Home,' published in 1945, Ann Rowe and Barbara Burkes conclude that 'such parentage does not preclude good adjustment, nor, under reasonably adequate circumstances generally make it more difficult. We may assume that an individual cannot do better than his heredity permits, but it follows that the child's parentage gives only a very rough indication of their genetic constitution.'"

The next project she mentions is the exacting piece of research with a fifteen year study of 100 adopted children done by Marie Skodak and Harold Skiels, of the Iowa Child Welfare Research Station.¹ In their final report, printed in 1949, they conclude

that "The children are consistently and unmistakably superior to their natural parents, and, in fact, improve upon the pattern of mental development found among our own children in families like the foster families. The intellectual level of the children have remained constantly higher than would have been predicted from the intellectual, educational and socio-economic level of own children in environments similar to those which have been provided by the foster parents. The implications for placing agencies justify a policy of early placement in a home offering emotional warmth and security in an above average educational and social setting."

In her latest book, dealing with these problems as they apply to illegitimacy,² Leontine Young observes that there has been increasing emphasis on diminishing the time between the birth of the out-of-wedlock child and his placement in a permanent home. She says, "There have been several valid reasons for this. Experience has taught that, the quicker a baby is placed in his permanent

1. Ibid, p. 173.

2. Young, Leontine, "Out of Wedlock", McGraw-Hill, 1954, p.166.

home and the fewer changes he is subjected to, the greater are his chances for healthy, undamaged development. Even for a tiny baby, change is destructive. For the adoptive parents early placement is more normal and natural; they share the pleasures and worries of a child's early infancy and from the beginning are truly his parents." By withholding a home of his own from the child of doubtful background, the agencies are acting as if the chances were in favor of problems developing simply because of the child's background. That this assumption is contrary to fact has been shown.

Even those medical people who take the extreme opposite view about the inheritance of defects (schizophrenia, for example), concur that the tendency to this condition may be inherited, but that the disease itself is precipitated by a rejecting environment. Those at the other extreme think that "secure in the knowledge that personality traits and conscience are not inherited, an agency can take a firm position that no personal information is pertinent to the baby's future development. An agency can withhold the fact that emotional instability had been evident in the baby's forebears and assure the adoptive parents that the baby will develop well emotionally if conditions remain fairly comfortable in the home."¹

Continuing in somewhat the same vein, but to a modified degree,² Leontine Young continues, "Experience indicates that, in the absence of specific organic defect in the child himself, environment rather than heredity is the determining force. However, an adoption agency decides in a specific case, there can be no completely safe or sure guarantee of the future. Both an agency and the adoptive parents must, like natural parents, take some risks. And it cannot be forgotten that this is the life of a human being that is being decided. There can be time allowed for as much assurance as possible, but beyond that adoptive parents who are adults must decide what risks they are willing to take. After all, a child is worth the taking of some chances."

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1. Kohlsaas, Barbara, and Johnson, Adelaide M., M.D., "Some Suggestions for Practice in Infant Adoptions," Social Casework, March, 1954, p. 93.
 2. Young, Leontine, Op. cit., p. 160.

That both agencies and adoptive parents are increasingly more willing to take these risks is encouraging. There is indeed evidence that emotionally mature adopting parents have all along been more realistic than agency workers in their consideration that some slight risks of heredity or prenatal defects are faced by all parents, and in their willingness to take that common human risk. Perhaps these very vulnerable children will no longer remain "dangling" while unnecessary problems are being precipitated for themselves and the agency whose sole responsibility they are.

Improved Casework Services.

Increased knowledge of the developments should preclude the slow building up of a behaviour problem in a child in care without the worker's awareness of it, and her constructive help in prevention and treatment. We have seen in several of the cases that no problems were recorded by the workers until the symptoms became so severe that the parents asked for replacement, or until such permanent damage had resulted that little could be done to remedy the situation. The caseworker in children's work has the responsibility of planning a future for children who have no one else to take responsibility for them. It is therefore imperative that visiting with the parents and the child occur frequently enough that the workers may know, first hand, the child's development from month to month. Friendly visiting of the foster parents and enquiring how the child is getting on is not enough. How does the child respond to parents and worker? How are feeding, crying, schedules and training handled? Above all, what is the feeling shown by parents and child to each other? Awareness of this period on the life of each child suggests the need to provide the best casework services available to every child on the caseload.

