CHILD NEGLECT SITUATIONS

A Comparative Case Analysis of Two Neglect Cases, from Vancouver Agencies, 1955

by

SONJA CONSTANCE MATISON

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Abstract

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Casework with neglectful parents has particular problems, influenced by the special responsibility and function of the protection agency. All casework is concerned with bringing the client's personality into adjustment with his environment; in the neglect situation the agency has the added responsibility of making the decision regarding a child's removal from his home. Superficially, these two responsibilities may seem incompatible: on one hand, the worker uses acceptance and understanding to treat the client; on the other hand he may have to use authority to render the necessary services. Workers have difficulty in fusing the two responsibilities into a meaningful casework process.

Two cases were used in this study; one is an example of emotional rejection, the other an illustration of both emotional and physical neglect. The cases were presented to emphasise the worker's use of diagnostic information in giving casework help to the clients. The work done was compared with some concepts of social work that are usually considered essential for productive casework.

The elements of social work philosophy and practice
generally recognized as indispensible to effective casework were often absent in both cases. There was little practical use of the concepts that each individual has worth, potential and ability to change. Moreover, the use of relationship as a helping tool was hindered because of the misuse of authority; it was either over-used or under-used, and in either case was not helpful to the client. Vitally important to any casework progress, but seldom apparent in either case, was a sound treatment plan.

Many of the casework difficulties were centred in the fact that the workers were not sure of their function, of the use of authority, and perhaps of their ability to help. It would appear that if the worker has a genuine belief in the basic principles of casework (which must be carried out in relationship with the client), a sound knowledge of human behaviour, and a belief in his own ability to help, many of the foregoing casework difficulties could be remedied.
I wish to thank the people who contributed to the preparation of this study. The workers and supervisors of the Vancouver Children's Aid Society and the Vancouver Family Welfare Bureau supplied a number of cases for reading. Special thanks are given to Miss Finlayson and Mrs. Finlay of the Family Welfare Bureau and Miss Tuckey of the Children's Aid Society who assisted me so generously.

Special appreciation is extended to the School of Social Work staff members--Mrs. Helen Exner, Dr. Leonard Marsh, and Mr. Adrian Marriage--for their encouragement and suggestions which were invaluable. Without their continued support, this study could not have been completed.
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CHAPTER I

CHANGING PHILOSOPHY ON CHILD NEGLECT

Definition of Neglect Work

What is meant by neglect work in the child welfare protection field? The 1930 White House Conference on Child Health and Protection stated that protection work is

...a specialized service in the field of child welfare in the behalf of children suffering from cruelty or abuse, or whose physical, mental or moral welfare is endangered through the neglect of their parents or custodians, or whose rights or welfare are violated or threatened.¹

Another definition of neglect work emphasises the fact that in a neglect case, the agency's service is based on law and the parents cannot refuse it. When the lives of children are being affected to such an extent that the community takes action to change the damaging situation, the agency has a responsibility to render the necessary services. In a bona fide neglect case, there is the possibility that the inter-family relationships are so weak that the casework within that unit will be unsuccessful.²


Evolution of Family Responsibility

We still have many things to learn regarding the causes of parental neglect. Our expectancy of a family is often based on pre-conceived standards of what the "ideal" family should be, without looking into the varied causative factors that made the husband the man he is and the wife the woman she is. We tend to label the parents "mother" and "father" instead of examining the situations of two individuals, each with his peculiar need to give and receive. The inter-relationship in a family produces a pattern uniquely different from all other families, both in the immediate environment and in the total culture.

In North American civilization, the pattern of the family has altered radically during the last one hundred years. This culture has changed from a pioneering frontier status to a highly technological level and has experienced corresponding changes in the type of family it has produced. The pioneer family, often miles from neighbours, was forced to become self-reliant, independent and the arbiter of its own behaviour. As the land became more populated and small towns and villages spread across the country, the individual family was less isolated but still maintained its insularity. In addition to its own inner strengths, the family was reinforced by the community attitudes and criticisms.

As urbanization increased, family ties were weakened. The responsibility of holding the family together in a manner acceptable to community standards was placed more exclusively on the mother and father, strong or weak as they might be. Margaret Mead says this of the modern family and society's expectancy of
...we still expect the family, the inexperienced young wife and the inexperienced young husband, to manage its own finances, to handle the children's education and health, to tend the sick, to care for the mildly insane and the defective, and to meet major emergencies. ...we now expect a family to achieve alone what no society has ever expected an individual family to accomplish unaided. In effect, we call upon the individual family to do what a whole clan used to do. We put all those demands on the individual family and we make the members of that family feel inadequate if they are unable to discharge those duties.

As we realize the fragility of this small, inexperienced, unsupported, isolated family living in an unfamiliar environment, amid temporary friends and associates, our big problem is to bring in community services to provide the assistance that the larger family used to extend. We can do this much faster if we realize that the family has not suddenly lost its moral fiber, as a lot of people think....

Historical Changes in Neglect Work

The protection services on the North American continent, like many other welfare programmes, originated in practical necessity. Children who were found suffering because of parental neglect had to be cared for immediately. Protection agencies were established by private citizens to fulfill a need that the government did not cover.

The almost classical example of establishment of the first society for prevention of cruelty to children is told in the story of Mary-Ellen. In 1874, a complaint was lodged with the New York City Police that a twelve-year-old girl was being cruelly mistreated by her foster parents. Because there was no law to protect children, the case was taken to the New York Society for

the Prevention of Cruelty to Animals. The President of the Society accepted the case saying that the child should have, at least, the justice of the dog on the streets. Mary-Ellen's case was taken to court and she was subsequently placed in a foster home; her foster mother was imprisoned for a year. From that time on, the Society was besieged by complaints of children being neglected. One year after Mary-Ellen's case was tried in court, the New York Society for the Prevention of Cruelty to Children was formed.¹

The President of the N.Y.S.P.C.C. defined societies for the prevention of cruelty to children as being

...the hand of the law, attached to the arm of the law plucking unfortunate children from the atmospheres of poverty and crime...and preventing the depraved and brutal from wreaking their vengeance on those who but for our action...would be...at their mercy.²

This quotation perhaps exemplifies the philosophy of the original workers in the neglect field. The first step in neglect work set the stages for the next eighty years of work. To gain a better understanding of to-day's work, it is important to examine the successive transformations of philosophy and casework practice in the neglect field. The following paragraphs outline the five major trends and eras of social work practice and philosophy in neglect work from its origination in 1875 until the


Stage I

Police Action; Punishment of Parents and Institutionalization of Children

The era commencing with the Mary-Ellen case and lasting approximately twenty-five years was literally concerned with rescue work. It was rough and ready "treatment", generally on an emergency basis, i.e., when the child had to be removed from the home for his own safety. The work of child protection during this time rested on the theory that if the child were in a deplorable home situation, any "home" would be better than his own. Almost all the children removed in those early years were institutionalized. A statement regarding the children placed by the New York Society in 1900 shows that in that year, 2407 children were committed to institutions and six were placed in homes or "situations".1

Action with the parents in this first era was on a punitive level. According to records available from the late 1800's, punishment of the parents was almost inevitable after the child was removed from the home. The punitive action taken was on the basis of retaliation and deterrence rather than rehabilitation of the parents.

This pioneer era can be characterized by lack of diagnosis and planning except on an extremely subjective, moralistic level.

Stage II
First Knowledge of the Importance of Inter-Family Relationships

People who began to realize the importance of family life to children were concerned with the unplanned removal that characterized the first stage of development. In approximately 1907, the Massachusetts Society for the Prevention of Cruelty to Children became one of the first agencies to be aware that it was not enough merely to take a child out of one "bad" situation to put him into a "good" situation. Furthermore, they realized that institutional living, wholesome as it might be, was not the answer for every child who was removed from his home. Poor physical conditions and parental mistreatment did not necessarily affect the child's love for his parents, and excellent physical quarters did not necessarily erase the child's memory or love of his parents. The theory that a child may be "loyal" to parents regardless of misery and mistreatment was an important working hypothesis in our understanding of work with neglectful families.

In most cases, the man and woman the child knows as "mommy and daddy" are the only adults that the child equates with the hope of love and security. Only with extremely rejecting parents does the child receive no hope of security. To take the child from poor (as defined by the social agency) parents and place him in a "good" home does not mean an automatic cutting of the emotional ties and all they mean to the child.

Together with an incipient understanding of the basic elements and importance of inter-family relationships, the Massachusetts Society set the groundwork for a new phase of thinking in the protection field, namely, the importance of keeping the
family together. The second phase can be characterized by the awareness of family ties, and if removal is necessary, the need of the child to have something like a family setting (foster home) rather than institutionalization.

Stage III
Keeping the Family Together

The third phase coincided with the development and growth of family agencies, and reflected the swing of treatment from "remove the children and the parents be damned" to "keep the children and parents together and the family be damned". This, of course, is an extreme statement, but workers, in their glorification of the family, often tried to keep families together where the children were actually being harmed. While the importance of the positive emotional ties of the parent-child relationship was kept in the forefront of social work thinking, the negative results of keeping some families together were overlooked. In cases where the close family ties do not exist, emotional separation has often occurred before the agency causes physical separation. Some parents say (if the caseworker listens), "We do not want the responsibility of caring for our children." Likewise some children realize their parents' feelings towards them, and the child may ask for a home "where I'll be wanted."

In more complex situations where strong ties of sadomasochistic needs and guilt exist in both parents and children, or where parental ambivalence is strong, "keeping the family together" fits some clients' expressed wishes. Furthermore, it insulates the caseworker from entrance into painful and difficult areas of casework.
Stage IV
"Do-nothing" Plan

Agencies and workers may be aware of the pitfalls mentioned, i.e., being punitive, removing child without diagnosis or plan, holding the family together because of an idealized conception of "the family", but being aware of these dangers does not eliminate the agency's indecisiveness in planning and acting on that plan. Why does this happen? Too often workers do not understand what they are doing when they have a case involving neglecting parents. Coupled with the intellectual quandary is the emotional element of anxiety which further confuses the worker in a neglect case. These ambiguities in thinking and feeling is hesitant, ill-planned casework.

"Doing nothing" can mean making one call to "warn" the parents or it can mean a number of desultory calls "to see how everything is". The worker who is caught in the mesh of emotional and intellectual indecision cannot take a firm stand as a helping authority figure with neglecting parents. Without a clear-cut diagnosis there can be no planning, and without planning for the future, the social worker cannot mobilize his own actions nor can he help the family mobilize theirs, either for separation or for strengthening the family.

Stage V
Diagnosis and Planning

The last phase of development in the neglect work involves the objective diagnosis of the total family in its environment. How often good diagnostic work and a competent execution of plans exists is open to question. Perhaps it
occurs only relatively rarely, but we believe that the profession as a whole is becoming aware that to do competent work, diagnosis and objectivity are needed. Like many of the other professions, our knowledge about what to do in neglect work is farther advanced than our ability to act on that knowledge.

Components of Casework in Neglect Cases

Casework with neglecting parents, more than other areas of casework requires a confident, knowledgeable social worker. However, many workers forget, when confronted with a neglect case, that the social work needed in this particular area does not involve strange or magical techniques, unused by and unknown to other casework areas. Casework in the neglect field uses the same sound principles of practice as used in the casework process with any problem.

The corner-stone of sound casework involves the elements of study, diagnosing, planning and action. Casework in the neglect field requires these techniques too. Diagnosis, in the neglect situation is to evaluate the home

...to determine what exists in the child's home that contributes soundly and basically to his total growth, physically, emotionally, intellectually and socially, and especially to discover the positive ties that have deep and lasting values for the child.¹

Why is it, that too often we see recording and work that echoes subjectivity, punitiveness and/or any of the other previously

¹ Welsch, M.D., "Sustaining the Child in His Impaired Home", *Child Welfare*, July, 1953, p. 3.
mentioned pitfalls? Casework with a neglect family, though having common elements with other areas, has two particular affecting conditions that cause the most concern for caseworkers.

These are (1) the caseworker's feelings that "I am not wanted", and (2) the caseworker's feelings about using authority.

Regarding the first feeling that the worker has when he* goes into a situation where, realistically, he may not be wanted, the worker must recognize these feelings in himself. Most persons, caseworkers or not, are anxious when they find that they are not accepted by another individual. Since these feelings of apprehension in a worker may affect the relationship and the ensuing progress with the client, the caseworker must face and, where possible, resolve these feelings. At the least, he must be aware of them in order that he can counteract any adverse attitudes resulting from his feelings of being rejected. If diagnosis is the corner-stone of casework, a strong positive relationship between the worker and client is the foundation of casework. Therefore, it is extremely important that the worker "clear the decks" regarding his own emotions which might affect the formation and continuance of a positive relationship between himself and clients.

Because of the emotional turmoil which can be generated in both clients and workers in a neglect case, the worker must also be sure that he is meeting the neglecting parents in an objective, non-judgemental way.