Even given the most highly skilled workers, numbers on the caseload must be such that casework is possible before situations become emergent. This means that supervision of children in foster homes is not merely a routine which takes place when the worker is in the district, or when the foster mother telephones in desperation and asks to have the child removed. Then it is too late for supervision and the most profitable use of a casework service. The child has not had sufficient time or opportunity to get to know his worker, and instead of being a bulwark of security for the child, the worker becomes identified with further rejection and removal from security. Under these circumstances the worker must then spend a great deal of time winning the confidence of his client, and in some cases, it may never be possible to do this. It is therefore imperative that the worker's caseload is such that he can know and understand each child and his needs when things are going relatively well. At the same time, supervision of the foster home under these conditions becomes a helpful process to the foster parents as well, since they have an opportunity to discuss with the worker the everyday problems which, when they accumulate or are handled improperly, lead to emotional disturbance in the child, and frustration in the parents. Close contact with her young clients helps the worker to be in a much better position to plan adequately for the child when it is needed, and help him accept, understand, and participate in the plan as it develops.

In the cases cited, it is noticeable that removal from a home where the child was obviously rejected and developing severe problems was seldom considered by workers until suggested by foster parents, who later changed their minds. Two implications stand out:

one, that this decision is left all too completely to foster parents, known to be punitive. The second suggests that the special need to re-assess placements as the child moves from the dependent stage of infancy into greater self-assertion, and the special danger of poor parental relationships in the oedipal period are not part of the caseworker's basic knowledge. Perhaps a double safeguard could be obtained through inclusion of these points both in the supervisory teaching and checks, and the agency policy.

For this reason, also, the continuity of workers is especially important in a children's agency. In a life situation where the child's environment is subject to change, and where people who care for him are not his permanent family, there must be some constancy of relationship with the agency who is or represents the legal guardian. This can be maintained largely through the contact with the child's worker. However, if conditions at the agency are such that caseloads are subject to frequent change, it is reasonable to expect that the child's tie to those responsible for him will be nebulous, and will not provide him with the feeling of security which makes for adequate development. In addition, no matter how carefully the change of workers is explained to a child, there is still bound to be a feeling of being rejected in that child. For a child with whom the worker is attempting to build up the feeling of belonging and being loved, ill-timed loss of the worker may automatically undermine the very thing the worker is striving for. Any measure that can therefore be taken to insure the maximum degree of continuity as to worker is a measure insuring the most successful treatment of the child.

Summary.

In reviewing this chapter, the focus has been on the factors which contribute to the development of emotional disturbance in children who are not disturbed when they come to the agency initially. In addition, the factors which could prevent or minimize this occurrence are discussed. This emphasis on the preventive aspects of this program is one most likely to be fruitful in terms of a constructive, long-term program for dealing with this problem of developing emotional disturbance in young children, particularly those who are, from birth, in need of substitute family care.

CHAPTER V.

PREVENTIVE ASPECTS OF THIS PROGRAM.

In discussing the emotional problems of the children dealt with by this particular area of our child welfare program, and how these problems arise, two things emerge:

1. The importance of measures to prevent such disturbances from occurring, and the lack of emphasis placed on this part of the program.

2. The need for early and thorough diagnosis and treatment of already existing disturbances, to prevent more serious conditions from resulting, and the lack of facilities for this purpose.

These two aspects may be considered from the point of view of the agency caring for these children, the workers dealing with them, and the community, whose primary concern and interest they must always be.

Agency

It will be recalled that many of the children referred to the agency because of their disturbed state, were children whose parents had contacted the agency some years previously, but with whom the agency had lost contact when the parents decided not to use the services of the agency. In these instances, a policy of a more aggressive approach in preventive casework with these parents might have forestalled the need for these families to return later for help with their disturbed children. Discussing this problem in his article entitled ¹ "Aggressive Approach in Preventive Casework With Children's Problems", Lionel C. Lane states:

L. Lane, Lionel C., Aggressive Approach in Preventive Casework With Children's Problems, Journal of Social Casework, Feb. 1952, p. 61

"The limits imposed on us by the client's right to make his own decision about using help is a valid and essential part of the casework process. One could, however, pursue this idea to its ultimate end and maintain that a family has a right to pursue its own path to self-destruction. But when the lives of young children are affected, we cannot limit ourselves to such a passive role. To do so would mean that the problems of children are not our concern until the point of crisis or emergency has been reached, a development that we have encouraged by our passivity. There is a need for more concentrated and aggressive efforts on our part so that we are more truly offering a preventive service to the community."

This lack of preventive, "aggressive" approach to the problem is illustrated graphically by the case "David", which was discussed in Chapter III.

This record states that "David first came into contact with the Children's Aid Society when the child was fifteen months old. At that time, during one of the many separations between the parents, the father approached the agency regarding the placement of the child, since he felt the mother was not giving David adequate care. However, the parents resumed living together before anything further could be done, and the matter was not pursued." Some six years later, after many separations between the parents and a divorce, David's mother brought the child back to the agency. This time her complaint was that he was lying, stealing, breaking windows, setting fires, and generally being so difficult to manage that she could not cope with him at home. More constructive and "aggressive" help to David's parents when he was fifteen months old might have prevented the situation from deteriorating to the extent that it did, or, at the very least, would have offered David some protection from this damaging environment during his early, formative years.

A thesis being currently completed shows similar findings in the Social Welfare Branch; that is, the difficulty of accepting and using to help the child a parent's request for placement. It was found that the request prevented many more workers from developing a helpful relationship with the parents than did the finding of neglect or abuse where the complaint was from outside sources.

Of course, this kind of approach would not be possible without the use of fully trained, skilled staff in sufficient numbers to allow the time and opportunity to undertake long-term, preventive casework with the parents before their child is irreparably damaged. The need for more time for the workers to deal with each child in care is also apparent. In discussing the state of foster home placement programs generally¹, Mr. Dula states, "May we not expect a quickened concern of foster home placement agencies about reducing the caseloads in boarding home placement?" With children who are to be in care of other than their parents for long periods of time it is of the utmost importance that the question "Who am I?" be answered, and that these children have someone permanent to whom to relate. This problem of inadequate numbers of trained social workers in the field is, without a doubt, a difficult one. It necessitates every agency participating whole-heartedly in a training program for student workers, so that this lack can eventually be made less acute, and also working toward adequate pay and conditions of work so that skilled workers are not drained into other fields of practice, or into the same field in other localities.

The policy of foster home placement with a view to adoption of children who are not considered adoptable at birth has been considered previously, but in a different context. As has been shown, the placement of these babies in "permanent" homes was, in the group studied, often far from permanent, and frequently led to the development of "problem" homes, as well as multiple replacements

L. Dula, John E., "Future Directions for Foster Care For Children", Social Welfare Forum, 1952, p. 130

during those years when children need a settled, happy environment more than at any other time in their lives.

A review of this policy, bearing in mind the damage which is being done to these children as a result, would immediately speak in favor of its abandonment. In its place would be substituted a program which would choose homes for those children in the same manner that homes are chosen for children immediately available for adoption.¹ This would ensure a home selected on the basis of its real function, adoption, with the parents partners of the agency in sharing risks in the child's development. These parents would not receive board money to make them feel that they are not wholly accepted as adoptive parents, or that they are being recompensed for receiving a poorer quality of child. Dr. Johnson says children become what their parents really expect them to be.² If agency and "permanent boarding parents" expect problems, the children will reflect this.

"There will and must be," says Mr. Dula, "a more aggressive and crusading spirit to reduce to the irreducible minimum those factors which are occasioning replacements, and which agencies can do something to eliminate."³ One of these factors about which agencies can do a great deal is foster home finding. Intrinsic in a preventive child welfare program is an active, well-staffed foster home-finding department. This implies recognition by the staff, as well as administration, that this program is the backbone of any program involving children away from their own home, more part-

1. Policy suggested by Miss Dorothy Hutchinson during her recent visit, August, 1954.

2. Johnson, M.D., "Some Suggestions for Practice in Infant Adoptions", Social Casework, Mar., 1954, p.93

3. opp. cit. p. 130

icularly in communities like ours which have no other method of looking after children in this unhappy predicament. With this recognition will come the need to work actively towards recruiting new foster parents, as well as training them in understanding child development, what placements mean to the child, and how co-operative work and planning is carried on by foster parents and the agency. In this way, foster parents would be more sure of themselves, and would be in a better position to help any child placed in their care, and, more particularly those showing disturbance. This kind of training program would be more effective if in addition to the training, some suitable recognition, in the form of increased board rates were paid to the parents. In discussing this as another factor which agencies can control, Mr. Dula asks the question, "May we not expect the inadequate board rate to be raised? The average residential cost per child receiving treatment is \$3,600-\$8,000 per year. Boarding rates could be increased from \$40-\$90 per month, and still be less expensive than good institutional care. In the long run, preventive foster home care is cheaper than human life and dollars than our remedial institutional programs when the opportunities for cure and reclamation are so much less."¹

In addition, there seems to be a need for a greater variety of foster care than is provided in this community. Agencies have realized the need for combining foster family care with institutional programs, so that the needs of emotionally disturbed children can be met by a reasoned plan based on observation, provision for treatment and growth toward normalcy. Thus, the lack of continuity of service, the loss of knowledge of the child and continuing relationship with the child between the commitment of that child from a community agency and institution and the return of the

child to the community need not exist. Integration and coherence between facets of a child-care program can become the rule rather than the exception.