The non-judgmental attitude is a quality of the case

*The social worker will be referred to in the masculine.
work relationship; it is based on a conviction that the casework function precludes assigning guilt or innocence...but does include making evaluative judgments about the attitudes, standards or actions of the client; the attitude, which involves both thought and feeling elements, is transmitted to the client.¹

Use of Authority

Social workers do not like to think that they "use authority" and since most agency involvement in neglect cases does carry with it the onus of authority, there is apprehension on the worker's part when he enters such a case. What most workers forget is that they are authority-figures in almost any portion of the casework field in which they work. The very fact that a worker is a representative of a community-sanctioned agency makes him a kind of authority. However, the neglect situation, which gives the agency legal authority and responsibility, definitely establishes in the worker's mind that he is acting in an authoritarian setting. In a few specialized areas such as probation, parole and prison work, caseworkers have proved that they are able to use authority in a constructive way.² Because social work in the prison setting has certain parallels in neglect work, we should consider their suggestions. Authority is a positive


² Perhaps the origins of social work pre-destined modern social workers to resist the use of direct authority. The tool of the "friendly visitor" was kindness and understanding, and we often seem to think that one cannot be kind and authoritarian at the same time. In our North American democracies, we fear "too much authority". "Authoritarian" has come to mean dictatorial, unrelenting, and force without reason. The use of authority can have this meaning, but it can also mean the kindly, firm direction of a loving parent. This is the meaning we often forget.
part of all casework technique, and it can be used as a thera­peutic tool. In dealing with law-offenders, where the use of authority has been proven a necessary tool, one of the reasons for its success is related to the fact that many of the offenders have had poor relationships with their parents. Three kinds of poor relationships have been described: (1) lack of understanding and love from the parent(s), (2) absence of constructive adult behaviour, and (3) little experience with predictable and reasonable boundaries set for behaviour. ¹ If the client can identify with a "good" authority-figure, he will be able to use authority to re-focus his behaviour into a more socially-acceptable pattern.

Some neglecting parents act anti-socially because no one has put limits on their activities and they have not developed inner standards of their own. They are often frightened by their own wishes and ensuing actions; they are helped by limits being set for them. Then, relationship with a caseworker often enables them to internalize the limits and make them their own. Neglectful parents are often helped by a kindly, interested authority-person who sets some real limits for them and at the same time, helps them change their self-damaging actions. Frequently, in working with clients "who don't want help", a firm stand must be used as the wedge with which to reach casework-shy clients. When using authority, and at the same time building a relationship, the worker must give the client the feeling that

¹ Sherriffs, Alex, "Authority in the Client-Worker Relationship: Asset or Liability?" Federal Probation, June, 1953, pp. 22-25.
authority can be positive; the worker does this by showing respect, interest and firmness which leads to the client's respect for the worker, who is authority.

Similar to law-breakers, the neglecting parents have often had previous unhappy experiences with authority, whether it be police, school, or their own parents. When the social worker enters the scene, often as the proverbial straw that broke the camel's back, the parents have developed a great residue of hostility, and whether or not it is verbally expressed the worker must expect it to be there.

The worker can help the client talk of feelings about authority. Some workers avoid talking about the hostility with the mistaken idea that it will be "safer" if it is left undiscussed. In talking with the client about the feelings of hostility, the worker will be accomplishing two things: the client will accept and respect the worker for understanding but not condemning the hostility; the client may be able to review the pertinence of his feelings and sometimes see the source of his hostility.

**Assertive Casework**

This special kind of casework is sometimes called aggressive or assertive casework; perhaps the latter phrase is more indicative of the real meaning because it implies an assurance within the worker...

...that, by virtue of his professional ability, he has something to offer, and wholeheartedly wishes to make it known to those who do not yet know about, believe in or want it. This healthy self-assurance must
derive also from the assurance that the community sanctions and supports our reaching out.

Here again, the social worker may have feelings of pushing himself on the client; this has an analogy in the situation where some would-be patients are afraid to get medical aid. The agency and workers must help the parents to accept the aid that they so very badly need. When the lives of children and parents are being adversely affected, our profession cannot follow the (sometimes) typical attitude of passivity. It is our moral responsibility, as a profession concerned with human welfare, to take an active, positive role.

Legal Framework of Child Protection Work

Particularly in the neglect situation, the agency reflects the community's expectation of parental duties to their children. The protection agency works from a base of laws that are designed to protect the child.

In Canada, child protection legislation comes under provincial government legislation, and nine of the ten provinces' laws have been developed along similar lines. In British Columbia, the "Protection of Children Act" defines children in need of protection; any child under 18 years of age who falls

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2 The tenth province, Quebec, has a Youth Protection Act, which has some similarities to the other provinces' acts, but differs in that the Act is concerned with children between the ages of six and 18 years, and, it has one general clause which states a child can be placed under the care of a youth school or agency.
into one or more of 15 classes, ranging from street-begging, incorrigibility to habitual school truancy, can be considered a child who needs protection. In practice, however, children are usually apprehended under Section K, which states that apprehension may occur if the home is, "by reason of neglect, cruelty, or depravity...an unfit place for the child...or (if the child) has no parent capable of exercising proper parental control."¹

Apprehension of the child means the physical removal of the child from his home by an agency, and it implies the subsequent placement in an agency foster home. While the child is under care, he can be under any of three kinds of guardianship. They are: permanent wardship, semi-permanent wardship, and temporary wardship. Permanent wardship is, as the words imply, agency custody of the child until the child becomes an adult. When the court gives this kind of custody, it generally does so on the basis that the parents will never be able to assume care of their children. Semi-permanent wardship indicates that guardianship has been given to the agency, and the parents can reapply for a rescinding of the order if they give evidence that they will provide a suitable home. Temporary wardship gives the agency guardianship for a certain length of time; the limit of time allows the agency and parents to work together in order to make a more suitable home.²

¹ "Protection of Children Act", Provincial Statutes of British Columbia, Chapt. 47, 1943, C, 5, S 1, Victoria, B. C., Queen's Printer.

Scope of this Study

The case study method has been used in analysing two cases. The casework was compared with some concepts of social work that are usually considered essential to effective treatment.¹

The basic tenet of our democratic society and of the social work profession is the belief in the personal worth of the individual and his right to achieve his maximum development and capacity in his own way. Social workers believe in the client's right to be different, and they recognize that each individual is a unique and special person. From belief in this concept, the social worker realizes the importance of understanding himself in order that he can help the client better.

Secondly, social workers believe that every individual has the potential for growing and changing and that behaviour is purposeful and meaningful to the client. These two beliefs are closely linked and from them has evolved the concept, that in order to help the client change, we must know what is causing his behaviour and what value that behaviour has to him.

The fourth premise is closely linked to the first; we believe that each individual has a right to personal freedom and growth. Social work provides the enabling stimulus to allow the person to operate at the maximum of his ability.

The individual inter-relates in society and social work

sees this as responsibility the individual has to society and the responsibility society has to the individual.

Lastly, the family is the primary and most dynamic unit of society; this is particularly important when working with family situations that involve the possible separation of the family members.

Relating particularly to point three, the basic methods of the casework process involve diagnosis and planning. In any casework situation, there are certain basic steps that must occur if the client is to be helped. They are: (1) study; (2) diagnosis; (3) treatment plan; (4) action on plan; (5) evaluation and possible repeat of foregoing four steps. The above basis of philosophy and method was used to study the two neglect cases.

Selection of Cases

Approximately two dozen neglect cases were examined for the purpose of selecting two for this study. The cases were obtained by suggestions from the supervisors and workers from the Vancouver Children's Aid Society and the Vancouver Family Welfare Bureau.* While there was no specific criteria set for choosing the cases, the request was for a "typical" neglect case, one in which the client had initial feelings of hostility and resistance towards the worker, and in which the rejection or neglect of the children was obvious. Some of the cases read were eliminated because they did not fulfil the above criterion of obvious neglect, but the more prevalent reason for not using a case was the

* To be referred to in this study as "C.A.S." and "F.W.B."
workers' lack of diagnosis and subsequent planning: to be more exact, there was not sufficient recording to indicate either diagnosis, planning or movement. Too often the cases followed the patterns of either removal of the children with little planning, or leaving the children in the home, still without a sound casework plan. In the former cases, one could almost read between the lines that "these parents can never change", or in the latter cases, "these parents aren't so bad".

There seemed to be a lack of looking at the entire picture or evaluating each family individual, first, as a separate person and secondly, as a member of a group affecting and being affected by the whole group. If the parents were labelled "inadequate", too often, if they had any positives, these seemed to be ignored by the worker. What the parent meant to the child or the child meant to the parent was not evaluated. The cases were judged on the basis of "should we remove the children or should they remain in their home?" This, of course, must be decided somewhere in the course of working with the family; however, it should not be the end in itself. The end, if there is any such thing (because it is always changing as the people and situation changes), should be diagnosis of the total situation in order that the maximum adjustment can be achieved. The agency has a responsibility to see that the children have an adequate home life that will allow them to become happy, well adjusted adults.

The Cases Used and the Two Agencies

The two cases are chosen from the C.A.S. and F.W.B. The former agency is ostensibly a private agency, but in child protec-
tion work, many of its responsibilities are those of a public agency. It has legal authority and responsibility to investigate neglect cases within the Vancouver City limits. Though it is a private agency, considerably more than half of its financial support is from the government.

The F.W.B. too is a private agency but does not have governmental responsibility or authority. Its clients seek agency services voluntarily, and though the psychological components of resistance may be present (as part of the skein of dynamic casework), the patent hostility is less frequently observable than in C.A.S. records.

Since F.W.B. does not have the legal authority to give counsel to neglecting parents, if such a case is detected by F.W.B., it is referred to C.A.S., who has the responsibility and authority to give the family help.

One case chosen for this study started in the F.W.B., was closed and reopened with that agency. The second time it was reopened, the mother's emotional rejection was severe and definite; the case was referred to C.A.S. who removed the child and did the subsequent casework with the child and family.

The second case is one in which C.A.S. was active the entire time. It is a "classical" example of neglecting parents who vacillate from time to time in their interest in the children; it is also an example of the caseworker being unsure and indefinite in the planning and working.

Method of Study

The method of case study was used in examining the two
cases. They were summarized with an attempt to show two things: diagnostic information and the worker's role in the casework situation. The casework was studied, keeping in mind, some elements of social work concepts with which to compare the actual work. The case study method is almost wholly dependent on the worker's recorded account.

The concern of this study is with the quality of casework done. There may be many reasons — e.g., administration problems, training of worker, case-load pressures — that affect the work, but these are not within the scope of this study.
Chapter II  Case Primarily Illustrating Emotional Neglect

Phase one with emphasis on "relief-giving":
After the third referral - Mr. S. returns home; Mrs. S's prehospitalization period; psycho-social diagnosis; Joan's placements; Mrs. S's release from hospital; Return to husband and subsequent separation; Joan's removal from foster home and close of case.

Phase two with rejection becoming apparent:
Three interviews that bring out mother's feelings of rejection; Emergency removal; Post-placement events; Natural father located; Joan's adjustment; Mother's participation; Brief summing up.
CHAPTER II
CASE PRIMARILY ILLUSTRATING
EMOTIONAL NEGLECT

The first case is an example of direct emotional neglect and it illustrates a case which was active with F.W.B. for a number of years but, because no diagnosis was made, the clients were not helped with their real problems; seven years after the case was closed, the mother returned to the agency and asked for her daughter's removal from the home.

Family members:

<table>
<thead>
<tr>
<th>Father</th>
<th>Richard Simpson</th>
<th>born 1920.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Mary (Abby) &quot;</td>
<td>&quot; 1921.</td>
</tr>
<tr>
<td>Children</td>
<td>Joan</td>
<td>&quot; 1938.</td>
</tr>
</tbody>
</table>

Mother remarried to Emil Gunderson.

First Referral

Mrs. S. came to the office in late 1939 to ask for temporary relief.

He was a short, gangling youth, whose clothing, while clean, was ill fitting and creased. He had a pleasant manner, but did not appear too bright.

A few months previously, their first child, a daughter, was born, after which Mrs. S. became seriously ill and remained hospitalized for some time. Collateral contact with the Victorian Order of Nurses (hereafter, V.O.N.) revealed that Mr. S. had never been steadily employed; before going on relief, he had been selling doughnuts.
In the home visits, the social worker described Mrs. S. as being a "pretty little thing" despite the fact that she had a birth-mark on her face, a speech impediment, and club feet. Mrs. S. told the worker that, as a child, she had been very sensitive to the children's teasing her about her appearance. Her husband, whom she knew "several years" before their marriage, had helped to "snap her out" of her extreme sensitivity by teaching her to play the banjo; she also sang and got much satisfaction from this.

Mrs. S. finished the eight grade and was married when she was 16 years old; her family made no objection to the early marriage. When she was in the hospital, a nurse asked her if "she wasn't sorry she got married when she was so young, and she replied that she was glad (because) she knew Mr. S. so well and he suited her exactly."

Neither Mr. nor Mrs. S. could understand how they have go so far behind, and appear to think it was in the general confusion of Mrs. S. coming home, and all the new expenses. They feel they will be able to manage after this, and Mr. S. assured visitor earnestly, like a small boy, "that this would not happen again."

In the first agency visits, clues point to the S's as being dependent people; both are barely out of their adolescent years, and in addition, they seem to be dependent in a childish manner. We do not know how dependent Mrs. S. is on her husband (nor how strong he is). Neither do we know how close the relationship is between Mrs. S. and her family. We do know that even though she was very young, her parents did not object to her marriage.
In the first opening period, the S's were seen three times and the case was handled as a straight "relief case." Though the S's did give indications of personality difficulties, there was no attempt to treat the problem on this basis.

**Second Referral**

About a year and a half later, the case was reopened, again because the S's needed emergency relief. Mr. S. had been employed as a motorcycle delivery man and was involved in an accident in which both legs were broken.

From the V.O.N. referral, it was learned that the S's had recently returned from the mountains where Mr. S. had been employed. He had quit his job there because it had been "too hard" and also, his wife "could not stand the high altitude." Mrs. S. had not been well and would have to have another operation on her uterus. The referring nurse believed that Mrs. S. had been sterilized immediately after the birth of Joan as a peculiar deformity of (her feet) and her marred face appears to be inherited....Joan has the same condition, only with improvement.