Review of the function of the agency's Alma Road Receiving Home might make it possible for this institution to provide a more complete and helpful service to those children living within its walls. If its function could be established as either an intake observation home or a treatment centre, and properly staffed for either purpose, it too, could become an important part in the preventive services offered by the agency to those children requiring this particular kind of group care.

Another aspect of preventive work to be done by a child-care agency is in the realm of treating as early and as successfully as possible those emotional disturbances that are found in the children as they come in care, so that more severe and incapacitating conditions do not result. Within its own program, such an agency can provide for routine admission conferences for children being admitted to wardship of the agency. For children already showing severe disturbance in their own homes, discussion in these conferences can often be based on a careful study of the child's behaviour prior to placement, or when a child is taken into care in an emergency, in a special observation, foster, or Receiving Home, in the first few weeks, rather than necessitating a long study period after placement. This type of conference would allow for every aspect of each case to be evaluated, and at least a tentative program drawn up.

The addition of adequate psychiatric consultation available to all the workers of the agency, for all cases, is a very imp-

ortant step forward. Use of such consultation for all children past infancy and coming into long-term care, has been found elsewhere of special help. This implies, of course, that foster and receiving home facilities and more especially case work skills will be available to implement early diagnosis. It is important to recognize that no psychiatric consultation or treatment can replace essential case work knowledge and skill inherent in helping parents, children, and foster and adoptive parents discover and use their own strengths. Case work skills include the building of trust through honesty, reliability, interest in and liking for both parents and children, helping the child voice his doubts, and fears, and helping him through careful preparation for every step of moving from his own home to a foster home. The caseworker must help the child toward understanding his own parents without pretense or shame, and through his experience with the worker move toward greater trust in adults, and belief in his own right to be liked. He must help parents and foster parents understand the child's fears based on his experiences, and his need to "try out" adults. He must demonstrate through his own reliability with an interest in the adults, what the child needs from them. He must know when a refusal is more helpful than giving. He must know how children react differently from adults, and how to use this knowledge.

For the smaller group of deeply disturbed children, intensive psychotherapy may be the only way in which they can be helped, and should be available for them. However, with the long waiting periods made necessary by the understaffing of the Child Guidance Clinic and the discontinuation of the Play Therapy treatment

program, this is not always the case. It is therefore important to further the provision of more extensive institutional and out-patient treatment programs by the community, and if possible, to reinstate the agency's play therapy program. Inclusion of enough fully-trained workers and psychiatric service to treat at least those children who are totally the responsibility of the Children's Aid Society would be desirable.

Outside of their own programs, agencies have the responsibility to bring to the attention of the community the lacks in service needed in a progressive Child-Welfare program, and to work closely with other interested agencies in the community to fill these gaps. In reviewing the events of the past twenty years, Mrs. Angus points out, "The unplanned nature of the agency's expansion may have been inevitable, but it need not continue in this fashion indefinitely. Some of the inequalities in our development which will emerge in the final pages of this report should underline the necessity that, from now on, the Society collaborate with all other welfare organizations in planning intelligently and efficiently to meet the social needs of the community. This is our first piece of unfinished business." The way she sees of bringing this about is as follows:

"During the past two decades it has become obvious that the responsibility for maintaining a vigorous and useful coordinating and planning council rests with the volunteer part of all the private agencies operating in the same field of interest. This responsibility is, of course, one they can fulfill successfully only with the help and skilled technical leadership of the professional group. This council could be very helpful in the planning of inter-agency policies, as well as planning how best to meet the changing needs of the community. From the historian's point of view, the growth of cooperation at the professional level in good working relationships with all other agencies is encouraging. But it

is disappointing that at the Board-Member level more has not been done in concerted social planning."¹

An immediate case in point is the need for residential facilities for emotionally disturbed children, which is currently being discussed by the Community Chest and Council and the Canadian Association of Social Workers. Any leadership which the administration of a children's agency can offer in strengthening the total child welfare program, and in planning for it, is, in the long run, a constructive step on behalf of the children in its care.

Professional Responsibility

The workers in a child-caring agency have also a responsibility in building up a good preventive program in the agency with which they are associated. They must be aware of the necessity of adequate training to fully understand and work with children's problems. Where the need for workers has resulted in the hiring of untrained personnel, they should feel the obligation of acquiring further training as soon as possible. For professionally trained workers, there is a need to be constantly learning, long after the full academic course is completed. Considerable confusion exists as to the areas of knowledge essential for the children's worker. Knowledge of personality, normal and abnormal, in adults and children, and knowledge of how to give casework help in accordance with need, resources, past experience and present personality make-up, are essential for good work with children and their families, as for all areas of casework. In addition, there is need for special knowledge in such areas as evaluating and helping

1. Angus, Anne Margaret, "The Children's Aid Society of Vancouver, B.C., 1901-1951", p. 35

substitute parents, assessing potential for parenthood of a biologically unrelated child, how to help a child move from a destructive home to being able to accept substitute parents, or use what he can from both his own and other parents. Only by keeping alert to new developments in the field, and incorporating the most advanced theory and practice in their daily work, are social workers able to make the greatest contribution towards not only alleviating, but also preventing, the emotional and social ills of children.

They must also recognize their responsibility to interpret individually, at every opportunity, the importance of work with children who have wholly or partially lost their parents, and, in the long run, the money-saving value to the community of good preventive work. In this way, workers in other professions, as well as the general public, can be made aware of the important contribution they can make to these children both when they come in contact with them, and through spreading an increased understanding of the factors which cause their problems, and the measures which can help them. However, much of this can be accomplished by numbers which individuals alone cannot accomplish.

For this reason, it is imperative that each worker that qualifies should be an active member of the professional social work association, and see that their field of practice is integrated with the other fields. It is by this means that continuous watch can be kept on developments in the field of child welfare by all social workers, and concerted action taken on behalf of the best child welfare practise possible.

Community Responsibility

The community, too, has a big part to play in providing a

comprehensive preventive program for children. Since the external environment has so great an influence on the forming personalities of children, it is logical to expect that the lives of children will be affected by the political strains and tensions under which children today develop and grow. Where there is, in addition, uncertainty of employment, sub-subsistence pay or financial aid, no such aid for "unemployed employables" , inadequate housing, crowded school conditions, lack of recreational facilities, and that multitude conditions which make worried parents, it is unrealistic to expect unworried children. It is therefore the community's responsibility to strengthen those primary defences against insecurity which contribute indirectly to the creation of emotional disturbance in children.

Another way that the community has of protecting its children from damage, mental as well as physical, is through legislation. Although, on the whole, legislation relating to children is ahead of most countries, it is still greatly behind recent new-found knowledge in the field. There is much which can be done to improve the Adoption Act, especially in helping parents relinquish all parental rights where it is for the welfare of the child, and transfer to agencies, again for the child's welfare, of the right to place for adoption along with guardianship for the child. The Protection of Children Act has long been found lacking in its failure to provide for the apprehension of children who are subjected to mental or emotional deprivation by their parents without outright physical neglect. This one change of legislation alone would make possible intervention on behalf of a child whose life is filled with fear and hate, though without physical abuse,

because of mental abnormalities in the parents. It should not be necessary these children become part of our delinquent population, or that of our mental institution, or become those disturbed, ineffectual adults who are always an expense too and a burden on the community.

A greater concentration in our community on active mental health programs, both educational and treatment, for adults as well as children would also aid the children of Vancouver in reaching adulthood as more emotionally complete, mature people than has ever been possible before. There has recently been a growing recognition of the possibilities in this area, and the Canadian Mental Health Association is now receiving much community support and interest. It is to be hoped that with growing pressure by this group and others, the authorities will concentrate more effort on the provision of preventive mental health services than has ever been the case.

In order to prevent overlapping of facilities, and to bring about the most effective program of prevention and treatment for the least possible cost, integration of all services to children on a community level is necessary. This indicates the need for a comprehensive survey of family and child care services in the community, the initial steps for which have been taken by the Vancouver Community Chest and Council. Mr. Dula, speaking of this trend in many other centres, says, "If we believe that that the purpose of foster care is to provide the type of care a child needs when he needs it, does not a canopying of various services under one agency's auspices better assure the achievement of this purpose? If we see the relatedness of foster care to the whole field of child welfare services, is it not logical to conclude that a unification or consolidation of services which have children as well as casework as their generic base might be in order?"²¹

The implication of an overall program to prevent, diagnose, and treat emotional disturbance in children are many. The renaissance of interest and activity in regard to the institutional treatment of children augurs well for the future of the services. If the challenge is to be met, a greater variety of services to children in their own homes and out of them must be provided. There is need to consider residential care not only for some of the children suffering from organic brain damage, childhood psychoses, and disturbances which take the form of psychosomatic ailments. Each of these groups require different facilities and a different approach.

But before any of these progressive steps are possible, there must be a growing recognition and acceptance by the general public, implemented by agency interpretation, of public responsibility, in terms of willingness to understand, support with interest, and to pay. Only in this way will there be more adequate preventive and treatment services for those in the community who need them.

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