V.O.N. requested that the agency talk to Mrs. S. to reassure her that financial aid would be available to her and Joan while Mr. S. was hospitalized. Mrs. S. planned to live with her mother until her husband was discharged from the hospital.

The worker visited Mrs. S.; the discussion revolved around money matters and Mr. S's hospitalization. Mrs. S. didn't think she could stay at her mother's home very long because her mother
...still had a young family and very little money....

The worker continues to be impressed by Mrs. S's girlishness and neat ways.

Mrs. S. is a nice young girl...She has a peculiar deformity...and her child has the same characteristic. Mrs. S. was neatly dressed as was the child. Mrs. S's disability does not appear to hinder her....She explained she could work quite well though no one would believe that she could. She said, "Oh well, such is life, I guess."

She seems to regard Mrs. S. as a girl with few problems, despite the obvious body-disfigurements. When Mrs. S. began to talk about her disability, an opening was made for the worker to discuss with Mrs. S. what her feelings about herself were, but it was not followed up.

In the following five months, until the case was closed, Mr. S. was visited four times in the hospital, and Mrs. S. four times at home. The visits consisted mainly of discussions with the S's about their financial problems and Mr. S's application for compensation.

The worker's opinion of Mrs. S. began to change, and she commented that Mrs. S.

had no immediate plans and appeared to be waiting for someone to solve her problem. She was lethargic about attacking her own problems and was somewhat demanding in her attitude.

The case was closed when Mr. S. was released from the hospital and he began to collect compensation. In this second opening, the agency service was focussed on giving financial relief. There are few comments on the personalities or relation-
ships within the family. The worker mentions Joan whom she observed in one home call:

Joan...was eating her lunch. She ate up well and liked her lunch.

In the recording thus far, these clients seem to present a fairly typical picture of two immature young people faced with the responsibilities of marriage and family life. Coupled with their individual dependencies are Mrs. S's feelings of inadequacies about her deformed face and feet.

The S's return from the mining camp may be an indication of their immature reaction. We do not know how realistic or wise the move was, but it is possible that the S's were escaping from a trying situation. Since the worker was handling the case on an environmental level, she could have explored with Mr. S. his vocational interests. Rehabilitation at this point might have prevented future family breakdown.

In the recording, it is interesting to note the worker's opinion of the S's, and Mrs. S. in particular, change from one of "what a sweet young thing" to an opinion which shows Mrs. S. to be lethargic and "somewhat demanding".

The worker's observation of the relationship between Joan and her parents is, in the first pages, restricted to comments on how Joan looked and ate. The agency casework is kept on the environmental level. If the personality patterns of the clients or the dynamics of their particular situation is examined, it is done so only on a superficial level and rather as an after-thought.
Third Referral

One year later the case was reopened for the third time during the S's marriage. Again, the reason for agency service was to give emergency relief. Mr. S. had enlisted in the navy, and Mrs. S. and Joan were in temporary need of funds.

When the worker first saw Mrs. S., she noted that Mrs. S. "looked most attractive" and though she was not feeling well, she seemed considerably more self-reliant than when she was seen before.

The S's owed much money on a new home they had purchased shortly before M. S. had enlisted. In order to pay some of the bills, Mrs. S. worked part-time in a grocery store. She hired an eighteen-year-old girl, Lillian, to care for Joan. Mrs. S. considered Lillian fairly reliable to care for the house and Joan; her only complaint about Lillian was that she did not handle money carefully. (Later it was found that Lillian had been a C.A.S. ward. She had been considered dull, and when in various foster homes, she had "run wild").

For the first three months of the agency aid, the main emphasis was, as it had been, on helping Mrs. S. with financial matters, and in particular, in helping her spend her money more wisely. If Mrs. S. expressed other needs directly or indirectly, they were overlooked by the worker.

Onset of Mrs. S's Illness

Three months after the beginning of agency help, Mrs. S. called to say that she was ill and would be staying at the home of a friend. The worker visited Mrs. S. later that day. Mrs.
S. was lying down and looked pale and in pain. She decided not to go home for a few days until her husband, who was stationed a few miles out of Vancouver, would be home. In the meantime, Mrs. S. was sure that Lillian could take care of the home and Joan. Mrs. S. was very upset over the unpaid bills. At the end of the interview,

Mrs. S. appeared to become unconscious and jerked violently from head to foot a number of times. She remained in this state until visitor left sometime later.

This is the first indication that Mrs. S. may have had a personality or physical disturbance. Whether her illness and subsequent seizure is psychological in cause is not yet known. One wonders if the worker or friend called a doctor at this time. No follow-up visit or inquiry as to termination of the seizure and medical diagnosis is recorded.

There are indications that Mrs. S. has strong dependency needs, and sometimes is unrealistic in her expectations and planning. Mr. and Mrs. S. seem to have made an unwise purchase of a new house. Mrs. S. does show initiative in trying to solve the financial problem by working. This might have been motivated from a real urge to help pay the bills, and part of the motivation may have been due to her urge to leave the house and her child, which may even have in part motivated the unwise spending which resulted in the need to work.

Apparent also is Mrs. S's indifference to the welfare of her three-year-old daughter who was being cared for by a girl whom Mrs. S. did not consider too reliable.
Mr. S. Returns Home: Mrs. S's Pre-Hospitalization Period

Four days later, Mr. S. returned home. His wife was still staying at her friend's home because she was "quite sick". She would enter the hospital as soon as room was available. (There is still no notation as to the nature or seriousness of Mrs. S's illness.)

At the same time Mr. S. gave this information, he asked for money to buy food and fuel. The worker made a home call to the S's house, where she found Mr. S., Lillian and Joan.

The home was slightly neater than previous visits. J. looked clean and attractive....Mr. S. is a youthful looking man, appeared somewhat lacking in initiative, overwhelmingly grateful for vis. assistance and suggestions. He expressed concern for Mrs. S. but felt she would feel better when she could get home.

Two days later, the worker brought Mrs. S. home (Mr. S. had no money for taxi fare). Mrs. S. was feeling unwell but "looked fine". She was taking many prescribed medicines, but the agency had not yet talked to the doctor to discuss the nature of Mrs. S's illness.

Mrs. S. again complained about Lillian's incompetent and dishonest handling of the money but she seemed to think that she could get along with Lillian's help at home. There was no recorded discussion of the effect of Mrs. S's illness and absence on Joan, nor was there any comment on the family reunion when Mrs. S. came home.

Three days after her home-coming, Mrs. S. called the worker because she had just received her husband's service cheque and she wanted the worker "to tell her what to do with the money."
Mrs. S. was calling from her friend's home and the subsequent visit was made there.

Mrs. S. appeared completely overwhelmed by her financial position...and visitor agreed, because of Mrs. S's obviously upset state...that F.W.B. would help for food for a short period. Visitor explained that the aid could not be continued after one month but it would give Mrs. S. a chance to work out a plan to meet her debts.

Mrs. S's dependency on the worker is obvious as indicated by her request for the worker to "tell her what to do with the money." At this point, what might the worker have done to help this client deal in a more satisfying way with her problems? Undoubtedly, the immediate, practical help was needed, but helping Mrs. S. gain a confidence and/or understanding of herself would have been the more meaningful and lasting kind of help.

The worker's handling of this particular problem reflects the tone of casework through the case. The help was almost always given on the superficial, limited environmental level. While the worker states throughout the record that these two people seem immature and do have personality problems, the causative factors are not related to each other to make a meaningful plan.

Perhaps Mrs. S's personality deviations were too complex for the social worker to treat; however, some of the difficulties might have been eased had they been dealt with earlier. For example, Mrs. S's feelings about herself and her physical disfigurements should be known; the relationships between the three family members is not explored; what Mrs. S. means to Mr. S. (and vice versa) is not considered; neither Mr. S's vocational
abilities nor his strengths for growth are known.

At this point, dealing with the financial problems only, deals with the symptoms and not the causes of Mrs. S's difficulties. This is rather clearly borne out in the next interview when Mrs. S. says that she really isn't upset because of money matters.

Mrs. S. asked for more financial aid and the worker "suggested that Mrs. S. would have to keep closer account of her money." The financial problem did not worry Mrs. S. to any great degree, but was obviously the only one she had found which would bring a response from the worker. She did want to talk to the worker about "Lillian who has been spreading gossip about the S's." According to Mrs. S., Lillian had told Mr. S. "wild stories" about Mrs. S's behaviour, which were untrue, but still her husband believed them. Mrs. S. told the worker that she intended to divorce her husband as soon as possible "...not because of Lillian but because she herself is in love with another man. Dick...is anxious to marry her." Mrs. S. had told her husband about this and he had "been very nice about the whole matter." According to Mrs. S., she had told him about Dick before he had met Lillian. Mrs. S. didn't care if Lillian married Mr. S.; she didn't hold anything against Lillian except that she talked too much.

The marriage conflict is revealed to the worker, evidently for the first time, although it has been developing for some months. Mrs. S. thought she would stay with her husband until surgical care could be obtained for Joan through Army financial aid. Since Joan had not been seen in the clinic for some months,
the worker suggested that Mrs. S. take Joan now.

Mrs. S. said her mother was horrified that she was going to get a divorce and that she (Mrs. S.) had too disapproved of divorce until she was in a situation where she realized that divorce was the only answer. "She expressed determination no matter what other plans were made, to keep Joan with her, since she understood the child's disability and the troubles she would probably have as a result."

Plans for divorce and re-marriage and for Joan are accepted as stated. The discrepancy between Mrs. S's stated interests and goals and her actions (leaving Joan with Lillian, neglecting medical care) is ignored by the worker; the implications of these discrepancies which indicate deep emotional conflict are not considered.

Mrs. S's Hospitalization

Four days after this interview, Mrs. S. was hospitalized with epileptic-like seizures that were diagnosed as being hysterical in nature. The foregoing interview gave specific clues that Mrs. S's ego-defences had become weak. She used defences of isolation to repress her resentments and fear. In this way she could still present acceptable feelings to self, family and community. She could thus retain an acceptable picture of self and hide shameful and guilty feelings. One of Mrs. S's reasons for staying with her husband was that Joan would receive medical treatment through Mr. S's service connections. Whether this was out of altruistic purpose or whether it was from a desperate effort to deny the rejection we do not know.
The worker visited Mrs. S. in the hospital where Mrs. S. displayed considerable guilt because she had not taken Joan to the hospital before she, herself, was hospitalized.

Visitor attempted to soothe her by saying that she must look to her own health first and that Joan's condition would probably not be harmed by waiting for a few days.

Mrs. S. told worker that after she left the hospital following Joan's birth she developed an aversion to sexual intercourse with her husband; she so hated it that on two occasions she got drunk in the hope that this would help. It had not, so she told her husband about her feeling. Now she wonders if, when she marries Dick, she will have the same trouble.

She feels she may have the same aversion to him....She remarked rather pointedly that she has never tried to find out. However, whatever her decision, she wished to be apart from her husband and to devote herself to looking after Joan. At this point Mrs. S. lapsed into another seizure and visitor left.

Psycho-social Diagnosis of Mrs. S's Personality Structure

Mrs. S. had many dependency needs and at the same time she had a real need to be accepted. These ever increasing demands put more pressure on the super-ego, which resulted, eventually, in the seizures and later, amnesia. Some of the pressures exerted were: the financial stress; absence of husband; possibly the marriage (we do not know what the marriage meant to her or how threatening it might have been); the birth of a similarly deformed child; responsibility of meeting that child's need when her own needs required meeting at a similar level; the rivalry a small child offers for attention, affection and praise.
These pressures increased Mrs. S's unacceptable feelings (those feelings about being a responsible and loving mother, of "weakness", feelings about being dependent, etc.). Super-ego pressure caused repression of the unacceptable feelings, using reaction formation, denial, isolation, an attempt at altruistic surrender, and finally, the illness. The latter method of defence serves as a punishment for her "bad" feelings; it is a way of having her dependency needs met, and it is a way of temporarily escaping the above-named pressures.

The convulsions and amnesia which follow represent an even stronger attempt at repression, this time of the whole conflict, including the super-ego forces. This, and the payment (punishment) she offers through the illness, open the way to (1) an acceptance of her own dependent needs (she is ill); (2) an acceptance of re-marriage to a father-person (family standards and the previous marriage become rationalized as "the old life", now discarded); (3) an acceptance of illness and drink as an escape (note her drinking to escape sexual intercourse); (4) projection that Mr. S. and particularly Joan have "made" her sick; therefore acting out her rejection on them is acceptable because they, not she, are "bad".

The physical manifestations are "safer" for Mrs. S. because they are more socially acceptable and secondly, the trend towards a full psychosis is interrupted. She can probably remain integrated with a father-person and no child. If Joan remains with her mother, it will be dangerous for her because Mrs. S's hate for her is freed.

The pertinent questions concerning treatment of Mrs. S. 
are whether or not skilled casework help could have lessened any of the destructive pressures. Could Mrs. S. have accepted plans for Joan, as a "good mother" would have done? These plans might have involved temporary or permanent placement of the girl or it might have meant helping Mrs. S. to be a "less-destructive mother" to Joan.

Joan's Placements

When Mrs. S. was hospitalized, Joan was placed with her maternal grandparents but they could not keep her very long because all the family members worked. The worker visited the grandmother and learned that she was very critical of Mr. S., and thought that divorce would be a good thing as Mr. and Mrs. S. had "nothing in common".

After a few days at her grandmother's home, Joan was placed in a friend's home where Mrs. S. thought she would receive good care.

While Mrs. S. was hospitalized, she became irrational and amnesia developed. A conference was had with the doctor (the record does not indicate whether or not he was a psychiatrist). He said that Mrs. S. had "marked hysterical symptoms", and her amnesia would pass. In fact, when Mrs. S. talked to the doctor, she indicated that she was well aware of the situation between herself, husband and boy friend.

The doctor had given Mrs. S. advice on dealing with her marital difficulties and (he) obviously expected the couple to continue in their life together....He appeared hopeful of adjustment although he was "not impressed" with either Mr. or Mrs. S.
He felt that Mrs. S. should definitely be expected to resume responsibility for Joan's care and he felt she was capable of looking after the child quite adequately.

The doctor's advice is necessary and valuable, but in view of what happens later, it appears that the social worker was in complete agreement with him regarding Mrs. S's being expected to resume, and being capable of resuming, care of Joan. The social worker should have had much to add in the planning area, especially since the plan concerned the client's social adjustment. The doctor's diagnosis and plan for the patient in the area of mental or physical illness is vital to the social plan that will be made, but the area of social planning is primarily, if not solely, in the social worker's area of competency and responsibility. Particularly in this case, where the social worker observed and presumably knew the S's for years, and the doctor had seen Mrs. S. for only a few weeks, we might expect the social worker to have had a plan to implement the medical diagnosis. The social worker evidently had not made a diagnosis, or, if she had, she did not have the confidence to carry through on it. Perhaps she was impressed by the knowledge and prestige of the medical profession, but if this were true, she forgot that the profession of social work, too, has its own particular knowledge and skills in helping people.

Mrs. S's Release from Hospital: Return to Husband and Subsequent Separation

After three weeks of hospitalization, Mrs. S. was discharged, with the amnesia symptoms still prevalent. She had no rememberance of marital difficulties nor, in fact, any memory of
the last three years. Joan was still a small baby and any thought of divorce vanished. Both Mr. and Mrs. S. seemed very happy, living together as "newly-weds".

Mrs. S. asked the worker for books on child psychology as she felt unequipped to handle the problems of a "new" child. However, after Joan was home for about two weeks, Mrs. S. again placed her with another friend because she (Mrs. S.) was having periods of unconsciousness, and "she is afraid that she is not looking after the child properly."

The amnesia symptoms reflected the strength of the defences needed to repress the "bad" feelings. The last three years, which were so stressing to Mrs. S., were "erased" from her mind. However, even amnesia was not a completely strong enough defence, and her feelings partially broke through which resulted in Joan's removal.

After about three weeks of living with her husband, Mrs. S. said she was again corresponding with Dick and intended to marry him. Worker pointed out that because Mrs. S. might have traces of amnesia, she should wait before she decided to get a divorce, but Mrs. S. thought this unnecessary since Dick could help her remember the "forgotten" portion of her life, and she thought she could be "perfectly happy" with him.

While the worker tried to "point out" the disadvantages of another marriage, she was unsuccessful. It is not surprising that, even after the number of times the worker had seen Mrs. S., there was still not a relationship which the worker could use in a helpful way. The visits were made on a "friendly visitor" basis, with neither diagnosis nor plan. Mrs. S. was not given
help in understanding her feelings towards Joan and, more elementary of course, there was no attempt to understand Mrs. S. as an individual with her own special needs and strengths.

The worker did nothing discernible towards relaxing pressures or strengthening that which can be strengthened in Mrs. S.'s personality. It appears that the worker was "drifting along" with the clients. Perhaps the worker believed that neither Mr. nor Mrs. S. could use the kind of help she was able to offer but if she had arrived at this conclusion, one would expect either (1) the caseworker to withdraw her services, or (2) to refer the family or individual family members to a resource that could help. One might compare the responsibility of the medical and social work professions. If a doctor cannot make a diagnosis or give proper treatment, we expect him to refer us to another doctor or to a specialist. Similarly, though the client does not pay for the services, we should expect that the social work profession would have the same ethical responsibility. We realize that the two positions are not precisely analogous because often, among other things, there are no community resources to which the agency can refer a client. However, we do think that this case illustrates a lack of evaluation as to the nature of the social maladjustment and how the agency was helping or if it could offer more pertinent help.

The Separation

Mrs. S. left her husband and divorce action was started.

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1 Fee payments for casework services are being introduced into some of the private agencies but, in the profession as a whole, are not common.
Mrs. S. was receiving some financial help from the agency. All during this time, Joan was living in a home, which the S's found by a newspaper advertisement. The home was, in fact, a houseboat; C.A.S. knew Mrs. B., the foster mother, and considered her home an unsuitable home for a child. That agency had received complaints that Mrs. B. had been cruel to a mentally deficient child whom she had boarded. A C.A.S. worker advised that they did not think Mrs. B. "would receive a C.A.S. visitor and it is doubtful if they could refuse on actual condition." Later a C.A.S. worker did make a home call, and while they would not give the home a licence, they thought it might be advisable to keep Joan in the home until the divorce was granted.

The foregoing account is somewhat confusing, particularly as it relates to agency responsibility. C.A.S. does have the legal responsibility and authority to examine a situation which might be harmful to a child. Since they had received complaints previously which indicated the possibility of Mrs. B.'s inability to give a child proper care, there is a question as to the meaning of "actual condition".

Mr. S. was worried about the care Joan was receiving in the B. home, and he talked to the worker a number of times about this. He also wondered if he should ask for the custody of Joan since he felt that his wife had not shown any interest in Joan since her illness and he doubts very much if this interest will come back. He states he would like to see operative work done for Joan....Visitor urged Mr. S. to take Joan back to the doctor or to the clinic. He said he would do this eventually....
Again the lack of focus is noticeable in the interviews with both Mr. and Mrs. S. While the worker recognizes Mr. S's inadequacies, mainly a dependency and inability to make a decision, she does not recognize that these indicate a need for help, for example, support of healthy impulses in his decision-making. She does not identify his strengths and build on them.

From the record, it appears that Mr. S. is more stable and better adjusted than his wife. He understands that his wife does not want Joan, yet the worker gives him no support in making plans for Joan.

If an evaluation of the strengths and weaknesses of both Mr. and Mrs. S. had been made, it would have been seen that the casework activity that was concerned with Joan should have been focussed on Mrs. S., in terms of relinquishing the responsibility that was too hard for her, and on Mr. S., in terms of assuming responsibility for the care of Joan.

Joan's Removal from Foster Home and Mrs. S's Office Call

Mrs. S. called the agency saying that the foster mother would no longer care for Joan so she (Mrs. S.) was going to take Joan. Mrs. S. was "excitable, nervous and dirty". She insisted that she would never let Joan live away from her again; she asked the agency for help in finding a room for herself and Joan. However she would consider temporary C.A.S. foster home placement, and

after she talked to her husband, she would consent to placement, but would "insist" on C.A.S. placement only, where Joan would have good care and would be "as much mine as his" until matters are more settled.
It was left that Mrs. S. would call the worker after she talked to her husband. However she did not call until a month later to tell the worker the divorce was completed and she had obtained custody of Joan.

Had the worker been more assertive in Mrs. S's plans to talk to her husband, the boarding home plans might have been carried through. However, without any real support, Mrs. S. could not carry through on plans to relinquish Joan.

Shortly after the divorce, Mrs. S. called the agency for financial aid until she received her first city relief cheque. The agency offered a small amount, but Mrs. S. "thought she could manage for a few days" and with this last call, the case was closed.

Sporadic Neglect Complaints Received by C.A.S.

In the next three years following the case's close, the C.A.S. received two complaints that Joan was being left alone for long periods of time while the mother was spending her time in beer parlours. The first complaint could not be checked because the worker could not find the correct address. The second complaint was followed up; Mrs. S. was now married to a Mr. Gunderson. She denied having neglected Joan and blamed malicious neighbours for the complaint.

Two months later, the worker attempted to make another visit, but the family had moved again, and their address was unknown.

The G's were not heard of again until early 1950, when Mrs. G. called F.W.B. to get help with Joan's behaviour problems.
Second Phase: Referral because of Emotional Problems

Joan had been to the Children's Hospital and they had referred her and Mrs. G. to P.W.B. The hospital social worker believed that Mrs. G. needed help badly, "partly with helping the child but mostly with her own problems."

When Mrs. G. called to make an appointment, she said, "We are having some difficulty with Joan--she is developing some kind of complex." Because Mrs. G. had a broken foot, the first interview was held at home.

Mrs. G. impressed the worker as being a "well-spoken woman...who used many pseudo-psychological terms when referring to her daughter."

Mrs. G. was not well; she had epileptic seizures which she said were the result of a fall which occurred last year. During the seizures, she was helpless, and afterwards was so weak she could do nothing. "Joan was utterly useless to her mother during these attacks. She would not even bring her a glass of water."

In these first few comments by the client, we get the hint of an upset personality. Mrs. G. stated that she had epileptic seizures which started just one year ago, but according to agency records, these attacks had begun at least seven years ago.

Mrs. G., in her complaints that Joan was "utterly useless", showed her dependency, and her 12-year-old daughter was unable to take on the role of being a mother to Mrs. G. At the same time Mrs. G. accused her daughter of not caring for her; she also accused her of precipitating the attacks; the mother blamed Joan
for causing the attacks and then, during the attacks, doing nothing to help her. This appears to be a projection of Mrs. G's rejection of her daughter.

Mrs. G. went on to list the things that were wrong with Joan.

Not only was the child (physically maimed) but something was developing that could easily lead to a serious mental disability. Mrs. G. was at a loss to explain how this situation came about.

She thought that Joan had now reached maturity (Joan was 12 at this time) but still she didn't act grown up. She was "filthy"; Mrs. G. had to examine her ears and neck to see that they were clean. She wouldn't clean her room unless her mother made such a scene that Joan would pick up a few things.

Then there was the problem of bed-wetting that Mrs. G. finally discovered when she found that Joan was turning over the chesterfield cushions every morning. (This was in X-City where they had lived before moving here; Joan's bed had been on the living-room sofa.) Mrs. G. had tried to solve the bed-wetting problem by scolding but this had not helped. The bed-wetting had been going on for almost a year and Mrs. G. didn't think she could stand it much longer.

We can speculate on how realistic are Mrs. G's demands on her daughter. The fact that she thought Joan was an adult at age 12 may be an expression of Mrs. G's unrealistic expectations of life, and in particular, as it involved her daughter. Furthermore (as the worker tries to point out later with disastrous results), some of Joan's so-called failings are those which are
fairly common in youngsters of Joan's age group. However, to the mother, pushed near to breaking point, all of these normal failings had become magnified to an intolerable state.

Again, regarding Mrs. G's discovery of the bed-wetting, one wonders about the length of time before Mrs. G. discovered it. Was she "purposely" avoiding finding out an unpleasant fact? If this were true, it would add to the supposition that she does not want to see life as it really is.

Incidentally, one might ask about the girl's sleeping on the chesterfield. We do not know what facilities were in this home, but one might think that a more desirable sleeping accommodation might have been obtained.

Another of Joan's dreadful habits was (lying)...to her mother. When Mrs. G. asked her in the morning if she had wet the bed, the child usually answered in the negative, which was a lie.

Mrs. G. now felt she could believe nothing Joan said. She felt very guilty about this because after all this was a child of her own flesh and blood and she knew she should try to believe all that was told her—it was apparent she could no longer do so.

Another problem was Joan's great appetite. For example, the G's had bought a two-pound can of marmalade three days ago; it was used just two mornings by Mr. G. and now it was nearly empty. "Joan had been helping herself! She ate everything in the house with no consideration of what her mother or step-father would want."

During this first interview, the mother poured out her complaints. She felt guilty because of Joan's lying. "A child of her own flesh and blood" lying—doing something bad!
Again we see fairly obvious clues that Mrs. G. was rejecting her daughter.

Joan's behaviour was symptomatic of her feelings of rejection. Her over-eating probably reflected a psychological rather than a physiological need. Her other "faults", too, reflected the rejecting action she felt from her mother.

Mrs. G's complaints seemed to be based on the fact that Joan did not give to and for her mother, which was a basic requirement for Mrs. G's peace of mind.

Mrs. G said she just did not know what to do. She had turned to us because she wanted definite psychological preferably psychiatric treatment for the child. Incidentally, she denied that she had ever been to our agency before—she just happened to remember the name.

During some of the previous conversation, I could see Joan standing in the kitchen...well within hearing distance. Her mother had also apparently seen her but it was not until most of Mrs. G's statements had been made that she told her daughter to go out and play.

Mrs. G. said that her present husband was very kind to her throughout their life together. He was quite a bit older than she "but he was a perfect husband". He too was concerned over Joan. Mrs. G. did not think the Children's Hospital was doing Joan any good. They did not realize what a serious problem she was.

Mrs. G. reflected the child-like dependency and need to be cared for. Her "problem child" was beyond her realm of understanding; she was more or less washing her hands of the wearing situation and wanted an expert's help to rid her of the problem.

One may question the worker's allowing this conversation
to occur in the child's presence; however, one can assume that this was not the first time Joan had heard her mother's condemnation of her. This interview points to one of the difficulties of a home interview; it is usually true that in an interview occurring in the home there are more variables which tend to detract from the focal point of the interview.

(The hospital) thought that Joan could be admitted for further surgery, yet, said Mrs. G., she could not allow the girl to go to the hospital while she was still wetting the bed at night... Mrs. G. asked or, rather, demanded that I write to the X-City Children's Hospital to get Joan's medical and social history. I suggested to her that the Vancouver Children's Hospital would likely be writing for the medical history, but Mrs. G. thought I should write too. I did not argue the point further....Mrs. G. (said) she did not care what happened as long as something was done. She felt having to cope with Joan was too much on top of all her other problems. Life had treated her very harshly. She loved Joan but she did not think Joan loved her.

Just before the worker left, Mr. G. came home from work. Mrs. G. wanted the worker to talk to him so that he could confirm all her statements. Mrs. G. reviewed the complaints while her husband sat "almost silent, only occasionally agreeing in a few words....Since there did not seem to be much chance to get Mr. G's point of view, I left."

Another clue adding to the idea that Mrs. G. was a basically dependent type of person is her choice of man for a husband. This husband was much older than she; he said very little except to agree with her.

Mrs. G's punitiveness towards Joan was seen in her refusal to allow Joan to go to the hospital, giving as an excuse Joan's bed-wetting. One might point out here that the social
worker should have had closer communication with the hospital so she could have evaluated how realistic this excuse was and, in any event, interpreted to Mrs. G. some of the hospital regulations. For some reason, the worker fell into the error of arguing with the client about whether or not she should write to X-City Hospital for the social and medical history.

Mrs. G. called twice in the next two-week period, and each time she asked what was being done to get Joan off her hands and into the hospital. Mrs. G. said that F.W.B. "was as bad as the hospital, putting her off without helping her...the child was becoming too much of a trial and her own health would not stand more."

Mrs. G's frustration tolerance was very low. This and her extreme narcissistic tendencies are reflected in the next interview:

Mrs. G. was in a semi-stuporous state, which the worker discovered was actually an alcoholic hang-over. She repeated her complaints of Joan, and said that Joan's behaviour was causing Dick to threaten to leave home.

"Joan is breaking up my marriage just as she has always broken up my life," sobbed Mrs. G. She became increasingly upset, crying and talking in an irrelevant manner. She finally asked for Mrs. Fern, an elderly woman who lived in the basement suite. Mrs. Fern came upstairs and calmed Mrs. G., who seemed to trust her.

Mrs. G. thought that any plan that would "get Joan off her hands, even for a short while" would be preferrable to Joan's remaining at home. Mrs. G. became very upset and demanded that the worker take Joan away.
"She (Joan) hates me—she must hate me, but I have done all I could for her and now she treats me like this—it would be best if I never saw her again."

This was said well within hearing distance of Joan, and Mrs. G. would not lower her voice even though I told her Joan could hear. She replied that it didn't make any difference—she had already told Joan what she thought of her. Joan was lying curled up on the sofa outside her mother's bedroom, trembling badly and crying. Mrs. Fern comforted her and assured her she would not let anything happen to her. She asked the child if she would not be happier somewhere else. Joan quickly agreed, then turned to me and said, "Do you think I could be sent somewhere where they would love me?" I promised her I would do the best I could.

Mrs. G. in this interview, gave indications that her rejection of Joan had become overt and extreme—"get Joan off her hands for even a short while". Furthermore, Joan was, according to her mother, breaking up the marriage, "just as she has always broken up my life". Mrs. G's feelings that her daughter has been a detriment seems to have gone back many years, and if the first agency records are indicative, the mother's rejection of Joan was probably present since the child's birth.

Mrs. G's drinking habits were indicative of her total personality pattern that leans towards dependency, unrealistic expectations and demands, and a tendency towards escapism.

Mrs. G. forsook all attempts to present a front of the concerned mother; she admitted that Joan hated her—"she must hate me". Mrs. G. was also able to say that it would be best if she never saw Joan again. Evidently, the drink had served as a super-ego dissolver in this particular time; Mrs. G. told the worker her true feelings in an extremely direct way. She had been telling the worker before that she "wanted something done", but was saying so in such a way that the worker probably
concluded that this would be a treatment job with the child remaining in the home. This interview brought out the actual physical rejection of the child and the consequential changes in plans for the child's removal to boarding home.

Later that day, the worker called C.A.S. to advise them of the possibility that this child would be removed from her home. C.A.S. would take the case but "could not give a foster home for some time."

Two days after the previous home call, the worker visited and took Joan for a walk through the park. Joan seemed very relaxed throughout this hour. She began by chatting of superficial things, but suddenly began to tell the worker about her relationship with her mother and about her life at home. She spoke so intensely that the worker attempted to get her away from the subject, but Joan would always voluntarily return to this topic.

She told me that her mother hated her. She knew it because her mother told her so over and over again. She could not understand why....She said her mother begrudged her anything in the way of clothes or play-things that she might want....

Considering the short time the worker knew Joan, Joan's ability to relate her intensive feelings is important diagnostically. It could mean a number of things: the feelings are very close to the surface and a small amount of stimulation is needed to elicit them; the client relates extremely quickly; there is not as much real feeling behind this as would be expected because of the content of what has been related (e.g., the client is intellectualizing).
She was used to her mother slapping her when she did not do things correctly, but she felt that she could never get used to her mother calling her "a little ..." (here Joan paused and said, "I don't know whether you know this word or not," blushed slightly and blurted "bitch"). Furthermore her mother called her this name in front of her friends. There were other words too that her mother called her, but Joan was too shy to repeat them. I told her I could use my imagination and did not want to know the exact words anyway.

Mrs. G's derogatory comments would have been difficult for an adult to accept, but for a child, and especially for a daughter, to accept or understand must have been very difficult. The child who has had a fairly satisfying childhood usually has some difficulty in adjusting as he enters into the adolescent period. This is because the ego is not fully developed and the super-ego is still a simple reflection of his parents' attitudes and has not yet been modified by the social environment. Particularly for Joan, who seems to have received little in the way of security or love, this kind of an attack would be devastating.

Joan described the kind of foster home she would like; she wanted a small home where there would be younger children. She liked small children because they were more likely to accept her appearance. Joan thought that

...I will be able to stop wetting my bed when I am in a place where I am loved....I guess it really does not matter (what kind of a home I go to) but I would like to go somewhere where grown-ups love me.

Joan's ability to verbalize her feelings and thinking about the problems is amazing. In her solution for bed-wetting, one wonders whether she has unusual insight or whether she has been informed either through reading or from talking to someone.
The worker asked Joan what she thought of her step-father. Joan's answer was non-committal, saying he was "all right" and that he was never unkind to her; the non-committal reply might be a clue that the worker has hit on an area that is either dangerous or painful for Joan to discuss.

Within the next week, Mrs. G. called the worker twice, "demanding" that Joan be removed. The worker replied that they would have to wait until C.A.S. found a foster home.

In the next home call the worker attempted to interpret to Mr. and Mrs. G. what teen-aged behaviour meant. She said that Joan's "messiness" was a fairly normal teen-aged pattern.

I asked Mrs. G. if she had never been untidy when she was Joan's age...and Mrs. G. denied that she had ever acted in such a manner. I said that in that case she was probably unusually well behaved...but I well remembered when I had been Joan's age that I certainly had to be forced to wash...and clean my room. I explained that I did not think I was very abnormal....

...Mr. G. was nodding his head throughout my talking and said after I had finished, "That is what I keep telling her, but she won't believe me." Mrs. G. then said to me, "So you are against me too." I denied that I was, saying that I was merely trying to help her, and pointing out that some of Joan's behaviour was not very unusual....

The worker again crosses swords with Mrs. G. Mrs. G. is right: everyone is against her. At least no one is with her, attempting to understand her needs and why and how she thinks and acts.

The G's moved to a new apartment where the worker visited. Mrs. G. had hoped the move would stop Joan's bed-wetting but it still continued. Mrs. G. continued to ask the worker when she would take Joan away, but the worker could not
give her any answer because C.A.S. had not yet found a foster home.

A case conference was held with both agency workers present. Though C.A.S. did not have a home, it was planned that in the next visit, the C.A.S. worker would accompany the F.W.B. and that F.W.B. would gradually withdraw from the situation.

Since the next visit resulted in the immediate placement of Joan, both the F.W.B. worker and Miss D. of C.A.S. visited.

Mrs. G. was in bed and the smell of alcohol was heavy. Joan welcomed us and it was apparent that the child was fighting back tears. Mrs. G. was obviously very drunk although she talked fairly rationally.... She was so nervous that she jumped whenever anyone spoke, and she tossed in the bed until we were afraid she was going to fall out. She ordered us to take Joan away. The child was the cause of all her troubles and it was for Joan's own good as well as hers, that she was asking us to find another home for the child.

To make matters worse, Dick had left the previous night and had not yet returned.... She wanted us to find him. We told her that we had no way of doing so, and Mrs. G. began to cry and then shriek in an almost hysterical manner, sobbing that if only Joan were gone, her life would be much easier. Whether we took Joan or not, she was not going to stay any longer; as soon as she was able she would go but she had to be alone. Dick didn't love her any more and she was so sick and burdened by other people's troubles as well as her own.

Miss D. said she would take Joan with her to the office to try to find temporary accommodation for the child. As she and Joan left, the youngster clutched a totem pole that her mother said she might have. When the child turned back to say good-bye to her mother, Mrs. G. turned away, shrieking, "Don't come near me, just get out!"

I said that I would be going too as Miss D. would be making all future plans. Mrs. G. yelled at me that if I went she would jump out of the window. I said... I would stay for a few minutes. (Miss D. told me she would return as soon as she could tell me what arrangements had been made....)

I sat in the corner of the room while Mrs. G.
talked spasmodically and mostly irrationally. If I made any attempt to move she began to shriek again and once got out of bed and grabbed me so firmly that I could do nothing except forcibly push her back into bed again. Mrs. G. calmed down after a time and eventually Mr. G. arrived.

She told him she was going to leave. He replied that if that was what she wanted, she should go. Mrs. G. began to cry hysterically, saying that I now had proof that no one loved her, not even her husband. Mr. G., very quietly, replied that that was not the case; he just could not put up with anyone who was so upset day after day.

Miss D. returned to collect some of Joan's clothes. The two workers told Mr. G. they hoped that Joan could spend the weekend with Mrs. G's relative and when a permanent home was found, the G's would be notified.

Mr. G. said in a whisper, as we stood in the hall, that he was sure his wife would not be leaving, as she was too drunk to do so; he would let us know if there was any change of plans and would, in any case, wait for a phone message from Miss D.

The F.W.B. worker did not make any other calls on the G's, and with this last home call, the case was closed. (The worker and the C.A.S. worker sent a birthday gift to Joan a few weeks later.) One might question the rapidity with which the agency's service ended. Obviously, Mrs. G. had many problems and some of them might have been helped with skilled casework. This might have been an instance where the two agencies could have cooperated in making a plan to help the family and the individuals.

Post-Placement Events

Joan told the C.A.S. worker that she never wanted to
return home because she knew her mother hated her and she thought it would be better for both her mother and herself for her to be away. Despite Joan's verbalization of her relief at being separated from her mother, when she was admitted to the hospital two weeks later (for plastic surgery), she tried to call her mother and was very upset to learn that Mrs. G. had gone to X-City without telling her. This was a reflection of the natural swing of ambivalence of I-love-you-I-hate-you feelings.

Mrs. G., too, expressed some feelings opposite to the rejections she had shown. Four days after Joan's removal, Mrs. G. told the worker

she would never give Joan up permanently, but she had broken down her health, and had nearly lost her her husband and was completely beyond her management. Mrs. G. gave the worker Joan's birthday present and some clothes that had been forgotten....

Later, Mrs. G. had quite a need to justify the request for placement, saying that she and Joan clashed in personality and that Joan had become unmanageable.

She did not want Joan to think that her mother hated her. Worker remarked that it seemed at times when Joan had misbehaved and Mrs. G. had become upset, she had felt this way. Mrs. G. was unable to accept this. Worker tried to point out some of the positive things Mrs. G. had done for Joan, particularly the help she had given Joan in learning to walk and talk.

Mrs. G. reacted quite favourably to this slight praise and then agreed that at times Joan had bogged her down to the point where she did not feel she could stand her any more.

This is one of the few instances where the worker has given Mrs. G. any recognition for the positive things she has done; more-
over, this is focusing on Mrs. G. what appears to be the first step in establishing a relationship.

However, this first positive approach could not be followed because Mrs. G. broke most of the appointments. About two months after Joan was placed, Mrs. G. called the worker saying that she and her husband were moving to X-City where Mr. G. had been offered a job. Mrs. G. thought Joan should stay where she was because when she saw Joan recently, she had embarrassed both the G's by "her mannerisms and general attitude".

Natural Father Located

Four months after Joan's placement, Mr. S. was located by newspaper advertisement. He came to the office for an interview.

He is a small man who appears mild and unassuming. He was surprised at being contacted because he thought he had lost all legal claim to Joan....

Mr. S. asked many questions about Joan and seemed sincerely interested in her. He said that it would be impossible for him to help her financially at present, as he recently suffered severe business reverses and had medical bills as his wife had a baby a few months ago....

Worker felt that although Mr. S. has not seen Joan since she was 4 years old that he had considerable understanding of some of the difficulties she has had and that he is sincerely interested in her.

Mr. S. began visiting Joan and showed increasing interest in her. Through support and interpretation given to Mr. S., he felt more secure and confident in his relationship with Joan. He saw the worker regularly and she said though he "is a quiet-appearing man, he can express himself well and is accepting of assistance."
Joan's Adjustment

Joan's progress towards maturity was characterized by uneven swings. Intellectually, she seemed able to understand many of the causes and effects of her own situation. Emotionally, however, she was very immature, and showed little movement towards an emotional maturity.

She was inclined to be "cheeky, argumentative and lazy". Her main problems were enuresis and masturbation. The enuresis and Joan's reluctance to keep herself clean was a special problem to the boarding mother. In addition, Joan put many emotional demands on the foster parents that they were unable to meet. In two years, Joan was moved to three foster homes, and in each home she repeated behaviour indicating that these basic needs were not being met.

While she was in the second home, Joan told the foster mother that her step-father had been intimate with her since she was 10 years old. The foster mother became upset and without consulting the agency, she wrote a letter to Mrs. G. giving her this information. This, of course, upset Mrs. G. and she accused Joan of lying. In the next visit to Vancouver, Mrs. G. demanded to see Joan. An interview with Joan, Mrs. G. and the worker took place, and Joan calmly repeated her charges. Mrs. G. wept, but as the worker noted, seemed more upset by her daughter's calmness than by any implications of the charge.

About the same time, Joan told the worker that her foster father was making improper suggestions to her, and while this was not discussed direct with the foster parents, Joan was re-
moved from the home. Both parents had become increasingly annoyed and hostile towards Joan, and the record implies that neither foster parent was mature or stable enough to meet Joan's demands. They said that Joan often said and did things in a highly suggestible manner.

The worker talked to Joan about her sexual experiences with Mr. G.; Joan discussed this on a very intellectual level with little emotional expression. For example, she was very interested why an older man would be interested in having sexual intercourse with a child rather than an adult woman; she supposed that her own mother didn't satisfy Mr. G. Joan did not (at least in the recording) give much expression about her feelings.

Joan was examined at the Child Guidance Clinic about a year after she was taken into custody; she was 14 years old at the time. She ranked in the upper range of normal intelligence and the tester believed a valid rating would have placed her score in a superior group. For example, her vocabulary was equivalent to that of a university graduate. However, she was hampered by her feelings of anxiety, unhappiness and general personality disturbance. Later in the year, she was again examined and the Clinic believed that she showed less signs of disturbance, a reduction in anxiety, and seemed happier. The foster mother remarked that there was a decrease in the frequency of the enuresis and masturbation, and that she showed definite progress in social adjustment: she belonged to various clubs and had a number of girl friends and seemed to have the normal teen-aged interests in clothes and boys.

Though her adjustment was improving she still had many
behaviour and personality idiosyncracies which were impossible for the foster parents to accept. In the third home, both foster parents and Joan were unhappy and Joan asked to be removed. Though the clinic had recommended that "a good foster home" would be preferable to an institution, the agency believed that a more permanent home-setting, such as the Girls' Receiving Home, would be preferable to temporary foster homes. In making this decision, the agency also recognized the real demands Joan made on foster parents, and they realized the improbability of finding foster parents to meet this qualification. Also involved in the decision was (presumably) the extent of Joan's personality upset and the limitations of treating it in order to make her a better adjusted person.

Joan is at present in the Receiving Home where she has adjusted fairly well to the routine though it is doubtful that improvement is being made towards a more satisfying personality adjustment. It would not seem likely that group living is meeting the emotional needs which were unmet in Joan's early childhood.

It appears that she needs a warm, accepting woman from whom she can receive the emotional support and satisfactions she needs in order to grow to maturity. (It is doubtful that she could adjust in a home where both parents are, because of her past experiences with men. Perhaps, after she has a satisfying relationship with a woman, she will be able to move to normal relationships with the opposite sex.) Joan's present worker is an older, extremely warm, accepting "mother-figure", and it is interesting that Joan has told her that she would like to have
"two interviews a week". Joan has shown this need for close attachment to other women, i.e., a foster mother and a teacher.

**Summary of Mother's Participation and of Work Done**

Mrs. G's visits to Joan have gradually been decreasing. When she did come to Vancouver, she was uncooperative in planning with the worker for visits with Joan. Frequently, she visited Joan when she was extremely intoxicated, though lately she has been interested in an organization to help paraplegics and seems to be devoting much (sober) time and energy to this cause.

Mrs. G. has been extremely hostile to C.A.S. and has threatened to take Joan to the X-City C.A.S. where "they would do something with Joan." These seem to be idle threats and Mrs. G. has never given real indication that she plans or wants Joan with her. The worker noted that when Mrs. G. became angry, she would have what would amount to a temper tantrum, and within a few minutes of this, she could be very pleasant and friendly.

In the last summary of Mrs. G., the worker says:

Although severely limited emotionally, Mrs. G. is an intelligent woman with artistic talents. The biggest thing she has ever done for Joan was to give Joan up, and to teach her how to do everything for herself....

In reviewing this entire case, one might consider how much better for all concerned it would have been if a clear diagnosis and plan had been made earlier, before so much damage had been done to Joan and indeed to her parents.
Chapter III  Case Illustrating Physical and Emotional Neglect

First referral; Second complaint; First apprehension; Children committed as C.A.S. wards; Return of children; Case closed; Reopening of case; Second apprehension; Helen's return; Summary.
CHAPTER III
CASE ILLUSTRATING PHYSICAL AND EMOTIONAL NEGLECT

Reardon Case

This case is presented as a classical example of what happens in a neglect situation where the parents vacillate from week to week in their interest in the children, and where the social worker's evaluation and plan vacillate with the manifest action of the parents. The case is typical too, in that, unfortunately, every child-caring agency on the continent has neglect cases like the Reardon case - give or take a few drinking sessions.

The case opened five years ago and is still active in the Vancouver C.A.S.

First Referral

The first referral was made in the summer of 1950 when the police department called the agency. A C.A.S. case worker made an immediate home call where she talked to both Mr. and Mrs. R. Mrs. R. denied that their two children, aged two months and 16 months, had been left alone. She did say that she and her husband went drinking occasionally, but when they did, they had a teen-aged baby-sitter to care for the children. Mrs. R. thought her mother was trying to cause her trouble as her mother had become a religious fanatic and was determined to cause
trouble and separate her from her husband. The worker did not follow this further nor establish a basis of interest in the R's. Evidently Mr. R. was not too active in this interview; the worker comments that he was lying on a "fairly clean bed", playing with the 16-months child. The worker thought the house looked "fairly clean and adequate".

As she was leaving, "Worker advised Mr. and Mrs. R. that they should try not to give cause for...complaints as it was our work to see that children were properly cared for." The parents promised to be good and the worker told them about agency help, but she did not explain what the agency help would be. If what she had demonstrated in the first interview was help, it would be unlikely that Mr. and Mrs. R. would want more.

This approach of "carry a big stick and walk softly" does not set the stage for the quality of relationship needed for treatment in the casework setting. To the inexperienced or unsure worker, telling the client what to do might seem like the most expedient technique. It might work as a deterrent with some clients, but in the great majority of cases it does nothing but temporarily inhibit the undesirable behaviour. And, as pointed out, it has the definite negative aspect of starting the worker-client relationship out on a poor footing.

Exactly two weeks later, the police called again saying that Mrs. P. (Mrs. R's mother) had called saying the R's were neglecting the children. The worker made a home call next day where she was met by Mrs. P. in front of the house. The R's were in the process of moving because, according to Mrs. P., they were being evicted because of drinking parties. Mr. R.
present but he and Mrs. P. weren't speaking. Mrs. R. was ab­
sent and Mr. R. said she was at the new house; (however when
the worker went there later, she could not find Mrs. R.) Instead
of saying that this was a poor time to visit and suggesting a new
appointment time, as a token of courtesy and respect, the worker
asked Mr. R. if she could see the youngest child. The worker
observed that there were no marks on his body; he seemed to be
healthy and active. The elder child, Helen, seemed very fond
of her father; she ran to meet him and he took her in his arms.

In her closing recording the worker noted that Mr. R.
looked like a "half-breed"; and his wife was Scottish though
her mother looked "quite Indian" too. The worker said, "This
case would seem to warrant close attention and worker will try
to visit early next week."

This worker is certainly to be commended on her prompt­
ness at answering the complaint, and her evaluation that the
case will call for close attention is quite correct. Again,
we get the attitude of the worker supervising, in the narrow
sense of the word. We can appreciate the difficulties of
trying to interview when the family is moving, and suggest that
the worker might also have been sensitive to them for the family.
Particularly in casework with a neglectful family, it is essen­
tial to the casework relationship that appointments be made in
advance.

Eleven days later, after two home calls with no one
home, the worker visited Mrs. P's home. Mr. R. had been
jailed for drunkenness, and Mrs. R. went to work, leaving the
children in her mother's care. Mr. and Mrs. R. were eating their evening meals at Mrs. P's home. "The house was clean and the children looked well cared for." Both Mr. and Mrs. R. told the worker they intended to "go straight" from now on.

The case was transferred to another worker, and the next visit was made a little over two weeks later. The worker talked to Mrs. P. first; she was no longer caring for Jimmy and Helen, but she complained of the R's drinking and leaving the children alone. Just last week-end, Mrs. R. had been drunk and Mrs. P. was sure she had been with the putative father of Helen. (Mrs. P. said that Mrs. R. had been pregnant by some other man when Mr. R. married her; he knew this and married her "because he felt sorry for her.")

Mrs. P's idea of solving the problem was to take the children away from the R's, to "give them a scare like the welfare did to the other daughter." Her other daughter had now settled down, according to Mrs. P.

After seeing the grandmother, the worker went to Mrs. R's home; it was very dirty and there were many flies. The children were "grubby" and Helen was very fretful. Mrs. R. gave her milk and syrup - the only way she would take milk, said Mrs. R. When Helen demanded more milk, Mrs. R. took the bottle away; Helen cried and wet the floor. Mrs. R. made no attempt to wipe this; she just stood there and said "oh".

We get the worker's concern with the household detail and Mrs. R's ability as a mother so far as keeping things orderly is concerned. Whether or not the worker recognizes, in the
mother's actions, the kind of relationship between her and the children, is nor recorded.

The worker discussed Mrs. R's absence from the home the previous week-end. Mrs. R. "seemed dull and ill at ease"; she maintained that she had been visiting a girl friend, and she tried to brush off the incident by saying that her husband got upset easily. Worker left:

I said it was pretty serious when police became interested and advised that she should not give them concern again, especially where children were involved....I would be visiting again.

Just where does this worker's concern lie? She seemed most concerned that the police (and consequently the agency) should not be bothered again. The second interest is the children, and then Mr. and Mrs. R. seemed to be of interest only as they caused the police and agency more work. The client would tend to see the worker as an extension of the police department because the worker's approach smacks of ordering and warning. One can only surmise how Mrs. R. was affected by the "I would be visiting again" phrase; she could hardly look forward to the worker's coming.

Second Complaint

Two weeks later, Mrs. P. called, complaining about the care the R. children were receiving; the worker made a home call to the R's in the early evening. Mr. and Mrs. R. and Mrs. R's brother were there, all drunk. Mr. R. was silent while the brother was most talkative, trying to prove to the worker
that he was a good provider.

The R's were in a great state of confusion as they were again moving. The worker had a difficult time trying to talk to the parents because the brother kept interrupting. Mrs. R. was very unconcerned about the complaints saying that the children "always cry like that and...besides she was home now to look after them." (She had evidently quit her job to stay home.)

The father wanted to know who had complained and the worker said "several people". This was Mr. R's only contribution to the interview and the worker might have picked this up, sensing his concern with, if nothing else, the possible effects of community censure.

Certainly an interview conducted with inebriated clients is difficult and if the interview must be continued, the worker can probably do little more than observe the clients' reactions. Again the worker is given an indication of Mrs. R's casual attitude toward care of the children. If a number of these clues occur, it is a fairly adequate indication that the mother either lacks, or has repressed, concern for the basic needs of her children.

**First Apprehension**

Two days later, on a Saturday night, both of the R. children were taken from their home by the police and placed in a C.A.S. foster home. The children had been left at home alone and neighbours complained.

On Monday morning Mrs. R. called, saying that she was
not home on Saturday night because her husband was knifed in a brawl and was taken to the hospital. Later, both Mr. and Mrs. R. were in the office to have court procedure explained. Neither seemed upset or angry that the children were removed, but they did express a wish to visit them.

In the courtroom, Mrs. R. did not show any emotion when the children were brought in, though later she picked up Helen and became quite emotional. No mention is made of Mr. R's or Jimmy's reactions.

One significant observation is the parents' outward acceptance of the children's apprehension. It does not seem to be the reaction of concerned parents; the only sign of emotion was in the courtroom when Mrs. R. finally showed attention to Helen. Are the parents actually as devoid of emotion as they appear? If so, why? And if they are repressing emotion, what is it? In particular, what does Helen mean to her mother?

These questions point up the fact that there is nothing to indicate diagnosis or evaluation of Mr. or Mrs. R. With such apparent apathy, there is a possibility that mental deficiency, severe personality disorder, or emotional immaturity was affecting one or both parents' functioning.

Two days after the court hearing, the worker visited Mrs. P. who said that she was "washing her hands" of the whole situation. She had not raised her daughter "to be this way". The worker did not use this opportunity to get a picture of Mrs. R.'s early life; this information would be vital to the total diagnosis and plan.
The R's moved again, and the worker visited. She discussed with Mrs. R. how the children could be returned. The worker said the R's would have to present a suitable plan to the court. Mrs. R. "guessed she'd better stop drinking."

Before talking to the mother about plans to return the children, some effort should be made to know the parents' real needs and wishes, and the best way of meeting them. Certainly, the parents should know the legal procedure, but more should be involved than having a suitable plan for the judge. Again we see the mechanical assumption that (1) all parents want their children all the time, and (2) that improved care will result from threats, or if not from threats, from punishment by separation (which is based on assumption number (1)).

Children Committed as C.A.S. Wards

Both parents were present at the court committal, and neither showed any observable emotion. Next week, Mr. R. called the worker and asked if the children could be returned home. The worker asked if he did not understand what committal meant; he said he did but his wife "was most upset, and he was afraid of what was going to happen to her." The recording does not clarify this comment, but in the previous week, Mrs. R. had called saying that she was staying with her mother, because Mr. R. had beaten her while he was drunk. The worker advised Mr. R. that his wife should go to her mother's more often "because it seemed to calm her." The worker also talked to him about his drinking, and he told her he had stopped; the worker commen-
ted that he had stopped before only to start again.

The "classical" pattern of this neglect case was not observed by the worker. The pattern as characterized by the mother's swings from "good" behaviour to "bad" behaviour were primarily reflections of Mrs. R's actions. She was emotionally tied to her mother; when her mother's demanding pressures became too great, she attempted to escape by becoming drunk. The results of this action caused her to become fearful, which necessitated a return to her mother. In view of Mrs. R's desperate attempt to escape from her mother's control, it is rather ironical that the worker should suggest that Mrs. R. should go to her mother's more often.

The worker's principal attempt to help the clients is in her use of "advising" them what to do. From the recording, there appeared to be no bolstering up of the R's positive actions. For example, when Mr. R. said he had stopped drinking, the worker evidently gave him no support in this, but rather reminded him that "he had stopped before."

Mr. and Mrs. R. occasionally visited their two children, and they became increasingly critical of C.A.S. and the care the children were receiving. Both Mrs. R. and Mrs. P. pleaded for the return of the children, and Mrs. P. was particularly vocal in asking for Helen's return. Mrs. P. swore that both Mr. and Mrs. R. were now "saved" and that Mr. R. had never had so much fun as now when he went to the Four-Square Gospel meetings. According to Mrs. P., her daughter never drank before her marriage, and afterwards did so just to drink with her husband. The worker
asked why Mr. R. drank; Mrs. P. didn't know, and the worker tried to point out that this time might only be temporary too. This comment have have reinforced Mrs. P's negative feelings about Mr. R.

Whenever Mrs. P. and Mrs. R. were seen together, Mrs. P. dominated the conversation while her daughter said little or nothing. It was Mrs. P. who pleaded for the children's return; it was Mrs. P. who said the R's had reformed. A casework relationship is basically a primary one-to-one relationship and when the third person plays such a dominant role, it is extremely difficult to know what the "primary clients" (Mr. and Mrs. R.) are really thinking and what their real wishes are. It is difficult to see the causes of their problems and to see, with them, what constructive plans can be made. Furthermore, it is difficult to develop any helping relationship on which such a plan could be based. The R's reactions were related to Mrs. P's domination, which when it became unbearable, led to revolts, and consequent returns to the grandmother.

In any case where a third person complicates both the problem and the actual treatment, the worker must be aware of the importance of this person to the primary clients and how it can affect the treatment plan. The worker must, if she wants to help the clients, make arrangements to eliminate all possible negative influences. Here individual office visits would appear both possible and essential.

Mrs. R. "was still hostile, unaccepting and not understanding of what had gone on." She thought that either the city
or C.A.S. was lining their pockets with money received for the children's care. She complained that at the previous court hearings she could not say anything but the worker could do what she wanted. She asked if she could have a lawyer and worker said she could.

The R's hired a lawyer who was very sympathetic to their cause. The lawyer believed that the main, if not only, reason the children were removed was because of the dirty home conditions. The lawyer (a woman) thought that "just because the children were dirty was no reason they should be removed." The worker agreed and though she explained the other factors involved, the lawyer was adamant (as we can expect and appreciate if she wishes to "win" the case for her clients).

About eight months after the children were taken from the home, the R. and P. family came to the agency to talk to the worker. The worker asked to see Mr. R. alone first, but Mrs. R. insisted on coming into the room, each time taking C.A.S. to task for the kind of care they were giving. Finally, Mrs. R., after her husband requested her,

banged out of office, slamming the door behind her. It was no sooner closed than it opened again and Mrs. R. went through an almost identical performance, this time accusing worker of being sly and not planning to tell her anything. Worker told her that she had spoken to lawyer and the R's would be contacted.

Mrs. R. then bounded out...again...asking her husband to come home, and, when he continued to sit, told him he could just stay there then.

Mrs. R. left and entered the room twice more, accusing C.A.S. of wanting to have the children adopted so they could make some money. Once when she left the office, she said to husband and worker, "O.K., go ahead and elope!"
Once alone, Mr. R. repeated his wife's wish that the children be returned because home was the only proper place for them when they were ill. (The children had been having a variety of sicknesses—colds, fevers.)

Evidently the worker never did see Mrs. R. alone this time and the last entry for the "interview" states:

All the time Mrs. R. had been stamping in and out of the office, Mrs. P. had been outside and it is likely that she...encouraged Mrs. R. in her attempts to break up the interview.

The whole family stamped down the hall...to the waiting room to ask for the children's worker...who was out for the morning so the family went home.

Certainly this interview or attempt at an interview produced negative feelings in both worker and clients. Interviews with more than one client are often difficult ones, and especially so when the worker can expect antagonism from one or both clients.

Mrs. R. in this interview reflects an extreme amount of insecurity, anxiety and resultant hostility. Mrs. R's defences are heightened by the worker's insistence on seeing Mr. R. first and alone. Mrs. R. finally says what is bothering her when she accuses the worker working solely with Mr. R., and telling the worker and her husband, "O.K., go ahead and elope!" The worker has put herself into the position of being a rival for Mr. R's attention, and to Mrs. R., attention means affection.

Mrs. R's behaviour during the interview was heightened because previously she had been pushed in the background because of her mother's domination; in this situation, Mrs. R. was the
centre of attraction and, in addition, had her mother's attention and approval. Mrs. R. was an unemancipated adult, seeking the approbation and attention she never had from her mother, except as she gave her mother control of herself and her children. Because Mrs. R. had never had the satisfaction of being loved by her mother, she was unable to love her husband and children, which in turn prevented her from receiving their love. Perhaps Mr. R. drank because he could not reach his wife, and drink was an escape for him.

Mrs. R. needed help as a person in her own right; an expression of her feelings should have been obtained. She needed help to grow up and to accept her real wishes. What did motherhood mean to her? It appeared that her children were useful to her in that they held Mrs. P's attention and won sympathy for Mrs. R. In particular, what did the first child, Helen, mean to Mrs. R.? Was Helen needed to get her mother's attention, and also, was it an attempt to make Mrs. R. more acceptable or at least more interesting to her mother? Young discusses these possibilities as one of the reasons some girls become unmarried mothers.¹ (Recall that Mrs. R. was illegitimately pregnant with Helen when Mr. R. married her.)

Mr. R., too, needs help as a person with his own needs and wishes. Why did he marry Mrs. R.? The record states that "he was sorry for her". His own drinking may have been an

escape for him because he did not receive love from his wife. What did parenthood mean to him? It would be important to know what his expectations of marriage were.

Hovering over this tenuous family, like a wavering black cloud, is Mrs. P. She too needs attention for herself, and she should be considered as much part of the problem to be dealt with as the R's themselves. When she does turn to the agency for help with her erring off-spring, the worker should explore with her her understanding of the R's problems and of the children's needs.

Particularly in the neglect case, the diagnostic and relationship bases must begin early with attention to each by interest and acceptance. The worker supports and builds in the positive end of the ambivalent swings and holds in the negative end to the minimum. Crises are used in opening new areas, giving increased support, acceptance and firmness.

Return of the Children: Case Closed

The parents petitioned for their children's return, and their petition was approved by the judge though he gave them a "good, sound warning". We do not get the full details of the judge's decision; while he knew the R's past history, he also, presumably, believed that they had reformed. The social worker had made many observations, but had no diagnosis or plan to offer the court.

The case was transferred to another worker, and within the next nine-month period, 11 home calls were made. The R's
lived with Mrs. P. She was very domineering but the worker believed that Mrs. R. needed "a certain amount of direction" and would not rebel "unless Mrs. P. became too controlling."

The R's had given up drinking and smoking and were ardent supporters of the "Youth for Christ" movement. The worker believed that the home standards were higher and since the over-all improvement seemed satisfactory, the case was closed in November, 1951.

Superficially, the R's behaviour appears to have improved, but their behaviour seems to be directly affected by Mrs. P's controlling personality. As the worker noted, Mrs. R. "needed" her mother's domination. However, this "need" for controls was a part of the cycle that seemed unbreakable: Mrs. P. over-controlled Mrs. R. until she rebelled; when this break with the mother occurred, Mrs. R. became fearful because of her breaking away. Because of the lack of inner controls, Mrs. R. drank. The consequences of the drinking caused her to panic, which in turn caused the flight back to the rigid controls of her mother.

Mr. R. was swept along by his wife's swings of dependency. Moreover, he was probably a partial cause for Mrs. R's attempt to break away from control, because to her, he was another controlling person from whom she had to escape.

Reopening of Case

Two months after the close, Mr. R. called, complaining that his wife was running around with other men. While he seemed more worried about her running around, he implied that Jimmy was not receiving proper care. The worker suggested that the R's
should live by themselves, but Mr. R. was afraid that if they lived alone, his wife would take the children and leave him.

The previous worker had suggested that Mrs. R. could be helped if she lived with her mother. That was tried without success, and this alternative suggestion is given. In retrospect, it appears to be a trial-error method, or at best, an attempt to manipulate the environment without examining the personality motivation.

The worker visited and "suggested" the R's try to "iron out" their difficulties for "the children's sakes". As might be expected this was not too helpful to the R's. In the next two-week period, Mrs. R. began to drink and stay away from home; Mrs. P. took the children.

Mrs. P. swung from blaming her daughter and accepting Mr. R. to accusing Mr. R. of being too stubborn and asking the agency to take the children, because she could not longer keep them. Mrs. R. was in and out of her mother's home during this period; at one time she came to Mrs. P's house twice in one night, banged furniture around and tore all her husband's good clothing. The police had to be called on this occasion. Mrs. P. said she had had trouble with Mrs. R. ever since she was 14 years old--she was "stubborn and got into rages if she couldn't get her way."

Mrs. R's uncontrolled actions appear to have started in her childhood. She over-repressed her hostile feelings towards her mother. The mother's neurotic pattern of over-controlling did not allow her daughter to develop her own strengths and standards. However, Mrs. R., as a child, tried to break from her mother's controls by being stubborn and going into rages. She
repeats similar actions as an adult, e.g., stamping in and out of the office, cutting her husband's clothes.

This diagnostic information should have been obtained early in the casework relationship in order that a diagnosis could have been made to indicate sound planning.

Second Apprehension

Mr. R. came in and asked for non-ward care as Mrs. P. refused to care for the children any longer. The agency refused his request because they felt that Mr. and Mrs. R. would ask for the children's return shortly after placement.

Five days after Mr. R's request, the three children, aged 3, 2 and 1 were apprehended. Mrs. P. requested this because she said she could not afford to keep them, and she also indicated she had given up hope that her daughter would ever settle down. The next day, the R's were in, "breathing hatred for Mrs. P." According to them, Mrs. P. said that C.A.S. had insisted on placement.

The apprehension occurred in February of 1952; there was little direct contact with the family after this. The R's rented a house from Mrs. P. and lived close to her. Mrs. P. asked for the children's return, and the parents applied for the return of Helen. (In the spring of 1952, the fourth child was born to the R's.)

Helen's Return

The judge allowed Helen's return to her home, but he did so reluctantly, believing the R's would "have their hands full"
with two children. The reason for the return of even one child is not clear, especially since the agency opposed return of any of the children. It is unfortunate that social agencies, with their special knowledge of human behaviour and child development, do not carry more weight in the legal decision when it regards the future welfare of a child. Helen's change, from a "plump, well-cared for child" (when she returned to her home) to a "brat-tish", insecure child, after a half-year living with her parents, causes speculation about the wiseness of the court's decision. The social worker's observations were borne out by an examination at the Child Guidance Clinic; Helen scored in the low average of intelligence, but did not perform to the best of her ability. She was unhappy, seemed restless and insecure; there was no close mother-daughter relationship.
Chapter IV  Implications of the Study

Method and scope of study; Illustrations of gaps in theory and practice; Some casework implications; Implications beyond the direct casework inferences; Essentials for successful work.
CHAPTER IV
IMPLICATIONS OF THE STUDY

I. Method and Scope of Study

This study was undertaken with the premise that the same basic social work principles are used in all phases of casework, including work with neglecting parents. The assumption we like to make, that these principles consistently inform our practice, was certainly not borne out in a survey of cases preliminary to the selection of those used for study. Approximately two dozen cases were read to find illustrations of this integral relationship of theory and practice, but it was discovered that the principles were all too seldom realised in the actual casework process. Therefore this thesis is concerned with the inconsistencies between what we might assume are the professional intentions of caseworkers and what is actually being practised.

The case study method was used to analyse two cases. They were chosen with the help and suggestions of the staff of the Vancouver Children's Aid Society and the Vancouver Family Welfare Bureau on the basis of their having sufficient detail in recording to indicate the significant points of worker-client interaction and relationship.

The value of this kind of study lies in the fact that it illustrates the specifics of the thesis that all is not well in casework practice, and, characteristically, it points up how
the casework process and clients' lives go awry when fundamental casework principles are not an essential part of the worker and his work.

II. Illustrations of Gaps in Theory and Practice

The basic philosophy of social casework revolves around the belief in the worth of every individual, and in the belief that he can change, according to his potential, to find his most satisfying social adjustment. The six axiomata stated in Chapter I\(^1\) will be reviewed to illustrate from the two cases where the practice did not follow theory. (It might be added that where practice did reflect theory, it will also be cited.)

A. Belief in the Personal Worth of the Individual and the Right to Change in His Own Way

This principle implies that the social worker will make every effort to understand and respect the client as a person, with his personal and individual beliefs and feelings. The need for individualizing the client and his needs is essential if effective help is to be given.

In the Gunderson case, the worker made little attempt to know Mr. or Mrs. G. as individuals with their own unique feelings and ideas. When Mrs. G. indicated that she had some feelings about appearance, the worker ignored the opportunity to find out what she thought about herself. The worker, throughout the record, referred to the G's as being "immature", but there was no attempt to go beyond this definition to see the G's as people.

In the Reardon case, too, the worker ignored the clients' worth and the fact that they were situated in a unique "reality".

\(^1\) See Chap. I, p. 17.
The workers attempted to change the R's by advising them "not to give cause for...complaints". Throughout the record this "advising" is recorded as the "casework help" the worker used, presumably under the impression that she was working with intractable children, when in reality, they had never been treated by the worker (or Mrs. P.) as anything but children.

B. Belief in the Individual's Potential for Growth and Change

This concept is closely allied to the concept of the belief in and respect for the worth of each person. However, it goes beyond the first concept in that it indicates the possibility for each individual to change.

The cases reveal, more implicitly than explicitly, the workers' attitudes that their clients could not change. When Mrs. G. asked for help with Joan, the worker evidently discarded any possibility of helping Mrs. G. change, and instead focused the planning on Joan. (This may have been the wisest course if Mrs. G. was too disturbed to be helped by casework, but if this was a fact, it is not recorded.)

In the Reardon case, the lack of faith in this concept is repeatedly demonstrated by the worker's methods of attempting to change the clients by direct appeal and suggestion. It is as if the clients could be moulded by the worker without any inner change in themselves.

C. Behaviour is Purposeful and Meaningful

Unless causes of behaviour are known, the first two concepts used in practice are seldom very helpful. The concept that
behaviour is purposeful and meaningful provides the basic tool of casework help—diagnosis and planning. In a neglect case, without an understanding of why the person acts as he does, the best intentioned of social workers cannot help the parents with their conflicts.

In the Reardon case, a diagnostic assessment of Mrs. R's actions is completely missing. The worker vaguely saw that Mrs. R's actions were bound to her mother's controlling influences, but there was no attempt to relate the dynamic cause-effect relationships into a meaningful plan.

In the Gunderson case, diagnosing is done to a greater degree (probably because the neglect is quite clear-cut and dramatic); however, the planning appeared to be concerned with Joan alone in mind. There was no attempt to meet Mrs. G's needs. When the C.A.S. and F.W.B. workers met, they decided that C.A.S. would try to find a home for Joan, and that F.W.B. would withdraw "gradually". However, the day that Joan was safely out of the house was the last day that the F.W.B. worker saw Mrs. G.

Certainly Mrs. G. needed a special kind of help, and whether or not a social agency could have given it, depended partly on the diagnostic evaluation of the severity of her personality disturbance. Whether two agencies should be counselling in one family depends on the individual situation, and perhaps it was wiser for C.A.S. to assume the entire responsibility. However, in this case, one does question the rapidity with which F.W.B. relinquished their casework responsibility.

D. Each Individual has a Right to Personal Freedom and Growth

This is a right which is linked to the first concept,
which affirms the belief in personal worth and the right of each individual to grow, according to his own choosing. The right to growth and freedom implies the possibility of natural development of an individual from that of a helpless infant to that of a mature, self-sufficient adult. Implicit in the statement is that when the natural development of growth has been halted, the individual has the right to find a way to grow to maturity. As it concerns the functioning of social work, it implies that the social worker has a responsibility to help the client grow out of immaturity.

Both Mrs. G. and Mrs. R. had not grown to a personal freedom: Mrs. R. was emotionally tied to her mother, and Mrs. G. was bound to her infantile needs which had never been satisfied. (She too was bound to her mother but less directly observably so than Mrs. R.)

Mrs. R's bid for freedom was reflected in her excessive drinking and temper tantrums. Mrs. G., too, drank to excess and moreover, tried to force Joan into giving her what she had missed in her own childhood. Both of the women failed in their neurotic attempts to gain satisfaction, and in addition, entrained other people with them on their "searches".

In both instances, the caseworkers did not see the women's need for growth and freedom, but instead focussed on their actions, which often included rejection or neglect of the children. Had the workers seen the actions as a struggle for emancipation, and treated it as such, both Mrs. R. and Mrs. G. might have been helped, and consequently their families would have been aided.
E. Each Individual Inter-Relates in Society

This concept implies two things: cause-effect relationships and interaction of one individual or group to another. This includes the community's responsibility to the individual and vice versa; the social worker is concerned because he has a responsibility to help the client to become a constructive part of his society.

Applied to the casework process, the concept means that the individual affects and is affected by his own family, his immediate neighbourhood, and the larger community and nation. While this might appear to be a truism and one which would be underwritten in any social diagnosis, in both cases, it seems to have been forgotten.

For example, Mrs. P., because she was not in the immediate R. family, was overlooked as a direct cause for Mrs. R's escapes into drunkenness; if her effect was noticed, there was no attempt to counteract the damaging results on the R's lives and on the casework relationship.

F. The Family is the Primary and Most Dynamic Unit of Society

Social workers believe that the family (as long as it is a true family) is the best place for the child to be, unless the parental neglect, either physical or emotional, is so severe that it is preventing the child from achieving a normal development.

Caseworkers, in order to evaluate family strength, must understand the dynamics of personality development and of interpersonal relationships. In a neglect case, where the possibility of family separation may exist, the worker must be particu-
larly aware of the affect of the damage being done to the child, and he must also be aware of the affectional bonds between the family members. Only when the parental neglect is causing more damage than removal would, and when it is obvious that the parents cannot change, should the children be removed.

The Gunderson case presented a clear-cut example of the parent directly requesting the child to be removed, and also of the child herself requesting removal. The R. case was less clear-cut because the parents were not consistent in their wish to keep the children. Too often, it appeared that the worker accepted, at face value, the parents' (and Mrs. P's) actions and talk as their real wishes.

III. Some Casework Implications

The philosophic concepts underlying social work are indeed idealistic, but they are more than that: they are working tools necessary to the day-to-day work, and if one of them is negated, the entire casework process is weakened. In the two cases studied, gaps between practice and theory did exist, and in fact, appeared to be the rule rather than the exception. There is an assumption of this study that misuse or no-use of the basic concepts was a determinate influence in the quality of the work done.

A. Lack of Meaningful Casework Relationships; Some Causes and Implications

A good relationship, which is the essential basis for any successful casework, was absent with both the R's and Mrs. G. No meaningful relationship was made with the R's because the
worker did not see them as people, but rather as "neglecting parents". As she regarded them in a stereotyped manner, so did her visits to them reflect her lack of interest in, or respect for, them as people with inherent worth.

Certainly, part of the difficulty in forming a meaningful relationship revolves around thinking in terms of labels and over-rigid categories, rather than in terms of individual personalities. Labels and categories have an important usage in treatment planning, but when the label, rather than the person, is treated the concept of personal worth is negated and the entire purpose of agency service is lost.

B. Use of Authority

Another contributing influence which complicated the development of a good relationship appeared to be the workers' misuse of authority. A social agency has certain responsibilities to the community and to the client. Responsibility implies authority, both as part of the legal framework in which the agency operates, and also in the active use of it to carry out agency functions. This does not mean the super-imposing of authority, but authority as part of the case work process.

The worker must understand the implications of having inherent or direct authority, because until he understands and feels comfortable in the use of authority, he will mis-handle it. The authoritarian attitude of workers in the Reardon case hindered the formation of a positive relationship, and moreover, it had a negative affect on the attempt to help the R's find a satisfactory solution to their problems.
Why does this confusion in the usage of authority exist? The profession of social work, being relatively young, may be reacting to the pioneer social work philosophy which emphasised the authoritarian approach. Some workers will still use this method of "pointing out", "directing", and "telling" the client (witness, particularly, the Reardon case).

Another characteristic reaction, more typical in the Gunderson case in its second phase, is to avoid any use of authority. The worker is a kindly, friendly visitor who makes desultory calls in the complacent hope that the mere presence of a social worker will generate a beneficial influence.

The proper uses of authority present a real problem, both in the philosophy and practice of social casework. The over-use of authority can negate the client's rights to personal freedoms; in neglect cases some parental rights may be abrogated when the children's welfare is endangered. In the Reardon case, it may have seemed "easier" to do nothing than to take action; however, the choice of "nothing" resulted in poor work.

These gaps between knowledge, theory and practice pose critical questions for the profession. This study considers only two cases, but how is authority generally used? What is the place of authority in casework? It has been used successfully with other social problems, e.g., in probation, with adolescents and in treatment centres. Can some of the lessons of that work be applied to neglect situations? Do the special casework techniques needed in neglect work call for a specially trained, or specially oriented social worker, in particular a person who can use authority in a helping way?
Up to now, the profession has taken no definite stand on this issue, and until the various questions are examined and resolved, casework services to clients will be inferior and confused.

C. Lack of Treatment Plan

If a good worker-client relationship is the basis for treatment, the treatment plan is the corner-stone of casework help. The five steps of the treatment plan study, diagnosis, plan, acting and re-evaluating are absolutely essential in helping the client.

Both cases revealed an abundance of diagnostically important information but neither case (especially the first phase of the Gunderson case) went beyond the first study, and consequently little help was given.

While the worker's attitudes and beliefs, largely determine the quality of the relationship, planning depends on the worker's knowledge, both of human behaviour and of the casework process. Since diagnosis and planning were so obviously missing in both cases, one wonders if the workers were ignorant of its uses. Or were they aware of its value, but believed it inapplicable to a neglect case? Whatever the answers, the facts point to a need for a greater emphasis on the importance of diagnosis and planning as vital processes in casework dealing with all types of problems.

IV. Implications Beyond the Direct Casework Area

Though this is a study concerned primarily with the
actual casework process, it contains inferences applicable to social work as a whole. While casework's immediate responsibility is with the direct rehabilitation of the client, its secondary (and more far-reaching) concern is with the social and physical environments that produce debilitating effects.

A. Treatment Resources: Those Closely Allied with Direct Casework Treatment

The casework process deals with people who need social rehabilitation, and the resources directly used and implemented by the casework process are treatment aids. The two cases illustrated the use of some of these aids, and also indicated where additional services could help the casework process.

1. Interaction between the social work profession and other professions

The cases illustrated interaction, and sometimes lack of understanding, with the medical and legal professions. In the first phase of the Gunderson case, the worker slavishly accepted the doctor's recommendation as law, to be followed without question.

In the Reardon case, there is an allusion to the legal profession's lack of understanding of human behaviour and development, especially as it applies to the decision for return of a child to his home. We would not expect the judge to have that knowledge, but we could reasonably expect that he would use and rely upon the knowledge of someone else who does know, and who, in this case, is the social worker.

2. Inter-agency cooperation

Inter-agency cooperation is best illustrated in the
referral from F.W.B. to C.A.S. in the Gunderson case. This is a clear-cut example of the functional use of transfer of case responsibility from an agency without child-placing authority to an agency which has both legal function and facilities for placement.

3. Foster-home facilities

In the case of the emergency removal of Joan, there was no available foster home so she was temporarily placed with relations. Joan's case illustrates the need for a receiving home which would provide temporary care for children, while the parents and agency made long-term plans. If permanent placement was the plan decided upon, less haphazard "permanent" placements would result because the worker would be under less stress to find a home immediately.

A treatment centre, with psychiatric facilities, is necessary for any child-placing agency. While some children under agency care have had many of their normal needs met before placement, many others have had disturbing negative experience before placement. Children with a background similar to Joan's deprived years present behaviour problems that are too severe for most foster parents to accept. If the ultimate aim of a children's agency is to provide an environment for the child in which he can develop into a mature adult, it appears most unrealistic to expect untrained, underpaid foster parents to assume the day-to-day responsibility of rearing a disturbed child. A treatment centre is essential to treat the severely emotionally damaged child so he will be able to live in an ordinary foster home.
B. Preventive Resources

Social work has a responsibility beyond that of giving direct services to the client; this responsibility involves the attempt to provide community services and resources which, if present, would aid in the individual's growth and would help to prevent personal and family breakdown. Perfection in, and complete access to, casework skills as such would only alleviate some problems which are, at least, partially caused by the absence of certain resources. Moreover, it is unrealistic to expect a caseworker to treat an individual or family when the means for minimum mental and physical growth are absent.

Adequate housing is one of the essential means that provides a foundation for sound family life. An income (whether it is a pay cheque or government allowance), on which the family can maintain acceptable standards is another essential. Some other imperative requirements to which the individual is entitled, are medical and dental facilities, suitable outlets for leisure-time activities.

The philosophy of social welfare asserts that each individual has the right to a minimum standard of living which will lay the groundwork for the best possible physical, mental and emotional growth. In believing this, the social worker has an ethical responsibility to be aware of lacks in community resources, and most important, to engage himself in action appropriate to having these resources supplied.

V. Essentials for Successful Work in the Neglect Situation

This study of two cases has illustrated that there are
large gaps between the casework philosophy and the casework. This discrepancy appeared to be a contributory cause in the poor quality of the casework, and consequently, to a lack of progress in client adjustment.

Casework relationships were poor, and this too, seemed to be due to the lack of the worker's feeling that the client had worth as a person. Another contributing cause to the poor relationship (and to the quality of the casework) was the worker's unsure feelings about the use of authority. The essential steps of diagnosis and planning were not used, which further qualified the worker's help to the client.

Therefore, it appears that if casework is to be effective with neglect cases, it is essential that the worker must believe and practice the basic concepts relating to the belief in each individual's worth. The worker must be comfortable and sure in his use of authority; furthermore, he must use diagnosis and planning as an essential part of the casework treatment.
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